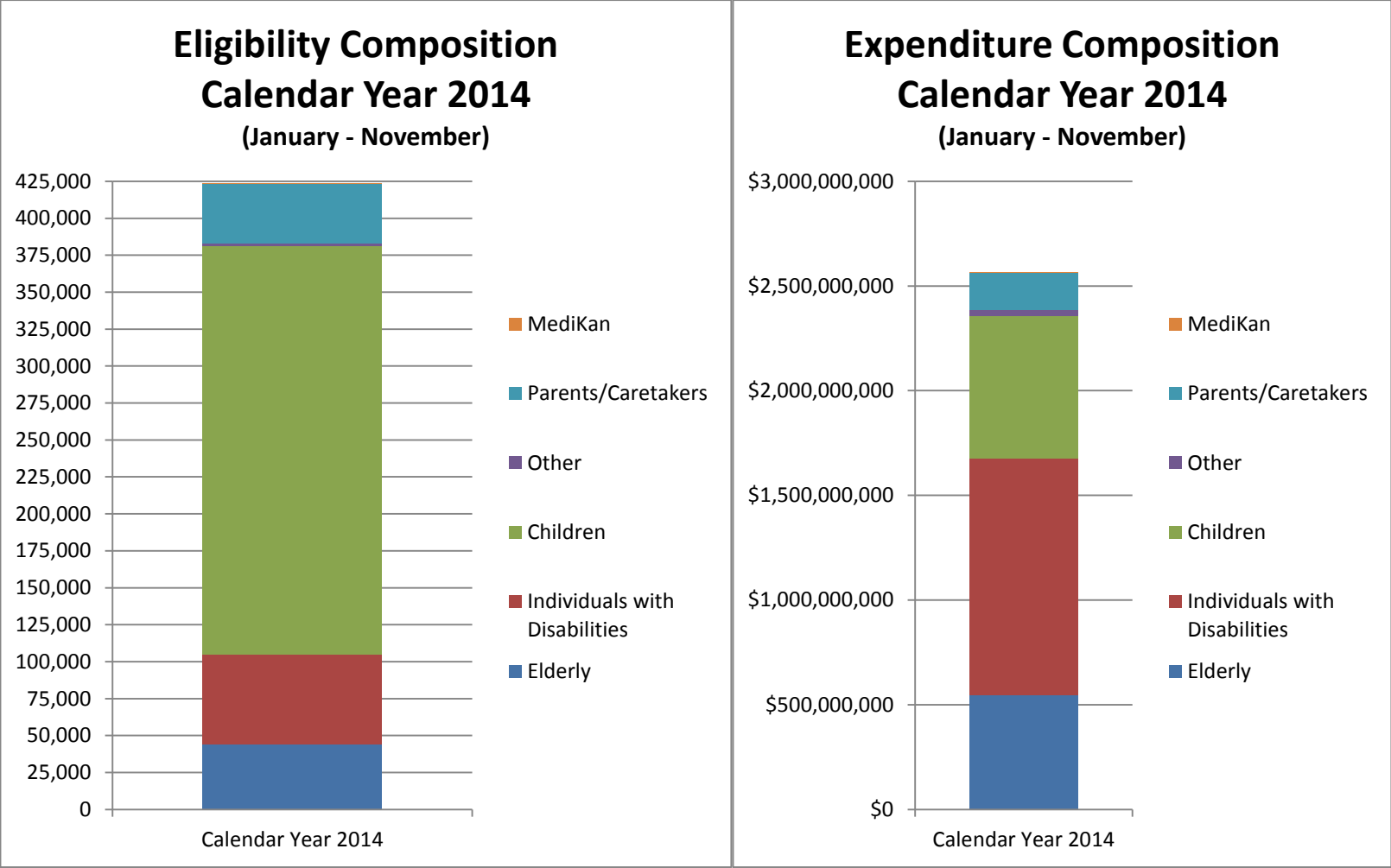


KanCare Executive Summary

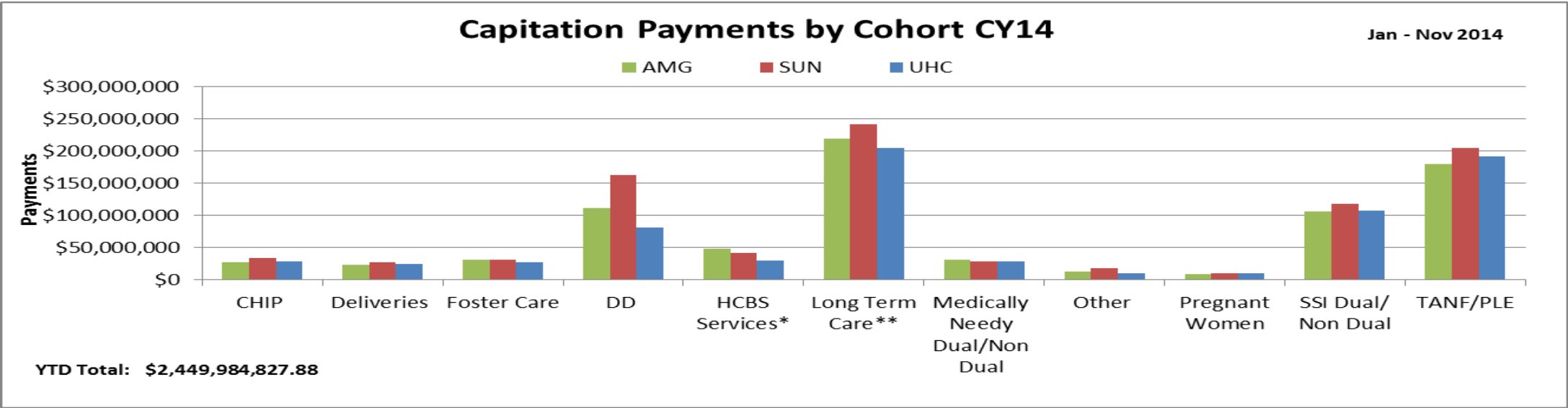


