

Managed Care Program Annual Report (MCPAR) for Kansas: KanCare

Due date	Last edited	Edited by	Status
06/29/2025	06/26/2025	Christia Lane	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Kansas
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Ann-Marie Bevel
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	annmarie.bevel@ks.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Ann-Marie Bevel
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	annmarie.bevel@ks.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/26/2025

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2024
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2024
A6	Program name Auto-populated from report dashboard.	KanCare

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Aetna Better Health of Kansas
	Sunflower Health Plan
	UnitedHealthcare Community Plan of Kansas


Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Aging and Disability Resource Network (ADRN) Ombudsman Program

Add In Lieu of Services and Settings (A.9)

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on [Medicaid.gov](https://www.Medicaid.gov).

Indicator	Response
ILOS name	Intensive Outpatient/ Partial Hospital Psychiatric Care
	LVAD (Left Ventricular Assist Device) as Destination Therapy
	Brain Disorders Treatment
	Compression Device
	Tumor Treatment Field Therapy
	Computed Tomographic (CT) Cardiac Angiography
	Tumor Treatment Field Therapy
	Computed Tomographic (CT) Cardiac Angiography
	PET, Perfusion Cardiac Study
	Medication Reminder Device
	Comprehensive Support
	Adult Day Care
	Cognitive Therapy
	Home Delivered Meals
	Disease Management with Home Monitoring System Per Diem
	Transitional Living Skills
	Institutional Transition Assistance
	Personal Care Services Per 15 Min.
	Wellness Monitoring
	Specialized Medical Care
	Assistive Services (Home Mods)

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	457,454
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	425,565

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p data-bbox="310 100 618 142">Data validation entity</p> <p data-bbox="310 153 716 321">Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p data-bbox="310 321 716 699">Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p>	<p data-bbox="760 100 1117 142">State Medicaid agency staff</p> <p data-bbox="760 174 841 216">EQRO</p> <p data-bbox="760 247 1084 289">Other third-party vendor</p> <p data-bbox="760 321 1328 394">Other, specify – EDI as a service through the Medicaid fiscal agent</p>

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 107 695 180">Payment risks between the state and plans</p> <p data-bbox="313 201 727 863">Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	No PI activities were performed during the reporting period.
BX.2	<p data-bbox="313 919 618 993">Contract standard for overpayments</p> <p data-bbox="313 1014 727 1171">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	State has established a hybrid system
BX.3	<p data-bbox="313 1224 634 1339">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1360 727 1518">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	2.12.1.M.a
BX.4	<p data-bbox="313 1570 704 1644">Description of overpayment contract standard</p> <p data-bbox="313 1665 727 1913">Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p>	If the MCO identifies the overpayment, they retain the money. If the State (or Federal agency) identifies the overpayment, the MCO refunds the State.

BX.5	State overpayment reporting monitoring	Contractors are allowed to retain overpayment recoveries, including overpayments due to Fraud, Waste or Abuse.
	Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	
BX.6	Changes in beneficiary circumstances	Daily and monthly 834 files are sent to the plans identifying changes in membership for members.
	Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	
BX.7a	Changes in provider circumstances: Monitoring plans	Yes
	Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	
BX.7b	Changes in provider circumstances: Metrics	No
	Does the state use a metric or indicator to assess plan reporting performance? Select one.	
BX.8a	Federal database checks: Excluded person or entities	No
	During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status	

of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.


BX.9a **Website posting of 5 percent or more ownership control** No

Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.

BX.10 **Periodic audits** Claims Processing and Encounter Data Audits for 2024: <https://www.kancare.ks.gov/data-policy/quality-measurement#quality-review-reports>

If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.

Topic XIII. Prior Authorization

 **Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.**

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	KanCare
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	01/01/2019
C11.2	<p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award
C11.3	<p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Managed Care Organization (MCO)
C11.4a	<p>Special program benefits</p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	<p>Behavioral health</p> <p>Long-term services and supports (LTSS)</p> <p>Dental</p> <p>Transportation</p>
C11.4b	<p>Variation in special benefits</p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	N/A
C11.5	<p>Program enrollment</p> <p>Enter the average number of individuals enrolled in this managed care program per</p>	425,565

month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

Unwinding completed in 2024. Once completed, no other major changes to report.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Other, specify – To monitor utilization, denial rates, and benefits.</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	Attachment J Section 1.4 - 1.4.5

C1III.4	Financial penalties contract language	Liquidated damages, contract Attachment G
	Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	
C1III.5	Incentives for encounter data quality	n/a
	Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	
C1III.6	Barriers to collecting/validating encounter data	The State did not experience any barriers to collecting or validating encounter data during the reporting year.
	Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	<p>Critical Incident is defined as any incident that brings harm or creates the potential for imminent harm to any individual eligible to receive HCBS waiver services at the time of the occurrence.</p>
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>The State has defined timely resolution for standard appeals as 30 calendar days after receipt of the standard appeal.</p>
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>The State has defined timely resolution for expedited appeals as 72 hours after receipt of the expedited appeal.</p>

C1IV.4	<p>State definition of “timely” resolution for grievances</p> <p>Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.</p>	<p>The State has defined timely resolution for grievances as 30 calendar days after receipt of the grievance.</p>
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Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state’s biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter “No challenges were encountered” as your response. “N/A” is not an acceptable response.</p>	<p>Workforce shortage issues in rural areas.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>The MCOs make special payment arrangements with certain provider types to increase provider numbers.</p>

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



C2.V.1 General category: General quantitative availability and accessibility standard

1 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Hospital

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

2 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Hospital

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

3 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

4 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

5 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

6 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

7 / 73

C2.V.2 Measure standard

15 Miles/30 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

10 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

11 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

12 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee ^{13 / 73}**C2.V.2 Measure standard**

Personal Care Services

C2.V.3 Standard type

Service fulfillment

C2.V.4 ProviderLTSS-personal care
assistant**C2.V.5 Region**

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider ^{14 / 73}**C2.V.2 Measure standard**

