
Annual Quality Program Evaluation

Sunflower Health Plan 2019

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Health Plan Quality Program Evaluation - 2019

Introduction

The purpose of this evaluation is to provide a systematic analysis of Sunflower Health Plan's performance of the Quality Improvement (QI) activities and to evaluate the overall effectiveness of the Quality Assessment and Performance Improvement (QAPI) Program. The QI Department has established reporting QI activities as outlined in the QI Work Plan. This evaluation is focused on activities and interventions completed during the period of January 1, 2019 - December 31, 2019. The QAPI, QI Work Plan and QI Program Evaluation are reviewed and approved at least annually by the Quality Improvement Committee (QIC) and the Sunflower's Board of Directors (BOD).

Mission

Sunflower strives to provide improved health status, successful outcomes, both member and provider satisfaction in an environment focused on coordination of care. Sunflower, as an agent of the Kansas Department of Health and Environment (KDHE) and the Kansas Department of Aging and Disability Services (KDADS) and by collaborating with local healthcare providers, Sunflower seeks to achieve the following goals for our stakeholders:

- Ensure access to primary and preventive care services in accordance with the Department of Health and Environment - Division of Health Care Finance and KDADS standards;
- Ensure care is delivered in the best setting to achieve optimal outcomes and improving Quality of Life;
- Improve access to necessary specialty services;
- Encourage quality, continuity, and appropriateness of medical care;
- Provide medical coverage in a cost-effective manner.

All Sunflower programs, policies and procedures are designed with these goals in mind.

Purpose

The purpose of the Quality Improvement Program is to utilize sound methodologies to objectively and systematically plan, implement and monitor ongoing efforts that demonstrate improvements in member safety, health status, outcomes, and satisfaction. This is accomplished through the implementation of a comprehensive, organization-wide system for ongoing assessments to identify opportunities for improvement utilizing the Plan-Do-Study-Act (PDSA) method for rapid cycle process improvement to drive continuous Quality Improvement across Plan for both members and providers.

Program Overview

Quality Program

Sunflower continues to be committed to the provision of a well-designed and well-implemented QAPI Program. Sunflower's culture, systems and processes that are structured around its mission to improve the health of all enrolled members. The QAPI Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation and improvement in the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic care, behavioral health, over and under-utilization, continuity and coordination of care, patient safety, administrative and network services.

The QI Department has a QI Work Plan that details all activities to ensure it is operational. Activities include a due date and a synopsis of the activity including implementation and the progress. The QI

Work Plan is reviewed and approved by Sunflower's Board of Directors and QIC and is updated quarterly. The Plan QI Department collaborates with all organizational departments to develop and maintain a comprehensive Quality program.

The 2019 QI Work Plan defines the activities, the person(s) responsible for the activity, the date of expected task completion and the monitoring techniques that will be used to ensure completion within the established timeframe. The QI Work Plan is presented to the QIC on an annual basis for approval, through the annual evaluation process and at regular intervals throughout the year. Additionally, the work plan is presented to the Board of Directors at least annually but more often as needed. The 2019 QI Work plan is currently being updated and will be provided to the QIC for review and approval.

Quality Improvement Program Integration

The QI Program Evaluation, QI Program Description, and the QI Work Plan are integrated. The year-end QI Program Evaluation identifies barriers, opportunities for improvement, results and recommended interventions. The QI Evaluation is then used to make modifications to the coming year's QI Program Description and to create the key metrics of the QI Work Plan.

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Organizational Report / Changes in Organization in evaluation year

Throughout 2019, the QI Department has continued collaboration throughout the organization's departments to promote and facilitate continuous quality improvement by empowering all internal and external stakeholders through education, communication, data analysis and evaluation. This is accomplished through utilizing data from across the plan including utilization of services, various surveys, grievances, appeals, and claims where representatives from various health plan departments work together in collaboration through established committees, workgroups and ad hoc meetings to determine opportunities for improvement, identify barriers and strategies for improvement using the PDSA methodology. The collaboration is ongoing and may involve multiple teams simultaneously. Plan has continued to improve the quality of care and services provided to the membership through continuous efforts aimed at continuous quality improvement that involves the assessment of patterns, trends and identification of barriers to desired outcomes.

Sunflower has identified strengths and opportunities for improvement, which are outlined in more detail with action plans in the full annual evaluation report. Interventions included in the

plan for continuation in 2019 were reviewed and continued as appropriate for measures where continued improvement was warranted.