Report date: 1.9.15

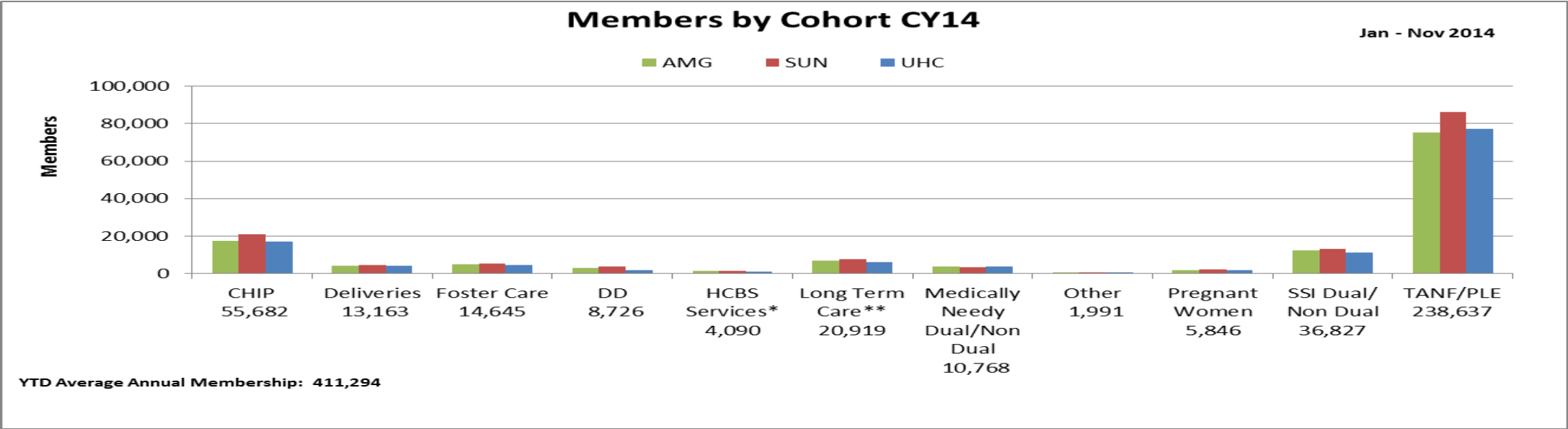
Medicaid/CHIP Member Eligibility and Expenditure Information