60 Miles/100 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider**C2.V.5 Region****C2.V.6 Population**

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

15 / 73

C2.V.2 Measure standard

90 Miles/135 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Specialty care

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

16 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Specialty care

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

17 / 73

C2.V.2 Measure standard

90 Miles/135 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Specialty care

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

18 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Specialty care

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

19 / 73

C2.V.2 Measure standard

10 Miles/20 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

20 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

21 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Vision

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

22 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Vision

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

23 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Dental

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

24 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Dental

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

25 / 73

C2.V.2 Measure standard

20 Miles/40 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Dental

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

26 / 73

C2.V.2 Measure standard

30 Miles/45 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Dental

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

27 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Therapy

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

28 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Therapy

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

29 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Therapy

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

30 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Therapy

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

31 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Therapy

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

32 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Therapy

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

33 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Radiology

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

34 / 73

C2.V.2 Measure standard

60 Miles/90 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Radiology

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



C2.V.1 General category: General quantitative availability and accessibility standard

35 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Laboratory

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

36 / 73

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Laboratory

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: Exception to quantitative standard

37 / 73

C2.V.2 Measure standard

Non-Emergency Medical Transport

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

NEMT

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: Exception to quantitative standard

38 / 73

C2.V.2 Measure standard

Minimum # of Network Providers

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: Exception to quantitative standard

39 / 73

C2.V.2 Measure standard

Minimum Number of Network Providers

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

DME

C2.V.5 Region

Urban and Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider ^{40 / 73}

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

LTSS-adult day care

C2.V.5 Region

Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider ^{41 / 73}

C2.V.2 Measure standard

60 Miles/100 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

LTSS-adult day care

C2.V.5 Region

Rural

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: enrollee travels to the provider ^{42 / 73}

C2.V.2 Measure standard

30 Miles/60 Minutes

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

LTSS-adult day care

C2.V.5 Region

Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee ^{43 / 73}**C2.V.2 Measure standard**

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-adult day care

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee ^{44 / 73}**C2.V.2 Measure standard**

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 45 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 46 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 47 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 48 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 49 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee^{50 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee^{51 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 52 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 53 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the54 / 73 enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the55 / 73 enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the56 / 73 enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee^{57 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee^{58 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee^{59 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee^{60 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 61 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 62 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 63 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 64 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 65 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 66 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 67 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS assistive
technology

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 68 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS assistive
technology

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee 69 / 73

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the70 / 73 enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the71 / 73 enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the72 / 73 enrollee

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly



Complete

C2.V.1 General category: LTSS-related standard: provider travels to the enrollee ^{73 / 73}

C2.V.2 Measure standard

Service fulfillment

C2.V.3 Standard type

Service fulfillment

C2.V.4 Provider

LTSS-Other

C2.V.5 Region

Rural and Urban

C2.V.6 Population

MLTSS

C2.V.7 Monitoring Methods

EVV data analysis

C2.V.8 Frequency of oversight methods

Quarterly

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p data-bbox="313 107 480 136">BSS website</p> <p data-bbox="313 161 721 317">List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p data-bbox="760 107 1312 258">https://portal.kmap-state-ks.us/PublicPage KanCare.Ombudsman@ks.gov KDHE.KanCare@ks.gov KDHE.MCOInquiries@ks.gov</p>
C1IX.2	<p data-bbox="313 369 618 441">BSS auxiliary aids and services</p> <p data-bbox="313 466 708 873">How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p data-bbox="760 369 1360 520">The BSS entities all have a variety of ways to contact them. They all have in person offices, phone (TDD/TTY), email, and internet contacts. Written materials are available as requested.</p>
C1IX.3	<p data-bbox="313 926 630 955">BSS LTSS program data</p> <p data-bbox="313 980 721 1234">How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p>	<p data-bbox="760 926 1328 1039">Reports can be found at this link: https://www.kancare.ks.gov/members/help-resources/kancare-ombudsman/resources</p>
C1IX.4	<p data-bbox="313 1287 721 1358">State evaluation of BSS entity performance</p> <p data-bbox="313 1383 721 1507">What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p data-bbox="760 1287 1300 1358">Through various reports and annual state audits.</p>

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	MCO
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	Yes
C1XII.7b	<p>Describe the event(s) that necessitated an update to the parity analysis(es).</p> <p>Select all that apply.</p>	Addition of a new managed care plan (MCP) providing services to MCO enrollees
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may</p>	12/13/2024

have multiple reports, one for each MCO).

C1XII.9	When was the last parity analysis(es) for this program submitted to CMS?	12/12/2024
	<p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).</p>	
C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website?	Yes
	<p>The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report.</p> <p>States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.</p>	
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with	https://www.kancare.ks.gov/data-policy/mental-health-parity

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D11.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	Aetna Better Health of Kansas 132,352
		Sunflower Health Plan 142,058
		UnitedHealthcare Community Plan of Kansas 151,155
D11.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.1.1) • Denominator: Statewide Medicaid enrollment (B.1.1) 	Aetna Better Health of Kansas 33%
		Sunflower Health Plan 31.1%
		UnitedHealthcare Community Plan of Kansas 28.9%
D11.3	Plan share of any Medicaid managed care What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.1.1) • Denominator: Statewide Medicaid managed care enrollment (B.1.2) 	Aetna Better Health of Kansas 35.5%
		Sunflower Health Plan 33.4%
		UnitedHealthcare Community Plan of Kansas 31.1%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<p>Medical Loss Ratio (MLR)</p> <p>What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.</p>	<p>Aetna Better Health of Kansas</p> <p>94.5%</p> <p>Sunflower Health Plan</p> <p>94.5%</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>92.4%</p>
D1II.1b	<p>Level of aggregation</p> <p>What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.</p>	<p>Aetna Better Health of Kansas</p> <p>Statewide all programs & populations</p> <p>Sunflower Health Plan</p> <p>Statewide all programs & populations</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>Statewide all programs & populations</p>
D1II.2	<p>Population specific MLR description</p> <p>Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.</p>	<p>Aetna Better Health of Kansas</p> <p>N/A</p> <p>Sunflower Health Plan</p> <p>N/A</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>N/A</p>
D1II.3	<p>MLR reporting period discrepancies</p> <p>Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?</p>	<p>Aetna Better Health of Kansas</p> <p>Yes</p> <p>Sunflower Health Plan</p>

Yes

**UnitedHealthcare Community Plan of
Kansas**

Yes

N/A

Enter the start date.

Aetna Better Health of Kansas

01/01/2023

Sunflower Health Plan

01/01/2023

**UnitedHealthcare Community Plan of
Kansas**

01/01/2023

N/A

Enter the end date.