Strengths:

- Continued demonstration of year over year improvements on Member satisfaction survey results
- Incorporates provider feedback into processes for continuous quality improvement
- Continued steady improvement in HEDIS scores year over year
- Access and Accessibility
- Integration of physical and behavioral health
- Continued results showing year over year improvement on Provider Satisfaction survey results
- Utilizing innovation to drive Quality through Provider P4P arrangements, and increased collaboration with providers, health departments, schools and other organizations to improve the quality of care members receive
- Principled agility is a vital component of continuous quality improvement

Opportunities for Improvement:

- Continue efforts to promote provider and specialist communication to improve coordination of care
- Provider education to increase efficiencies and to increase their awareness of the efforts of Sunflower with regard to preventive and well care for members
- Explore additional opportunities to continue to innovate to drive quality improvement through more collaborative efforts

Because of this analysis, it has been identified that processes and operational systems are continuing to increase with regard to stabilization, which has allowed for innovation, producing positive results, and in some instances, our efforts reveal negative findings as the plan matures and enforces guidelines. Sunflower has now gained seven (7) years of complete data, reinforcing Sunflower's position to continue to innovate and drive continuous quality improvements through the PDSA methodology that includes the analysis of data for trends to identify processes with opportunities for improvement while assessing for statistically significant changes. The findings from the analysis completed for 2019 did not indicate the need for major revisions to Sunflower's QAPI, operations, or service delivery systems. However, there were changes that were required with the procurement of the KanCare 2.0 contract to support Sunflower's continued dedication to continue upon the foundation built on previous quality improvement experience to maintain and drive further improvement from the gains achieved in 2019. Sunflower will take the necessary steps to demonstrate continuous quality improvement on the areas identified as priorities for improvement in 2020. The aim is to improve the health and well-being of our membership and increase partnership approach with providers. Sunflower continues with the purpose to transform the health of the communities we serve, one person at a time.

Scope of the Quality Program

The scope of the QAPI Program is comprehensive and addresses both the quality and safety of clinical care and quality of services provided to Sunflower's members including medical, radiology, behavioral health, dental and vision care. Sunflower incorporates all demographic groups, lines of business, benefit packages, care settings, and services in its quality improvement activities, including preventive care, emergency care, primary care, specialty care, acute care, short-term care, long-term care, and ancillary services.

Sunflower's QAPI Program monitors the following:

- Acute and chronic care management
- Behavioral health care
- Care Management
- Compliance with member confidentiality laws and regulation
- Compliance with preventive health guidelines and practice guidelines
- Continuity and coordination of care
- Data collection, analysis and reporting
- Delegated entity oversight
- Department performance and service
- Employee and provider cultural competency
- Fraud and abuse detection, prevention and reporting
- Home support service utilization for LTSS services
- Information Management
- Marketing practices
- Member enrollment and disenrollment
- Member Grievance System
- Member satisfaction
- Customer Services
- Network performance
- Organization Structure
- Patient safety
- Primary Care Provider changes
- Pharmacy
- Provider and Plan after-hours telephone accessibility
- Provider appointment availability
- Provider Complaint System
- Provider network adequacy and capacity
- Provider satisfaction
- Provider Services
- Selection and retention of providers (credentialing and re-credentialing)
- Utilization Management, including under and over utilization
- Policies to support the QAPI program

Goals

Sunflower's primary quality improvement goal is to assess, monitor, and measure improvement of the health care services provided to members served by the plan. Sunflower will ensure quality medical care is provided to members, regardless of payer source, eligibility category or location of services whether provided in an acute setting, home and community-based setting. QAPI Program goals include but are not limited to the following:

- A high level of health status and quality of life will be experienced by Sunflower members;
- Support of members to pursue options to live within their community to enhance their quality of life;
- Network quality of care and service will meet industry-accepted standards of performance;
- Sunflower services will meet industry-accepted standards of performance;

- Fragmentation and/or duplications of services will be minimized through integration of quality improvement activities across Sunflower functional areas;
- Member satisfaction will meet Sunflower's established performance targets;
- Preventive and clinical practice guideline compliance will meet established performance targets. This includes, but is not limited to, compliance with immunizations, prenatal care, diabetes, asthma, early detection of chronic kidney disease and EPSDT guidelines. (Early Periodic Screening, Diagnosis and Treatment Program). Sunflower will measure compliance with clinical practice guidelines until 90% or more of relevant network providers are consistently in compliance;
- Compliance with all applicable state/federal regulatory requirements and accreditation standards.