KanCare Executive Financial Summary CY14



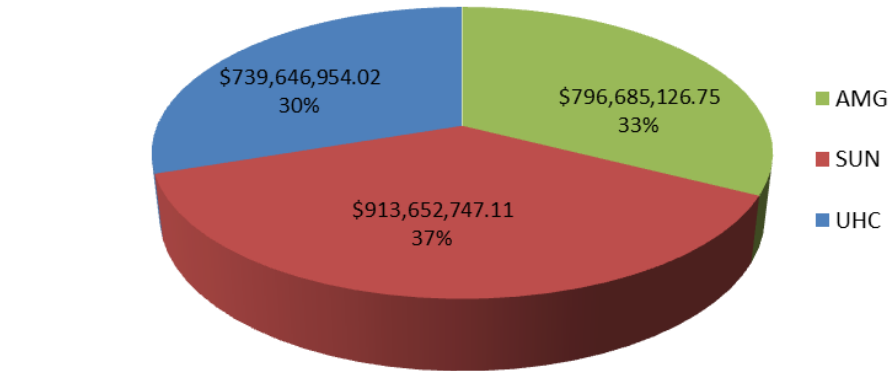
*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury
**Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers



*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury
**Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

Capitation Payments by MCO CY14

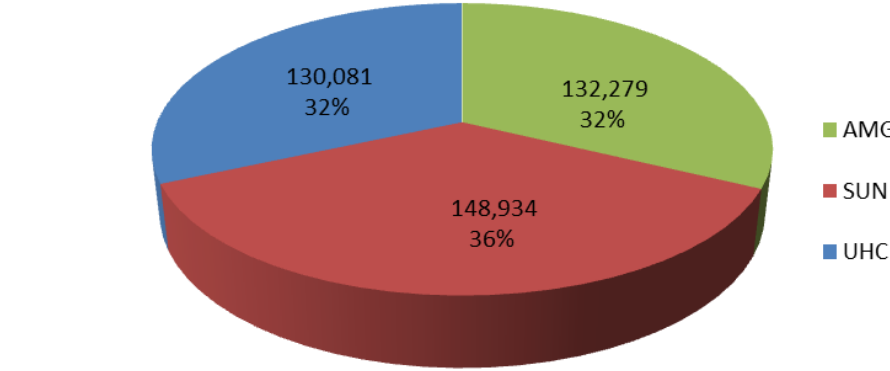
Jan - Nov 2014



YTD Total: \$2,449,984,827.88

Average Member Counts by MCO CY14

Jan - Nov 2014



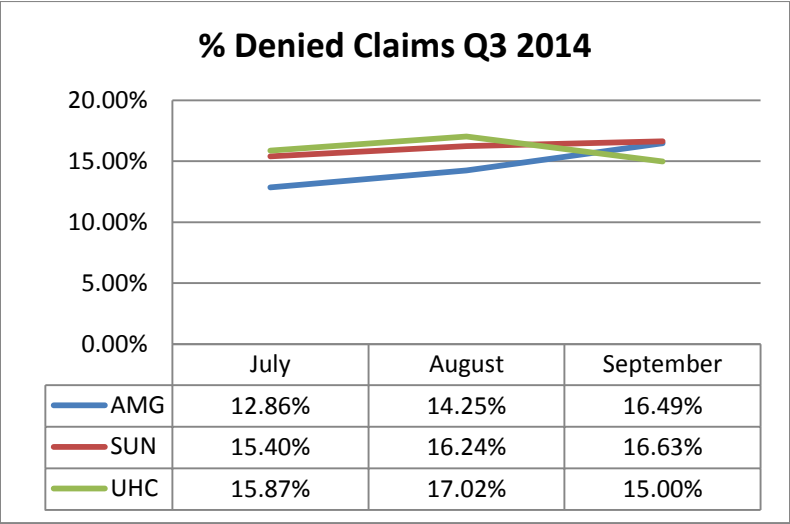
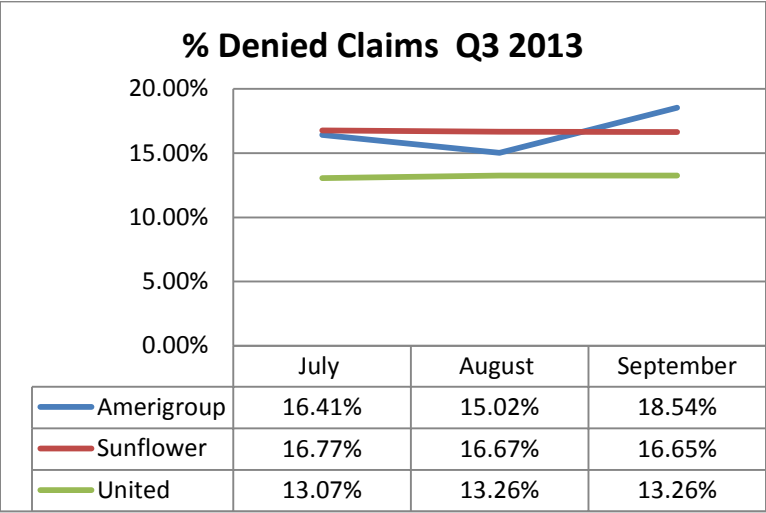
YTD Average Members: 411,294