Aetna Better Health of Kansas

12/31/2023

Sunflower Health Plan

12/31/2023

**UnitedHealthcare Community Plan of
Kansas**


12/31/2023

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>Describe the state’s standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p>Aetna Better Health of Kansas</p> <p>Timeliness Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)’ paid amount.</p> <p>Sunflower Health Plan</p> <p>Timeliness Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)’ paid amount.</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>Timeliness Encounter data shall be submitted within 30 days of claim payment. All encounters must be submitted, both paid and denied claims. The paid claims must include the CONTRACTOR(S)’ paid amount.</p>
D1III.2	<p>Share of encounter data submissions that met state’s timely submission requirements</p> <p>What percent of the plan’s encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.</p>	<p>Aetna Better Health of Kansas</p> <p>99.43%</p> <p>Sunflower Health Plan</p> <p>93.44%</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>99%</p>
D1III.3	<p>Share of encounter data submissions that were HIPAA compliant</p> <p>What percent of the plan’s encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received</p>	<p>Aetna Better Health of Kansas</p> <p>99.8%</p> <p>Sunflower Health Plan</p> <p>99.8%</p> <p>UnitedHealthcare Community Plan of Kansas</p>

encounter data submissions for 99.8%
the entire contract period when
it submits this report, enter
here percentage of encounter
data submissions that were
compliant out of the proportion
received from the managed
care plan for the reporting
year.

Topic IV. Appeals, State Fair Hearings & Grievances

 **Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".**

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="313 107 716 180">Appeals resolved (at the plan level)</p> <p data-bbox="313 205 716 317">Enter the total number of appeals resolved during the reporting year.</p> <p data-bbox="313 323 716 747">An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p data-bbox="760 107 1179 195">Aetna Better Health of Kansas 3,813</p> <p data-bbox="760 233 1068 321">Sunflower Health Plan 4,348</p> <p data-bbox="760 359 1281 485">UnitedHealthcare Community Plan of Kansas 7,110</p>
D1IV.1a	<p data-bbox="313 806 526 833">Appeals denied</p> <p data-bbox="313 863 704 1083">Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.</p>	<p data-bbox="760 806 1179 894">Aetna Better Health of Kansas 2,899</p> <p data-bbox="760 932 1068 1020">Sunflower Health Plan NA</p> <p data-bbox="760 1058 1281 1184">UnitedHealthcare Community Plan of Kansas 5,307</p>
D1IV.1b	<p data-bbox="313 1241 683 1314">Appeals resolved in partial favor of enrollee</p> <p data-bbox="313 1339 712 1524">Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.</p>	<p data-bbox="760 1241 1179 1329">Aetna Better Health of Kansas 27</p> <p data-bbox="760 1367 1068 1455">Sunflower Health Plan N/A</p> <p data-bbox="760 1493 1281 1619">UnitedHealthcare Community Plan of Kansas 10</p>
D1IV.1c	<p data-bbox="313 1675 699 1749">Appeals resolved in favor of enrollee</p> <p data-bbox="313 1774 712 1959">Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.</p>	<p data-bbox="760 1675 1179 1764">Aetna Better Health of Kansas 887</p> <p data-bbox="760 1801 1068 1890">Sunflower Health Plan 1,257</p> <p data-bbox="760 1927 1281 2053">UnitedHealthcare Community Plan of Kansas 1,793</p>

<p>D1IV.2</p>	<p>Active appeals</p> <p>Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p>Aetna Better Health of Kansas</p> <p>0</p> <p>Sunflower Health Plan</p> <p>14</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>27</p>
<p>D1IV.3</p>	<p>Appeals filed on behalf of LTSS users</p> <p>Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.</p> <p>An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).</p>	<p>Aetna Better Health of Kansas</p> <p>147</p> <p>Sunflower Health Plan</p> <p>266</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>255</p>
<p>D1IV.4</p>	<p>Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal</p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".</p> <p>Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".</p> <p>The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the</p>	<p>Aetna Better Health of Kansas</p> <p>31</p> <p>Sunflower Health Plan</p> <p>47</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>100</p>

critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

D1IV.5a	Standard appeals for which timely resolution was provided	Aetna Better Health of Kansas 3,813
	Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.	Sunflower Health Plan 5,567
		UnitedHealthcare Community Plan of Kansas 7,092
<hr/>		
D1IV.5b	Expedited appeals for which timely resolution was provided	Aetna Better Health of Kansas 66
	Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.	Sunflower Health Plan 1,257
		UnitedHealthcare Community Plan of Kansas 540
<hr/>		
D1IV.6a	Resolved appeals related to denial of authorization or limited authorization of a service	Aetna Better Health of Kansas 1,026
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	Sunflower Health Plan 796
		UnitedHealthcare Community Plan of Kansas 255

D1IV.6b	Resolved appeals related to reduction, suspension, or termination of a previously authorized service	Aetna Better Health of Kansas
		0
		Sunflower Health Plan
		32
		UnitedHealthcare Community Plan of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	33
D1IV.6c	Resolved appeals related to payment denial	Aetna Better Health of Kansas
		2,662
		Sunflower Health Plan
		3,898
		UnitedHealthcare Community Plan of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	5,591
D1IV.6d	Resolved appeals related to service timeliness	Aetna Better Health of Kansas
		0
		Sunflower Health Plan
		0
		UnitedHealthcare Community Plan of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	1
D1IV.6e	Resolved appeals related to lack of timely plan response to an appeal or grievance	Aetna Better Health of Kansas
		0
		Sunflower Health Plan
		0
		UnitedHealthcare Community Plan of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	0
D1IV.6f	Resolved appeals related to plan denial of an enrollee's right to request out-of-network care	Aetna Better Health of Kansas
		NA
		Sunflower Health Plan
	Enter the total number of appeals resolved by the plan during the reporting year that	NA

were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

UnitedHealthcare Community Plan of Kansas

NA

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Aetna Better Health of Kansas

0

Sunflower Health Plan

0

UnitedHealthcare Community Plan of Kansas

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<p>Resolved appeals related to general inpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.</p> <p>Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p>	<p>Aetna Better Health of Kansas 30</p> <p>Sunflower Health Plan 64</p> <p>UnitedHealthcare Community Plan of Kansas 48</p>
D1IV.7b	<p>Resolved appeals related to general outpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.</p>	<p>Aetna Better Health of Kansas 236</p> <p>Sunflower Health Plan 514</p> <p>UnitedHealthcare Community Plan of Kansas 31</p>
D1IV.7c	<p>Resolved appeals related to inpatient behavioral health services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.</p>	<p>Aetna Better Health of Kansas 1</p> <p>Sunflower Health Plan 82</p> <p>UnitedHealthcare Community Plan of Kansas 21</p>
D1IV.7d	<p>Resolved appeals related to outpatient behavioral health services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that</p>	<p>Aetna Better Health of Kansas 59</p> <p>Sunflower Health Plan 6</p>

were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

UnitedHealthcare Community Plan of Kansas

15

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Aetna Better Health of Kansas