Compliance Program Description

Sunflower's Compliance Department, in conjunction with Centene Corporate, is responsible for ongoing monitoring and investigation of potential waste, abuse and fraud related to providers, members, and internal staff. Sunflower's Compliance Department is responsible for establishing and maintaining an effective compliance program that meets the seven elements as defined by Office of Inspector General (OIG).

In 2019, Sunflower underwent the BBA/state audit, and KDADS member quarterly files. Additionally, in 2019 KFMC, our EQRO, performed validation of HEDIS measures and other measures included in the state Pay for Performance along with the following surveys: CAHPS, Provider Survey, and Mental Health Survey. CAHPS surveys include both adult, Title XIX, and Title XXI surveys. Plan anticipates the start of the 2019 Performance Measure Validation in June of 2019. Plan complied with record requests for quarterly Home and Community Based Services (HCBS) documentation audit requests; Sunflower is awaiting the final results of HCBS audits from the state.

Cultural Competency

Sunflower Health Plan promotes and participates in the efforts to ensure that covered services are delivered in a culturally competent manner to all members and is responsive to members' health literacy needs, including those with limited English proficiency (LEP) and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. The Plan is committed to developing, strengthening, and sustaining healthy provider/member relationships. Members are entitled to receive dignified, appropriate, and quality care. When healthcare services are delivered without regard for cultural differences, members are at risk for sub-optimal care. Members may be unable or unwilling to communicate their healthcare needs in an insensitive environment, reducing effectiveness of the entire healthcare process. The Cultural Competency Plan (CCP) strives to reduce health care disparities in clinical area, improve cultural competency in materials and communications, improve network adequacy to meet the needs of underserved groups, and to improve other areas of needs the organization deems appropriate.

Member Cultural Needs and Preferences (Medical Management, Customer Service, Quality) maintains and updates Member Demographic Information; at least annually, Medical Management performs a care management population assessment of the services utilized by the entire member population and any relevant subpopulations; Customer Service representatives and Care Managers receive Cultural Competency training as part of the new hire training plan and annually thereafter; the CCP plan is available to all members and providers via the Member Handbook and Sunflower website; the CCP plan addresses member language needs beginning with the Welcome section of the Member Handbook. Member materials are produced in English and Spanish and other language or format requests are accomplished through translation, interpreters, or appropriate accessible

formats. The health plan contracts with Centene's language line vendor enabling Plan staff to communicate in the member's primary language via phone and in person, and is available 24 hours a day, 7 days a week, at no charge to the member. The Quality Improvement Committee (QIC) develops and annually updates a CCP that addresses the cultural, linguistic, and disability access needs identified in the population assessment and the Chief Medical Director is responsible for oversight of the CCP, including annual approval of the CCP.

The CCP addresses, at a minimum, the Plan's strategy for recruiting staff with backgrounds representative of Enrollees served; the availability of interpretive services; the availability of transportation services; Plan's ongoing strategy to meet the unique needs of Enrollees who have developmental disabilities and cognitive disabilities and its operation; Plan's ongoing strategy to provide services for home-bound Enrollees and the strategy's operation; Plan's ongoing strategy to engage local organizations to collaborate on initiatives to increase and measure the effectiveness of culturally competent service delivery and its operation; and standards and performance requirements for the delivery of culturally and linguistically appropriate health care services.

In 2019 the health plan hired a Member Advocate in Customer Service who works closely with the LTSS Member Advocate and BH Member Advocate to assist members with needs related to housing, food, community resources, navigating the healthcare system and with any cultural or linguistic needs. Additionally, a Cultural Competency and Disability Awareness webinar training was offered to Network Providers on a quarterly basis instead of annually.

Delegation

Committee Structure

Quality is integrated throughout Sunflower, and represents the strong commitment to the quality of care and services for members and providers. To this end, Sunflower has established various committees, subcommittees, and ad-hoc committees to monitor and support the QAPI Program. The Board of Directors holds ultimate authority for the QAPI Program. The Quality Improvement Committee (QIC) is the senior management lead committee reporting to the Board of Directors, and is supported by various sub-committees as noted below.

Board of Directors

The Sunflower Board of Directors oversees development, implementation and evaluation of the QAPI Program. The BOD has ultimate authority and accountability for oversight of the quality of clinical and non-clinical care and services provided to Members. Sunflower's Board of Directors reports to the Centene Board of Directors, as Sunflower is a wholly owned subsidiary of Centene Corporation. The Board supports the QAPI Program by:

- Adopting the initial and annual QAPI Program and establishing mechanisms for monitoring and evaluating quality, utilization, and risk;
- Supporting recommendations from the Quality Improvement Committee for proposed quality studies and other QI initiatives;
- Providing the resources, support and systems necessary for optimum performance of QI functions;
- Designating the Chief Medical Director (CMD) as Sunflower's Senior Executive for Quality Improvement (SEQI); and
- Reviewing the QAPI Program, Work Plan, and QAPI Program Evaluation annually to assess compliance with program objectives, and recommending adjustments when necessary.