Provider Network —(next quarter due 1-30-15)

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

KanCare MCO	# of IDD Unique Providers HCBS / TCM	
	as of 5/20/14	as of 11/30/14
Amerigroup	74%/ 89%	76%/ 92%
Sunflower	81%/ 93%	82%/ 94%
United	73%/ 79%	73%/ 83%

Denied Claims – (next quarter due 1-30-15)



2014 Denied Claims – Total Year to Date by MCO

Amerigroup – January Through November 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	43,690	8,206	18.90%
Hospital Outpatient	345,278	53,276	15.44%
Pharmacy	1,607,275	347,074	21.59%
Dental	122,124	10,966	8.98%
Vision	68,102	12,926	18.98%
NEMT	182,386	721	0.40%
Medical (Physical health not otherwise specified)	1,786,232	215,325	12.02%
Nursing Facilities	121,799	12,317	10.09%
HCBS	162,484	13,418	8.36%
BH	605,609	62,277	10.22%
Total	5,044,979	736,506	14.60%

Sunflower – January Through November 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	30,160	6,684	22.16%
Hospital Outpatient	290,667	38,743	13.33%
Pharmacy	2,645,920	623,519	23.57%
Dental	140,008	11,862	8.47%
Vision	85,211	11,280	13.24%
NEMT	127,043	596	0.47%
Medical (Physical health not otherwise specified)	1,587,074	221,538	13.96%
Nursing Facilities	113,238	10,849	9.58%
HCBS	387,083	13,970	3.61%
BH	657,626	38,560	5.86%
Total	6,064,030	977,601	16.12%

United – January Through November 2014			
Service Type	Total claim count - YTD cumulative	# claims denied – YTD cumulative	% claims denied – YTD cumulative
Hospital Inpatient	27,469	5,716	20.81%
Hospital Outpatient	269,217	42,280	15.70%
Pharmacy	1,581,524	371,630	23.50%
Dental	124,790	11,665	9.35%
Vision	64,571	8,515	13.19%
NEMT	63,682	221	0.35%
Medical (Physical health not otherwise specified)	1,657,826	214,818	12.96%
Nursing Facilities	92,304	7,884	8.54%
HCBS	328,674	19,479	5.93%
BH	242,742	20,907	8.61%
Total	4,452,799	703,115	15.79%

Value Added Services (Value Added Services Used By KanCare Members -January-November 2014)