717

Sunflower Health Plan

691

UnitedHealthcare Community Plan of Kansas

1,120

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Aetna Better Health of Kansas

1

Sunflower Health Plan

0

UnitedHealthcare Community Plan of Kansas

0

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

Aetna Better Health of Kansas

144

Sunflower Health Plan

40

UnitedHealthcare Community Plan of Kansas

36

D1IV.7h	Resolved appeals related to dental services	Aetna Better Health of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	18
		Sunflower Health Plan
		45
		UnitedHealthcare Community Plan of Kansas
		38
D1IV.7i	Resolved appeals related to non-emergency medical transportation (NEMT)	Aetna Better Health of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	1
		Sunflower Health Plan
		0
		UnitedHealthcare Community Plan of Kansas
		0
D1IV.7j	Resolved appeals related to other service types	Aetna Better Health of Kansas
	Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".	0
		Sunflower Health Plan
		27
		UnitedHealthcare Community Plan of Kansas
		94

State Fair Hearings

Number	Indicator	Response
D1IV.8a	<p>State Fair Hearing requests</p> <p>Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.</p>	<p>Aetna Better Health of Kansas</p> <p>21</p> <p>Sunflower Health Plan</p> <p>47</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>48</p>
D1IV.8b	<p>State Fair Hearings resulting in a favorable decision for the enrollee</p> <p>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p>Aetna Better Health of Kansas</p> <p>8</p> <p>Sunflower Health Plan</p> <p>18</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>18</p>
D1IV.8c	<p>State Fair Hearings resulting in an adverse decision for the enrollee</p> <p>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.</p>	<p>Aetna Better Health of Kansas</p> <p>6</p> <p>Sunflower Health Plan</p> <p>19</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>25</p>
D1IV.8d	<p>State Fair Hearings retracted prior to reaching a decision</p> <p>Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.</p>	<p>Aetna Better Health of Kansas</p> <p>7</p> <p>Sunflower Health Plan</p> <p>10</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>5</p>
D1IV.9a	<p>External Medical Reviews resulting in a favorable decision for the enrollee</p> <p>If your state does offer an external medical review process, enter the total number of external medical review</p>	<p>Aetna Better Health of Kansas</p> <p>n/a</p> <p>Sunflower Health Plan</p> <p>n/a</p>

decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

UnitedHealthcare Community Plan of Kansas

n/a

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Aetna Better Health of Kansas

n/a

Sunflower Health Plan

n/a

UnitedHealthcare Community Plan of Kansas

n/a

Grievances Overview

Number	Indicator	Response
D1IV.10	<p>Grievances resolved</p> <p>Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p>Aetna Better Health of Kansas</p> <p>422</p> <p>Sunflower Health Plan</p> <p>473</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>693</p>
D1IV.11	<p>Active grievances</p> <p>Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p>Aetna Better Health of Kansas</p> <p>24</p> <p>Sunflower Health Plan</p> <p>28</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>48</p>
D1IV.12	<p>Grievances filed on behalf of LTSS users</p> <p>Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.</p> <p>An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.</p>	<p>Aetna Better Health of Kansas</p> <p>133</p> <p>Sunflower Health Plan</p> <p>188</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>221</p>
D1IV.13	<p>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance</p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in</p>	<p>Aetna Better Health of Kansas</p> <p>119</p> <p>Sunflower Health Plan</p> <p>64</p> <p>UnitedHealthcare Community Plan of Kansas</p> <p>93</p>

the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

D1IV.14	Number of grievances for which timely resolution was provided	Aetna Better Health of Kansas
		422
		Sunflower Health Plan
Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	473	
	UnitedHealthcare Community Plan of Kansas	
		659

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<p data-bbox="316 105 722 178">Resolved grievances related to general inpatient services</p> <p data-bbox="316 199 722 640">Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p data-bbox="763 105 1291 189">Aetna Better Health of Kansas 8</p> <p data-bbox="763 231 1291 315">Sunflower Health Plan 6</p> <p data-bbox="763 357 1291 483">UnitedHealthcare Community Plan of Kansas 24</p>
D1IV.15b	<p data-bbox="316 693 722 808">Resolved grievances related to general outpatient services</p> <p data-bbox="316 829 722 1270">Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p data-bbox="763 693 1291 777">Aetna Better Health of Kansas 240</p> <p data-bbox="763 819 1291 903">Sunflower Health Plan 28</p> <p data-bbox="763 945 1291 1071">UnitedHealthcare Community Plan of Kansas 180</p>
D1IV.15c	<p data-bbox="316 1323 722 1438">Resolved grievances related to inpatient behavioral health services</p> <p data-bbox="316 1459 722 1743">Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p data-bbox="763 1323 1291 1407">Aetna Better Health of Kansas 1</p> <p data-bbox="763 1449 1291 1533">Sunflower Health Plan 1</p> <p data-bbox="763 1575 1291 1701">UnitedHealthcare Community Plan of Kansas 0</p>
D1IV.15d	<p data-bbox="316 1795 722 1911">Resolved grievances related to outpatient behavioral health services</p> <p data-bbox="316 1932 722 2085">Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or</p>	<p data-bbox="763 1795 1291 1879">Aetna Better Health of Kansas 1</p> <p data-bbox="763 1921 1291 2005">Sunflower Health Plan 3</p>

	substance use services. If the managed care plan does not cover this type of service, enter "N/A".	UnitedHealthcare Community Plan of Kansas 12
D1IV.15e	Resolved grievances related to coverage of outpatient prescription drugs Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	Aetna Better Health of Kansas 15 Sunflower Health Plan 22 UnitedHealthcare Community Plan of Kansas 19
D1IV.15f	Resolved grievances related to skilled nursing facility (SNF) services Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	Aetna Better Health of Kansas 0 Sunflower Health Plan 6 UnitedHealthcare Community Plan of Kansas 2
D1IV.15g	Resolved grievances related to long-term services and supports (LTSS) Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	Aetna Better Health of Kansas 19 Sunflower Health Plan 5 UnitedHealthcare Community Plan of Kansas 7
D1IV.15h	Resolved grievances related to dental services Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	Aetna Better Health of Kansas 15 Sunflower Health Plan 28 UnitedHealthcare Community Plan of Kansas 31