The Board delegates the operating authority of the QAPI Program to the Quality Improvement Committee (QIC), with operational oversight by the SEQI. Sunflower senior management staff, clinical staff, and network providers, who may include primary, specialty, behavioral, dental and vision health care providers are involved in the implementation, monitoring and directing of the relative aspects of the quality improvement program through the QIC, which is directly accountable to the BOD.

Quality Improvement Committee (QIC)

The QIC is Sunflower's senior level committee accountable directly to the Board of Directors. The purpose of the QIC is to provide oversight and direction in assessing the appropriateness of care and service delivered and to continuously enhance and improve the quality of care and services provided to members. This is accomplished through a comprehensive, plan-wide system of ongoing, objective, and systematic monitoring; the identification, evaluation, and resolution of process problems; the identification of opportunities to improve member outcomes; the education of members, providers and staff regarding the Quality Improvement (QI), Utilization Management (UM), and Credentialing programs.

The QIC is composed of Plan's CEO/President, Chief Medical Director, Associate Medical Director, and QI senior leadership, along with other Plan executive staff representing Medical Management (including Utilization Management and Case Management), Network Development/Contracting, Customer Service, Compliance, and Pharmacy departments, with other ad hoc members as necessary. Additional QIC attendees include staff responsible for clinical appeals and Waste Abuse and Fraud. The first QIC meeting occurred December 19, 2012, prior to implementation of KanCare, and the committee continues to meet on a quarterly basis, at a minimum. For 2019, QIC met a total of six (6) times which included the quarterly meetings and two ad hoc meeting.

Credentialing Committee

The Credentialing Committee is a standing subcommittee of the QIC and is responsible for administering the daily oversight and operating authority of the Credentialing Program. The QIC is the vehicle through which credentialing activities are communicated to the Board of Directors. The Credentialing Committee is responsible for the credentialing and re-credentialing of physicians, non-physician practitioners, facilities, long-term care providers, and other practitioners in Sunflower's network, and to oversee the credentialing process to ensure compliance with regulatory and accreditation requirements. The Credentialing Committee is facilitated through Centene's corporate office and is composed of Sunflower's Chief Medical Director and Associate Medical Director(s), Centene's Corporate Credentialing Director, network physicians, and other Sunflower QI staff. The Credentialing Committee met twelve (12) times in 2019. Typically, the Credentialing Committee meets monthly and on an ad-hoc basis.

Pharmacy and Therapeutic Committee

The Pharmacy and Therapeutics (P&T) Committee is a standing subcommittee of the QIC and is responsible for administering the routine oversight and operating authority of the Pharmacy Program. The QIC is the vehicle through which pharmacy monitoring and reporting activities are communicated to the Board of Directors. The P&T Committee ensures Sunflower provides a high quality, cost effective preferred drug list (PDL), an effective pharmacy program, and addresses quality and utilization issues related to pharmaceutical prescribing patterns, practices, and trends. The P&T Committee is a multidisciplinary team composed of Sunflower's Associate Medical Director, Pharmacy Director, network physicians, network pharmacist, and other executive staff. For 2019, P&T met two (2) times.

Utilization Management Committee

Routine and consistent oversight and operating authority of utilization management activities is delegated to the Utilization Management Committee (UMC) which reports to the QIC and ultimately to the Sunflower Board of Directors. The UMC is responsible for the review and appropriate approval of medical necessity criteria, protocols, and utilization management policies and procedures. Additionally, the UMC monitors and analyzes relevant data to detect and correct patterns of potential or actual inappropriate under- or over-utilization, which may impact health care services, coordination of care, appropriate use of services and resources as well as member and practitioner satisfaction with the UM process. Examples of utilization information reported to UMC includes but is not limited to the following: under/over-utilization, notice of pregnancy, high utilizer review, ED diversion, etc. and this allows for network provider and Plan departments to provide input on interventions targeting continuous quality improvement for utilization. The UMC is composed of Sunflower's Chief Medical Director, Medical Director(s), Sunflower's Vice Presidents of Medical Management, and other operational staff as needed. Network physicians also participate in this committee to provide input on process, policies and data. For 2019, UM Committee met four (4) times. Typically, the UM Committee meets quarterly.