Amerigroup			Members YTD	Total Units YTD	Total Value YTD	Sunflower		Members YTD	Total Units YTD	Total Value YTD	United	Members YTD	Total Units YTD	Total Value YTD	
Adult Dental Care			1,694	3,407	388,662	CentAccount debit card		45,867	46,562	\$931,240	Additional Vision Services	8,622	9,986	\$486,343	
Member Incentive Program			6,403	11,516	255,165	Dental visits for adults		6,313	18,311	\$372,967	Adult Dental Services	35	1,916	\$102,778	
Mail Order OTC			8,023	8,229	135,831	Smoking cessation program		522	522	\$125,280	Join for Me - Pediatric Obesity Classes	1,475	35	\$87,500	
Healthy Families Program			87	87	68,750	Start Smart		3,600	3,600	\$101,340	Annual Wellness Reminders	89,380	104,508	\$65,840	
Pest Control			248	248	31,720	Disease and Healthy Living Coaching		31,214	31,197	\$81,426	Baby Blocks Program and Rewards	1,089	904	\$53,698	
Smoking Cessation Program			140	250	27,093	Lodging for specialty and inpatient care		96	611	\$49,491	Peer Bridgers Program	177	210	\$47,628	
Hypoallergenic Bedding			115	114	11,218	SafeLink®/Connections Plus cell phones		281	281	\$13,440	Weight Watchers - Free Classes	982	319	\$37,961	
Weight Watcher Vouchers			140	182	6,712	In-home caregiver support/ additional respite		39	3,694	\$12,004	Membership to Youth Organizations	604	696	\$34,800	
Member Transportation to Community Locations			1	1	287	Community Programs for Healthy Children: Boys & Girls Clubs		443	443	\$6,645	Sesame Street - Food For Thought	566	988	\$34,580	
Entertainment Book Coupons			25	26	14	Meals for specialty and inpatient care		26	123	\$3,075	Infant Care Book for Pregnant Women	923	1,100	\$14,300	
						Hospital companion		7	899	\$2,922	Mental Health First Aid Program	114	133	\$12,594	
											KAN Be Healthy Screening Age 3 to 19 - Debit Card Reward	957	1,172	\$11,720	
											KAN Be Healthy Screening Age Birth to 30 months - Debit Card Reward	442	842	\$8,420	
											Additional Podiatry Visits	69	55	\$5,288	
											Asthma Bedding	104	88	\$4,576	
											New Member Dental Exam - Debit Card Reward	277	380	\$3,800	
											Coverage for Sports/School Physicals	128	49	\$3,175	
											New Member Vision Exam - Debit Card Reward	207	289	\$2,890	
											Join for Me - Reward for Completion of Program	209	35	\$1,750	
											Adult Biometric Screening - Debit Card Reward	184	115	\$1,725	
											Weight Watchers Reward - Reward for Completing Classes	86	30	\$1,500	
											A is for Asthma	1,030	1,266	\$633	
											Annual Vision Exam for Person with Diabetes - Debit Card Reward	89	15	\$300	
											Follow-Up After Behavioral Health Hospitalization - Debit Card Reward	17	7	\$175	
											Annual A1C Exam - Debit Card Reward	54	15	\$150	
											Annual Monitoring for Persistent Medications - Debit Card Reward	11	14	\$140	
2014 YTD GRAND TOTAL			20,735	27,920	\$925,454	2014 YTD GRAND TOTAL		82,165	106,243	\$1,699,830	2014 YTD GRAND TOTAL		123,460	125,167	\$1,024,264
KANCARE TOTALS	Members YTD	226,360	Total Units YTD	259,330	Total Value YTD	\$3,649,548									

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

Amerigroup	Members	Value of Services Avoided	Sunflower	Members	Value of Services Avoided	United	Members	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	20	\$ 307,927	Additional personal care services, beyond existing waiver limitations ... in lieu of members needing to be admitted to a nursing facility	1,741	\$1,741,000	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and telehealth ... in lieu of members needing to be admitted to a nursing facility	4,197	\$ 624,240
Non-Covered services including private nurse, telehealth, equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	57	\$493,564	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	19	\$359,920	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	45	\$ 11,775
Totals	77	\$801,491	Totals	1,760	\$2,100,920	Totals	4,242	\$636,015

KANCARE TOTAL	
Members	6,079
Value of Services Avoided	\$3,538,426

Member Grievances & Appeals Q3-2014
(Next update due Jan 30th)

Amerigroup- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	193	21	
Number of grievances/appeals resolved:	198	21	
Number of grievances/appeals considered invalid:	2	0	
Average Days to complete each grievance/appeal:	8	13	
Total number of State Fair Hearings requested:			99
Number of upheld decisions at State Fair Hearing Level:			4
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:		9	4
Number of health plan appeals reversed in the provider's favor:			95
Number of State Fair Hearings withdrawn:			4
Number of dismissals:			1
Number of default dismissals:			3
Number of Other dispositions:			0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical Necessity Met			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
None			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
1 Availability			
2 Quality of Care			
3 Billing and Financial issues			
4 Attitude/Service of Staff			
5 Timeliness / Other			

Sunflower- Member			
	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	213	143	
Number of grievances/appeals resolved:	213	143	
Number of grievances/appeals considered invalid:	0	0	
Average Days to complete each grievance/appeal:	7	7	
Total number of State Fair Hearings requested:			49
Number of upheld decisions at State Fair Hearing Level:			11
Number of overturned decisions at State Fair Hearing Level:			0
Number of health plan appeals reversed in the member's favor:		56	0
Number of health plan appeals reversed in the provider's favor:			0
Number of State Fair Hearings withdrawn:			3
Number of dismissals:			34
Number of default dismissals:			1
Number of Other dispositions:			0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Medical necessity established			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
There weren't any overturned State Fair Hearing cases this quarter			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
Availability /Prior or Post Authorization			
Attitude/Service of staff/HCBS			
Timeliness /Criteria Not Met - Inpatient Admissions			
Other(Must provide description in narrative column of Summary Reports)/Pharmacy			
Billing and Financial issues/Criteria Not Met - Durable Medical Equipment			

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