D1IV.15i	Resolved grievances related to non-emergency medical transportation (NEMT)	Aetna Better Health of Kansas
	Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	121
		Sunflower Health Plan
		221
		UnitedHealthcare Community Plan of Kansas
		272
<hr/>		
D1IV.15j	Resolved grievances related to other service types	Aetna Better Health of Kansas
	Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".	123
		Sunflower Health Plan
		219
		UnitedHealthcare Community Plan of Kansas
		127
<hr/>		

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<p data-bbox="318 107 716 216">Resolved grievances related to plan or provider customer service</p> <p data-bbox="318 243 716 751">Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p>	<p data-bbox="764 107 1284 191">Aetna Better Health of Kansas 81</p> <p data-bbox="764 233 1073 317">Sunflower Health Plan 32</p> <p data-bbox="764 359 1284 485">UnitedHealthcare Community Plan of Kansas 43</p>
D1IV.16b	<p data-bbox="318 806 716 961">Resolved grievances related to plan or provider care management/case management</p> <p data-bbox="318 989 716 1535">Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.</p>	<p data-bbox="764 806 1284 890">Aetna Better Health of Kansas 13</p> <p data-bbox="764 932 1073 1016">Sunflower Health Plan 7</p> <p data-bbox="764 1058 1284 1184">UnitedHealthcare Community Plan of Kansas 0</p>

D1IV.16c	Resolved grievances related to access to care/services from plan or provider	Aetna Better Health of Kansas
		35
	Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.	Sunflower Health Plan
		64
		UnitedHealthcare Community Plan of Kansas
		10
D1IV.16d	Resolved grievances related to quality of care	Aetna Better Health of Kansas
		38
	Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.	Sunflower Health Plan
		28
		UnitedHealthcare Community Plan of Kansas
		216
D1IV.16e	Resolved grievances related to plan communications	Aetna Better Health of Kansas
		0
	Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	Sunflower Health Plan
		10
		UnitedHealthcare Community Plan of Kansas
		0

D1IV.16f	Resolved grievances related to payment or billing issues	Aetna Better Health of Kansas
	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.	86
		Sunflower Health Plan
		69
		UnitedHealthcare Community Plan of Kansas
		151
<hr/>		
D1IV.16g	Resolved grievances related to suspected fraud	Aetna Better Health of Kansas
	Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.	0
	Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.	Sunflower Health Plan
		2
		UnitedHealthcare Community Plan of Kansas
		0
<hr/>		
D1IV.16h	Resolved grievances related to abuse, neglect or exploitation	Aetna Better Health of Kansas
	Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.	0
	Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	Sunflower Health Plan
		1
		UnitedHealthcare Community Plan of Kansas
		0
<hr/>		
D1IV.16i	Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)	Aetna Better Health of Kansas
		0
		Sunflower Health Plan
		0

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

UnitedHealthcare Community Plan of Kansas

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Aetna Better Health of Kansas

0

Sunflower Health Plan

1

UnitedHealthcare Community Plan of Kansas

0

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

D1IV.16k

Resolved grievances filed for other reasons

Aetna Better Health of Kansas

255

Sunflower Health Plan

24

UnitedHealthcare Community Plan of Kansas

180

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: Annually increase claims for speech therapy via telehealth 1 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This is a whole number looking at the number of Claims related to specific codes for Speech Therapy using Telehealth

Measure results

Aetna Better Health of Kansas

179

Sunflower Health Plan

76

UnitedHealthcare Community Plan of Kansas

283



Complete

D2.VII.1 Measure Name: Annually increase claims for wellness monitoring via telehealth 2 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Quality Management Yes
Strategy

D2.VII.8 Measure Description

FE waiver & IDD waiver wellness monitoring S5190, TA waiver health maintenance monitoring T1001, and Evaluation and Management codes

Measure results

Aetna Better Health of Kansas

6418

Sunflower Health Plan

12381

UnitedHealthcare Community Plan of Kansas

8023



Complete

D2.VII.1 Measure Name: Annually increase number billed claims for specialists providing care via telehealth to frontier, densely-settled rural, and rural counties

3 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management
Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Q3104 code with 02 place of service for member residing in a rural county. **Results based on count of paid claims with a telehealth procedure code, and place of service 02 (telehealth), with one line having Q3014 (date range 1/1/2018 – 3/11/2020), and place of service 02 with no Q3014 required (date range 3/12/2020-12/31/2020), for members in rural counties

Measure results

Aetna Better Health of Kansas

12313

Sunflower Health Plan

21935

UnitedHealthcare Community Plan of Kansas

14335



Complete

D2.VII.1 Measure Name: Increase the rate of completed health screens 4 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MCOs submit data via format into KMMS. State is looking at the aggregate amount of completed Screens in a population category over the total population category

Measure results

Aetna Better Health of Kansas

0%

Sunflower Health Plan

3.38%

UnitedHealthcare Community Plan of Kansas

2.12%



Complete

D2.VII.1 Measure Name: Well child visits in the first 30 months of life ages 15-30 months 5 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

67.15%

Sunflower Health Plan

65.26%

UnitedHealthcare Community Plan of Kansas

63.98%



Complete

D2.VII.1 Measure Name: Child and adolescent well care visits ages 3-11 years 6 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1516

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

55.27%

Sunflower Health Plan

57.28%

UnitedHealthcare Community Plan of Kansas

53.99%



Complete

D2.VII.1 Measure Name: Child and adolescent well care visits ages 12-17 years 7 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

49.64%

Sunflower Health Plan

52.89%

UnitedHealthcare Community Plan of Kansas

48.79%



D2.VII.1 Measure Name: Child and adolescent well care visits ages 18-21 years 8 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

25.9%

Sunflower Health Plan

28.07%

UnitedHealthcare Community Plan of Kansas

22.79%



D2.VII.1 Measure Name: Child and adolescent well care visits ages 3-21 years 9 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