Quality Measures Committee (previously HEDIS Steering Committee)

The Quality Measures Committee oversees Sunflower's HEDIS process and performance measures. The Committee reports directly to the QIC and reviews monthly HEDIS rate trending, identifies data concerns, and communicates both plan and corporate initiatives to Sunflower Senior Leadership. The Committee directs clinical, non-clinical, member and provider initiatives to improve selected HEDIS measure performance. The Quality Measures Committee oversees the implementation, progression and outcomes monitoring of initiatives specific to HEDIS, recommends resources necessary to support the on-going improvement of HEDIS scores, reviews/establishes benchmarks or performance goals for HEDIS and oversee delegated vendor roles in improving HEDIS scores. The Committee meets a minimum of quarterly and is facilitated by the HEDIS Coordinator. Membership includes the senior leadership of QI, the CEO/President, Chief Medical Director, Medical Directors, and Senior Leadership of Medical Management, with representation from Contracting/Network Management, Member/Provider Services, and Pharmacy. The Quality Measures Committee meets quarterly and met four (4) times in 2019.

Grievance and Appeals Committee

The Grievance and Appeals Committee (GAC) is a subcommittee of the QIC and is responsible for tracking and analysis of member grievances and appeals including type, timeliness of resolution, performing barrier and root cause analysis, and making recommendations regarding corrective actions as indicated. The GAC is composed of Sunflower's Chief Medical Director, Medical Directors, Pharmacy Director, QI leadership, Grievance Coordinators, Clinical Appeals Coordinators, Lead Clinical Appeals Nurse and representatives from Customer Service and Medical Management. The GAC provides summary reports to the QIC at regular intervals, but no less than quarterly. Meetings typically occur quarterly or more frequently as needed. The GAC met four (4) times in 2019.

Peer Review Committee

The Peer Review Committee (PRC) is an ad-hoc committee of the QIC. It is responsible for reviewing inappropriate or aberrant service by a provider including alleged quality of care concerns, adverse events, and sentinel events where initial investigation indicates a significant potential or a significant, severe adverse outcome has occurred, or other cases as deemed appropriate by the Chief Medical Director. This committee includes participation by both network physicians and health plan medical directors. The PRC is expected to use their clinical judgment

in assessing the appropriateness of clinical care and recommending a corrective action plan that will best suit the particular provider's situation. For 2019, PRC for Physical Health met on seven (7) occasions to review cases and make recommendations as appropriate. For the Behavioral Health PRC, that group met one (1) in 2019.

Performance Improvement Team

The Sunflower Performance Improvement Team (PIT) is an internal, cross-functional quality improvement team that facilitates the integration of a culture of quality improvement throughout the organization. The PIT is responsible for gathering and analyzing performance measures, performing barrier and root cause analysis for indicators falling below desired performance, and making recommendations regarding corrective actions/interventions for improvement. The PIT is also responsible for overseeing the implementation of recommended corrective actions/interventions from the QIC and/or its supporting subcommittees, monitoring the outcomes of those improvement efforts and reporting to the designated committee.

The PIT meets monthly and includes representation from each functional area within Sunflower. Membership includes staff that conducts or directly supervises the day-to-day activities of the departments, i.e. Case Management, Compliance, Community Health Services, Contracting, Customer Services, Network Development, Prior Authorization, Provider Relations, Quality Improvement or other members as determined by the topic under discussion. The PIT met twelve (12) times in 2019, with several subcommittee meetings of the PIT to address items such as the member experience survey, QRS and Stars initiatives. Multiple subcommittees report to the PIT. The PIT typically meets monthly.

CAHPS/Member Experience Workgroup

The focus of the CAHPS/Member Experience team serves as a work group that reviews the CAHPS or member satisfaction survey results, identify the opportunities for improvement, barriers and methods to mitigate the barriers. The goal of this committee is to continue to make strides improving the member experience as evidenced through improved survey results while utilizing PDSA. The committee will meet quarterly and more often as necessary. A Senior Quality leader or the designated Member Experience lead from the Quality team leads the committee. Members of the committee consist of representatives from Member and Provider Services, Vendor Management, Quality Improvement, Medical Management, Pharmacy, Marketing, LTSS, Network Development/Contracting and Member Connections (Community Health Services). This workgroup typically meets on a quarterly basis but may have Ad Hoc meetings as needed. In 2019, the work group met on twelve (12) occasions.