50.29%

Sunflower Health Plan

52.64%

UnitedHealthcare Community Plan of Kansas

48.83%



Complete

D2.VII.1 Measure Name: Chlamydia screening in women

10 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0033

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

47.17%

Sunflower Health Plan

46.47%

UnitedHealthcare Community Plan of Kansas

45.12%



D2.VII.1 Measure Name: Childhood immunizations status

11 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

28.22%

Sunflower Health Plan

25.30%

UnitedHealthcare Community Plan of Kansas

25.79%



D2.VII.1 Measure Name: Flu vaccination - Adult

12 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0039

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

17.16%

Sunflower Health Plan

25.66%

UnitedHealthcare Community Plan of Kansas

22.63%



Complete

D2.VII.1 Measure Name: Cervical cancer screening

13 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0032

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

55.23%

Sunflower Health Plan

57.66%

UnitedHealthcare Community Plan of Kansas

63.75%



Complete

D2.VII.1 Measure Name: Breast cancer screening

14 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2372

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

42.91%

Sunflower Health Plan

45.73%

UnitedHealthcare Community Plan of Kansas

48.71%



Complete

D2.VII.1 Measure Name: Weight assessment/BMI for children/adolescents

15 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

77.37%

Sunflower Health Plan

75.67%

UnitedHealthcare Community Plan of Kansas

88.81%



Complete

D2.VII.1 Measure Name: Counseling for nutrition for children/adolescents

16 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

62.77%

Sunflower Health Plan

56.93%

UnitedHealthcare Community Plan of Kansas

46.96%



D2.VII.1 Measure Name: Counseling for physical activity for children/adolescents

17 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0024

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

61.07%

Sunflower Health Plan

55.47%

UnitedHealthcare Community Plan of Kansas

42.58%



D2.VII.1 Measure Name: Medication assistance with smoking and tobacco use cessation

18 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

47.3%

Sunflower Health Plan

55.6%

UnitedHealthcare Community Plan of Kansas

54.5%



Complete

D2.VII.1 Measure Name: Coordination of care child

19 / 57

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

86.4%

Sunflower Health Plan

84.2%

UnitedHealthcare Community Plan of Kansas

82.9%



D2.VII.1 Measure Name: Coordination of care adult

20 / 57

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

81.4%

Sunflower Health Plan

87.2%

UnitedHealthcare Community Plan of Kansas

86.8%



D2.VII.1 Measure Name: Oral Evaluation, Dental Services (OED)

21 / 57

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

1388

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

41.94%

Sunflower Health Plan

52.92%

UnitedHealthcare Community Plan of Kansas

52.91%



Complete

D2.VII.1 Measure Name: Timeliness of prenatal care

22 / 57

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

82%

Sunflower Health Plan

81.75%

UnitedHealthcare Community Plan of Kansas

88.56%



D2.VII.1 Measure Name: Timeliness of postpartum care

23 / 57

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

84.18%

Sunflower Health Plan

81.51%

UnitedHealthcare Community Plan of Kansas

82%



D2.VII.1 Measure Name: Increase the rate of members enrolled into OCK by 10% year over year

24 / 57

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MCOs submit data through KRA to info, information is referring to measures within CMS Technical Specifications Health Home Core Set

Measure results

Aetna Better Health of Kansas

608

Sunflower Health Plan

1053

UnitedHealthcare Community Plan of Kansas

1610



Complete

D2.VII.1 Measure Name: Increase percent of those enrolled in OneCare^{25 / 57} Kansas that received a claim for care coordination by 10% year over year

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MCOs submit data through KRA to info, information is referring to measures within CMS Technical Specifications Health Home Core Set

Measure results

Aetna Better Health of Kansas

88.32%

Sunflower Health Plan

54.41%

UnitedHealthcare Community Plan of Kansas

77.26%



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - HbA1C Control 26 / 57

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0575

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

61.07%

Sunflower Health Plan

60.10%

UnitedHealthcare Community Plan of Kansas

62.53%



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - Controlling high blood pressure 27 / 57

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0061

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results**Aetna Better Health of Kansas**

70.32%

Sunflower Health Plan

69.59%

UnitedHealthcare Community Plan of Kansas

74.70%



Complete

D2.VII.1 Measure Name: Increase the number of crisis response claims^{28 / 57} that occur in the community setting, including in the member's home**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MDS

Measure results**Aetna Better Health of Kansas**

77

Sunflower Health Plan

4373

UnitedHealthcare Community Plan of Kansas

30



Complete

D2.VII.1 Measure Name: Increase peer support utilization for BH services by 10% year over year

29 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The State has the project contracted to our EQRO to review the information within Peer Support Utilization using state claim data

Measure results

Aetna Better Health of Kansas

6708

Sunflower Health Plan

20552

UnitedHealthcare Community Plan of Kansas

7290



Complete

D2.VII.1 Measure Name: Follow up after hospitalization for mental illness within 7 days of discharge

30 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

51.17%

Sunflower Health Plan

56.84%

UnitedHealthcare Community Plan of Kansas

50.89%



Complete

D2.VII.1 Measure Name: Follow up after emergency department visit for alcohol and other drug dependence within 7 days 31 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

32.08%

Sunflower Health Plan

31.76%

UnitedHealthcare Community Plan of Kansas

29.96%



Complete

D2.VII.1 Measure Name: Follow up after emergency department visit for alcohol and other drug dependence within 30 days 32 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

45.13%

Sunflower Health Plan

43.8%

UnitedHealthcare Community Plan of Kansas

44.23%



D2.VII.1 Measure Name: Follow up after emergency department visit for mental illness within 7 days 33 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

61.49%

Sunflower Health Plan

65.43%

UnitedHealthcare Community Plan of Kansas

62.38%



D2.VII.1 Measure Name: Follow up after emergency department visit for mental illness within 30 days 34 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

71.91%

Sunflower Health Plan

79.39%

UnitedHealthcare Community Plan of Kansas

76.30%



Complete

D2.VII.1 Measure Name: Rating of health plan adult

35 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

79.5%

Sunflower Health Plan

77.5%

UnitedHealthcare Community Plan of Kansas

76.4%



D2.VII.1 Measure Name: Rating of health plan child

36 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

85.8%

Sunflower Health Plan

89.1 %

UnitedHealthcare Community Plan of Kansas

90.8%



D2.VII.1 Measure Name: Rating of all health care adult

37 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

75.6%

Sunflower Health Plan

75.3%

UnitedHealthcare Community Plan of Kansas

74.3%



Complete

D2.VII.1 Measure Name: Rating of all health care child

38 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

84.8%

Sunflower Health Plan

86.8%

UnitedHealthcare Community Plan of Kansas

84.9%



D2.VII.1 Measure Name: Rating of personal doctor adult

39 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

0006

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

84.7%

Sunflower Health Plan

85.5%

UnitedHealthcare Community Plan of Kansas

85.4%



D2.VII.1 Measure Name: Rating of personal doctor child

40 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

88%

Sunflower Health Plan

89.7%

UnitedHealthcare Community Plan of Kansas

88.8%



Complete

D2.VII.1 Measure Name: Rating of Specialist seen most often adult

41 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

85.4%

Sunflower Health Plan

85.3%

UnitedHealthcare Community Plan of Kansas

81.4%



D2.VII.1 Measure Name: Rating of Specialist seen most often child

42 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

86%

Sunflower Health Plan

88.8%

UnitedHealthcare Community Plan of Kansas

89%



D2.VII.1 Measure Name: Increase the rate of claims that use of Z codes by 1% on claims year over year to better identify members with employment, housing, legal, food or health access needs

43 / 57

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The state reviews all claims and using the number of claims with Z code use over the total amount of claims. This is held unique by ICN

Measure results

Aetna Better Health of Kansas

.27%

Sunflower Health Plan

.22%

UnitedHealthcare Community Plan of Kansas

.24%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET) Initiation of SUD treatment 44 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

4

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

40.39%

Sunflower Health Plan

36.29%

UnitedHealthcare Community Plan of Kansas

36.76%



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment (IET) Engagement of SUD treatment 45 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

4

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

14.04%

Sunflower Health Plan

7.68%

UnitedHealthcare Community Plan of Kansas

11.49%



Complete

D2.VII.1 Measure Name: Getting needed care child 46 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results**Aetna Better Health of Kansas**

87%

Sunflower Health Plan

89.2%

UnitedHealthcare Community Plan of Kansas

86%



Complete

D2.VII.1 Measure Name: Getting needed care adult

47 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results**Aetna Better Health of Kansas**

85.2%

Sunflower Health Plan

82%

UnitedHealthcare Community Plan of Kansas

82%



Complete

D2.VII.1 Measure Name: Follow up care for children prescribed ADHD medication within the initiation phase 48 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

48.17%

Sunflower Health Plan

50.22%

UnitedHealthcare Community Plan of Kansas

53.12%



Complete

D2.VII.1 Measure Name: Follow up care for children prescribed ADHD medication within the continuation and maintenance phase 49 / 57

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

108

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

54.71%

Sunflower Health Plan

60.2%

UnitedHealthcare Community Plan of Kansas

58.29%



Complete

D2.VII.1 Measure Name: How well doctors communicate adult

50 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

92.5%

Sunflower Health Plan

92.7%

UnitedHealthcare Community Plan of Kansas

90.7%



Complete

D2.VII.1 Measure Name: How well doctors communicate child

51 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

2548

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

CAHPS

Measure results

Aetna Better Health of Kansas

95.9%

Sunflower Health Plan

95.8%

UnitedHealthcare Community Plan of Kansas

96.5%



Complete

D2.VII.1 Measure Name: Reduction in use of antipsychotic medications in nursing homes less than or equal to 12%

52 / 57

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MDS

Measure results

Aetna Better Health of Kansas

13.5%

Sunflower Health Plan

14.02%

UnitedHealthcare Community Plan of Kansas

13.86%



Complete

D2.VII.1 Measure Name: Increase the rate of members who indicated a⁵³ / 57 desire to be discharged from a NF or NFMH facility to a community setting who were discharged within 90 days

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Quality Management Strategy

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MDS

Measure results

Aetna Better Health of Kansas

57.78%

Sunflower Health Plan

55.67%

UnitedHealthcare Community Plan of Kansas

59.33%



Complete

D2.VII.1 Measure Name: Well child visits in the first 30 months of life ages 0-15 months 54 / 57

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

HEDIS

Measure results

Aetna Better Health of Kansas

66.24%

Sunflower Health Plan

60.86%

UnitedHealthcare Community Plan of Kansas

60.49%



D2.VII.1 Measure Name: Mental Health - Rating of overall mental or emotional health (ages 0-17), family responding 55 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Child: Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

Measure results

Aetna Better Health of Kansas

69.2%

Sunflower Health Plan

62%

UnitedHealthcare Community Plan of Kansas

66.2%



D2.VII.1 Measure Name: Increase the percentage of members who feel their long-term services meet their current needs and goals to 85% over the next three years 56 / 57

D2.VII.2 Measure Domain

Long-term services and supports

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator: Number of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan
Denominator: Number of waiver participants whose service plans were reviewed
Data Source: MCO Record Review

Measure results

Aetna Better Health of Kansas

91.78%

Sunflower Health Plan

92.75%

UnitedHealthcare Community Plan of Kansas

87.13%



D2.VII.1 Measure Name: Mental Health - Rating of overall mental or emotional health (ages 18+) 57 / 57

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

CAHPS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Adult: Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Measure results

Aetna Better Health of Kansas

38.4%

Sunflower Health Plan

28.9%

UnitedHealthcare Community Plan of Kansas

25.2%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 3

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

Aetna Better Health of Kansas

D3.VIII.4 Reason for intervention

HCBS Performance Measure Improvement

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

10/01/2021

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 3

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

UnitedHealthcare Community Plan of Kansas

D3.VIII.4 Reason for intervention

HCBS Performance Measure Improvement

Sanction details

D3.VIII.5 Instances of non-compliance

8

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

10/01/2021

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

3 / 3

D3.VIII.2 Plan performance issue

Performance improvement

D3.VIII.3 Plan name

Sunflower Health Plan

D3.VIII.4 Reason for intervention

HCBS Performance Measure Improvement

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

n/a

D3.VIII.7 Date assessed

10/01/2021

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<p>Dedicated program integrity staff</p> <p>Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).</p>	<p>Aetna Better Health of Kansas 4.92</p> <p>Sunflower Health Plan 3</p> <p>UnitedHealthcare Community Plan of Kansas 2</p>
D1X.2	<p>Count of opened program integrity investigations</p> <p>How many program integrity investigations were opened by the plan during the reporting year?</p>	<p>Aetna Better Health of Kansas 96</p> <p>Sunflower Health Plan 82</p> <p>UnitedHealthcare Community Plan of Kansas 160</p>
D1X.3	<p>Ratio of opened program integrity investigations to enrollees</p> <p>What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.</p>	<p>Aetna Better Health of Kansas 0.73:1,000</p> <p>Sunflower Health Plan 0.58:1,000</p> <p>UnitedHealthcare Community Plan of Kansas 1.06:1,000</p>
D1X.4	<p>Count of resolved program integrity investigations</p> <p>How many program integrity investigations were resolved by the plan during the reporting year?</p>	<p>Aetna Better Health of Kansas 51</p> <p>Sunflower Health Plan 82</p> <p>UnitedHealthcare Community Plan of Kansas 108</p>
D1X.5	<p>Ratio of resolved program integrity investigations to enrollees</p> <p>What is the ratio of program integrity investigations resolved</p>	<p>Aetna Better Health of Kansas 0.39:1,000</p> <p>Sunflower Health Plan 0.58:1,000</p>

by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

UnitedHealthcare Community Plan of Kansas

0.71:1,000

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Aetna Better Health of Kansas