Medicaid Member Advisory Committee (MAC)

The goal of the Member Advisory Committee (MAC) is to solicit member input into the Quality Improvement Program, operations, and services that are provided to members. The scope of the MAC is to act as a focus group to facilitate member and community perspective on the quality of care and services offered by Plan and to offer recommendations for improvement to member services and community engagement. MAC responsibilities may include review of member satisfaction survey results, Member Services telephone performance levels, member education materials for relevance, understanding and ease of use, and/or other topics as defined by the Plan.

The MAC includes members, community members, parents/foster parents/guardians of children who are Plan members including those in foster care and Children with Special Healthcare Needs (CSHCN) to allow them to provide feedback to the Plan, and Plan staff, as appropriate. The Sunflower's senior leader of Member Services chairs the Committee. The MAC met four (4) times in 2019.

Sunflower Vendor Joint Operations Committees

The Vendor Joint Operations Committees (JOCs) are active sub-committees of the PIT. The JOC primary function is to provide guidance to, and oversight of, the operations affecting the scope of functions of delegated vendors, including review of periodic activity reports from delegated vendors, ensuring compliance with all NCQA standards and regulations related to the delegation relationship, and recommending actions to address any identified opportunities for improvement in delegated services. The purpose of the Vendor JOCs is to provide oversight and assess the appropriateness and quality of services provided on behalf of Sunflower to members. The Vendor JOCs includes representation from each Plan functional area as well as representation from the delegated vendors. These meetings typically occur on a quarterly basis but may occur more frequently as needed.

| Vendor | Number of Meetings in 2019 |
|------------------------------|-----------------------------------|
| National Imaging Association | 12 |
| Envolve Pharmacy | 4 |
| Logisticare | 12 |
| EPC DM / NAL | 12 |
| Envolve Dental | 4 |
| Envolve Vision | 4 |

Long Term Support and Services Advisory Committee (LTSS AC)

The Long Term Support and Services (LTSS) Advisory Committee is an active subcommittee of the PIT. The focus of the LTSS Provider Advisory Committee is to allow the LTSS Providers and member advocates the forum to provide feedback and suggestions to the health plan on opportunities to impact the LTSS members. This committee meets quarterly and different health plan departments present on items that impact the LTSS membership. Senior Leadership of Medical Management chairs the committee. This committee was implemented in 2017. In 2019, and met 4 times, quarterly.

Long Term Support and Services Quality Assurance Committee (LTSS QAC)

The Long Term Support and Services (LTSS) Quality Assurance Committee (QAC) is an active subcommittee of the QIC. The focus of the LTSS Quality Assurance Committee is to provide oversight and direction in assessing the appropriateness of care, service delivered, to continuously enhance, and improve the quality of care and services provided to the LTSS members. This is accomplished through a comprehensive, health plan-wide system of ongoing, objective, and systematic monitoring of activities and outcomes specific to LTSS. This committee meets quarterly and different health plan departments present on items that impact the LTSS membership. Senior Leadership of Medical Management chairs the committee. This committee was implemented in 2017. Meeting quarterly, the committee met 4 times in 2019.

Sunflower Provider Joint Operations Committees (JOCs)

The Provider Joint Operations Committees (JOCs) are active provider committees that occur at least quarterly and report to PIT. These committees are with high volume providers whose primary function is to allow the providers to provide input on the following: Sunflower policies, clinical programs and processes; payment and UM activities; provider satisfaction and profiling activities, provide assistance to identify concerns and provide input for improvement of provider relations and support. Additionally, from time to time, Sunflower may engage providers to provide input on implementation of new policies, processes, and tools. In 2019, there were 24 Provider Joint Operations Committee meetings held.

Physician Advisory Committee

In 2017, the Physician Advisory Committee was initiated and it continued in 2018. The committee is comprised of practicing primary care physicians in Sunflower's network who provide clinical advice and quality oversight from the physician perspective to the health plan on programs offered, policies and processes. The PAC chair is the Chief Medical Director and occur on a quarterly basis. This allows for a close working relationship with Plan's Chief Medical Officer and Network leadership to ensure maintenance of the highest standards in care quality, efficiency, transparency, and relentless pursuit of improved health outcomes for members. In 2017, there were six (6) network primary care physicians on the committee, which also includes representation from the Contracting, Network Development, Provider Relations, Quality Improvement and Medical Affairs. In 2019, this committee convened one (1) times.