Makes referrals to the SMA and MFCU concurrently

Sunflower Health Plan

Makes referrals to the SMA and MFCU concurrently

UnitedHealthcare Community Plan of Kansas

Makes referrals to the SMA and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Aetna Better Health of Kansas

18

Sunflower Health Plan

36

UnitedHealthcare Community Plan of Kansas

17

D1X.8

Ratio of program integrity referral to the state

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Aetna Better Health of Kansas

0.14:1,000

Sunflower Health Plan

0.25:1,000

UnitedHealthcare Community Plan of Kansas

0.11:1,000

D1X.9a:

Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment

Aetna Better Health of Kansas

10/01/2024

Sunflower Health Plan

10/01/2024

recovery report submitted to the state?

UnitedHealthcare Community Plan of Kansas

10/01/2024

D1X.9b:

Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Aetna Better Health of Kansas

12/31/2024

Sunflower Health Plan

12/31/2024

UnitedHealthcare Community Plan of Kansas

12/31/2024

D1X.9c:

Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Aetna Better Health of Kansas

\$228,996

Sunflower Health Plan

\$154,610.33

UnitedHealthcare Community Plan of Kansas

\$4,562,156.16

D1X.9d:

Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Aetna Better Health of Kansas

\$1,611,251,520

Sunflower Health Plan

\$1,623,276,536

UnitedHealthcare Community Plan of Kansas

\$1,831,363,000

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Aetna Better Health of Kansas

Weekly


Sunflower Health Plan

Weekly

UnitedHealthcare Community Plan of Kansas

Weekly

Topic XI: ILOS



⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	<p data-bbox="313 107 609 138">ILOSs offered by plan</p> <p data-bbox="313 159 651 254">Indicate whether this plan offered any ILOS to their enrollees.</p>	<p data-bbox="760 107 1179 138">Aetna Better Health of Kansas</p> <p data-bbox="760 159 1284 191">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="760 264 1068 296">Sunflower Health Plan</p> <p data-bbox="760 317 1284 348">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="760 422 1279 495">UnitedHealthcare Community Plan of Kansas</p> <p data-bbox="760 516 1284 548">Yes, at least 1 ILOS is offered by this plan</p>

D4XI.2a	<p data-bbox="313 638 651 669">ILOSs utilization by plan</p> <p data-bbox="313 690 716 1037">Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0".</p>	<p data-bbox="760 638 1179 669">Aetna Better Health of Kansas</p> <p data-bbox="760 701 1138 732">Medication Reminder Device:</p> <p data-bbox="760 743 1081 774">Comprehensive Support:</p> <p data-bbox="760 785 1000 816">Cognitive Therapy:</p> <p data-bbox="760 827 1057 858">Home Delivered Meals:</p> <p data-bbox="760 869 1341 942">Disease Management with Home Monitoring System Per Diem:</p> <p data-bbox="760 953 1073 984">Transitional Living Skills:</p> <p data-bbox="760 995 1203 1026">Institutional Transition Assistance:</p> <p data-bbox="760 1037 1081 1068">Specialized Medical Care:</p> <p data-bbox="760 1079 1170 1110">Assistive Services (Home Mods):</p> <p data-bbox="760 1163 1068 1194">Sunflower Health Plan</p> <p data-bbox="760 1226 1000 1257">Cognitive Therapy:</p> <p data-bbox="760 1268 1057 1299">Home Delivered Meals:</p> <p data-bbox="760 1310 1341 1383">Disease Management with Home Monitoring System Per Diem:</p> <p data-bbox="760 1394 1203 1425">Institutional Transition Assistance:</p> <p data-bbox="760 1436 1211 1467">Personal Care Services Per 15 Min.:</p> <p data-bbox="760 1478 1081 1509">Specialized Medical Care:</p> <p data-bbox="760 1520 1170 1551">Assistive Services (Home Mods):</p> <p data-bbox="760 1604 1279 1677">UnitedHealthcare Community Plan of Kansas</p> <p data-bbox="760 1709 1138 1740">Medication Reminder Device:</p> <p data-bbox="760 1751 1081 1782">Comprehensive Support:</p> <p data-bbox="760 1793 959 1824">Adult Day Care:</p> <p data-bbox="760 1835 1000 1866">Cognitive Therapy:</p> <p data-bbox="760 1877 1057 1908">Home Delivered Meals:</p> <p data-bbox="760 1919 1341 1992">Disease Management with Home Monitoring System Per Diem:</p> <p data-bbox="760 2003 1032 2034">Wellness Monitoring:</p> <p data-bbox="760 2045 1081 2076">Specialized Medical Care:</p>
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Topic XIII. Prior Authorization

⚠ Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	<p>Are you reporting data prior to June 2026?</p> <p>If “Yes”, please complete the following questions under each plan.</p>	Not reporting data

Topic XIV. Patient Access API Usage

⚠ Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	<p>Are you reporting data prior to June 2026?</p> <p>If “Yes”, please complete the following questions under each plan.</p>	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Aging and Disability Resource Network (ADRN) Aging and Disability Resource Network (ADRN) Ombudsman Program Ombudsman Program
EIX.2	BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	Aging and Disability Resource Network (ADRN) Enrollment Broker/Choice Counseling Other, specify – Information and Choice Counseling, enrollment, disenrollment, RFI, maintain data, escalate member issues. Ombudsman Program Beneficiary Outreach LTSS Complaint Access Point LTSS Grievance/Appeals Education LTSS Grievance/Appeals Assistance Review/Oversight of LTSS Data