Behavioral Health Advisory Committee

The Behavioral Health Advisory Committee was initiated in 2018 and is comprised of network Behavioral Health providers and the purpose is to allow for communication of Sunflower's programs, policies and processes with the provider network allowing for the opportunity to discuss and provide feedback to the plan. Additionally, it allows for providers to make recommendations and identify key issues encountered by members and providers. The committee chair is the Sunflower Behavioral Health Medical Director or director level Sunflower staff. The meetings occur on a quarterly basis. This committee reports off to the PIT committee. In 2019, this committee met four (4) times: March, June, Sept, and December.

Quality Improvement Department Structure and Resources

The QI resources were evaluated, and it was determined additional resources were needed to meet the needs of the QAPI Program during 2019. The QI department is now composed of the following members:

- Chief Medical Director, serving as the Senior Executive for Quality Initiatives (SEQI) (member by position and role)
- Medical Director of Utilization Management (member by position and role, nt formal reporting structure) (3)
- Senior Director, QI (Nurse) (1)
- Managers, QI (3)
 - Accreditation/CAHPS (Social Worker)
 - Performance Improvement (Nurse)
 - HEDIS (Social Worker)
- EPSDT Coordinator (Nurse) (1)
- Accreditation Specialist (Social Worker) (1)
- QI, Project Manager (2)
- QI, Care Manager (1)
- QI, Specialist (3)
- QI, Coordinator (3) (one is a Nurse)
- Senior QI Specialist (1)
- RA, Coding Analyst (1)
- RA, Member Coordinator (2)
- QI Administrative Assistant (1)
- Centene Corporate support

Quality Leadership in 2019

The plan Chief Medical Director served as the SEQI and provided continued leadership and oversight of QI. There was turnover of six (6) staff persons in 2019 in the QI Department. The

turnover was attributed to one staff member seizing an opportunity to join a Centene sister health plan, one joined the Centene Corporate team, two retired, and one leaving due to a sudden and impactful family loss. Two of these positions were filled with new team members in 2019, with four positions remaining open at the close of the calendar year. Quality continues to conduct routine assessments of work volume and progress on plan priorities to allow for reallocation of staff resources to address needs encountered in work volume trends and also to address priority areas to ensure the member and provider needs are met as integral parts of the business all while driving continuous quality improvement.

In 2019, the employment positions at Sunflower have remained relatively consistent as the plan membership experienced some change nearing the end of the year given changes with MCOs in the market and the new contract. Staffing needs continue to be assessed on an ongoing basis to ensure the plan is able to accommodate member needs, contractual requirements, improve quality, and adequately address the volume of routine audits and reporting uniquely required by the state contract.

Quality and Utilization Program Effectiveness

Objectives

Sunflower's QAPI Program objectives include, but are not limited to, the following:

- To establish and maintain a health system that promotes continuous quality improvement;
- To adopt evidence-based clinical indicators and practice guidelines as a means for identifying and addressing variations in medical practice;
- To select areas of study based on demonstration of need and relevance to the population served;
- To develop standardized performance measures that are clearly defined, objective, measurable, and allow tracking over time;
- To utilize Management Information Systems (MIS) in data collection, integration, tracking, analysis and reporting of data that reflects performance on standardized measures of health outcomes;
- To allocate personnel and resources necessary to:
 - support the quality improvement program, including data analysis and reporting;
 - meet the educational needs of members, providers and staff relevant to quality improvement efforts;
- To seek input and work with members, providers and community resources to improve quality of care provided to members;
- To develop partnerships with new stakeholders and providers to establish services and relationships to support home and community based services and LTC residential options;
- To oversee peer review procedures that will address deviations in medical management and health care practices and devise action plans to improve services;
- To establish a system to provide frequent, periodic quality improvement information to participating providers in order to support them in their efforts to provide high quality health care;
- To recommend and institute "focused" quality studies in clinical and non-clinical areas, where appropriate.

2019 Quality Improvement Strengths and Accomplishments

- Quality Improvement leadership includes two nurses and two social workers with Quality Improvement experience
- Quality Improvement reports up to the Chief Medical Director, who is directly involved in Quality initiatives as the SEQI
- Continued Pay for Performance Champion teams to focus on improvement of measures that directly impact the health and well-being of members through various interventions
- Committee membership and structure continues to evaluate revised and functional support activities.
- Network providers actively participating in various Quality committees to provide input and feedback to drive continuous Quality Improvement across the organization
- Quality improvement initiatives and focus studies identified, using data trends starting to take more shape with plan experience
- Successfully continued support for HCBS services, developing an expansive network, implementing case management, and refining operations in claims processing to meet the member and provider needs
- Continued refinement around P4P metrics and development of tracking tools, supporting reports, comprehensive intervention plans, and reporting tools
- Year over year noted improvements in both the Member and Provider satisfaction surveys. Continued development of comprehensive plans for future improvement opportunities using multidisciplinary team approach.
- Continued use of skill and experience in HEDIS operations to allow for the plan to increase year round abstractions/over-reads and also over-reads during hybrid season,
- Continued efforts in place for optimization of data captured through state immunization registry, member outreach to optimize collection of supplemental data, including records from in-home assessments and other opportunities for potential impact on HEDIS measures for MY2019.
- Increased supplemental records that were abstracted and over-read for HEDIS
- Utilized PDSA to improve process for documenting and reporting successful warm call outreaches on HPV PIP to reduce reporting errors and increase use of automation
- Continued evaluation and updates to systems to incorporate state reporting criteria to reduce reporting errors and automate some reporting functions.
- Increased medical records provided to the health plan related to Provider Profiles sent out to engage providers on closing care gaps.
- Ongoing evaluation, modification, and update of templates for trending of Grievances, Appeals, and Quality of Care issues data for more in depth analysis and display for team members and Committee, allowing improvement opportunities to be more easily identified.
- Ongoing efforts to review all Sunflower and vendor grievance and appeals documentation, revising and creating more consistency to reduce member confusion.
- Added an auditor to the Quality Improvement team to focus on contractual requirements for UM, appeals and grievances to include notices, manuals and process compliance.
- Continued collaboration with vendors to look through opportunities to improve efficiencies and satisfaction through education of providers, health plan staff and members
- Continued development and use of reports for monitoring and identification of cases at risk of not meeting turn-around time (TAT) for grievances and appeals before they are out of TAT.

- Utilize developed process in documentation system to route Adverse Incident Reporting System (AIRS) so all documentation remains in single entry/record and includes QOC nurse and CM in feedback.
- Monitoring of reports to do surveillance of routine QOC issues on whole population, allowing focused review when there are findings and trending of certain types of at risk diagnosis patterns.
- PDSA process on SFH documents utilizing SharePoint as a means to share materials internally with witnesses in preparation for the hearing to increase efficiencies through avoiding delays with large attachments
- Continued partnership with Sunflower Data Analytics team to improve data integrity, revise provider profiles and accuracy related to member outcomes, strategic initiatives and to meet state reporting requirements.
- Implemented revisions to the Grievance Appeals Report (GAR) through collaboration with the Data Analytics team
- Monitored implemented Contract Amendment 33 related to appeals, grievances and State Fair Hearings, which included health plan trainings to increase knowledge and understanding of requirements through collaboration with UM, QI, Vendor Management and Claims.
- Monitoring Medicaid Member grievance resolution TAT for 2019
- Monitoring Medicaid Member standard appeal resolution TAT for 2019
- Monitored Care Management activities
- Participated in member outreach health fairs/community events.
- Participated in provider conferences and seminars, presenting and providing information or as a conference participant.
- Engolve People Care's Disease Management demonstrated active health coaching
- The Sunflower Customer Services/Provider Services call center provides education and referral services to members and providers. The call center received and responded to calls regarding benefit inquiries, concerns, complaints, and request for arranging services.
- Continued to focus on expanded sources for supplemental data that allow better HEDIS data capture to reduce record request burden for providers, which included use of records received via the secure Provider Portal, in-home vendor assessments and utilization of KHIN.
- Continued utilization of WebZ, state immunization registry to improve capture of immunization data for HEDIS Childhood and Adolescent Immunizations.
- Provided value added services to our membership including in-lieu of services.
- Continued to collaborate with providers and health departments with a goal to impact our members' health and well-being through preventative care for diabetes care, immunizations, dental care, and other preventive services like well-child visits.
- Continued utilization of Provider Profiles/scorecards for monitoring of health plan rating scores and P4P that incorporate both CAHPS and HEDIS data as appropriate, allowing for current year trends to previous year and gap to meet thresholds and rating score.
- Added Provider Profile Reminders as an 'end of year push' initiative
- Continued and expanded Pay for Performance arrangements with providers to impact preventive and disease management of members including partnerships with CMHCs, primary care providers, pediatricians, and OB/GYN providers; positive feedback included that the Primary Care/Pediatric and OB/GYN models were noted to be "User Friendly"
- Lab2U partnership to help close care gaps with in home testing option for Hemoglobin A1c testing.
- Implemented and automated GAC based reporting including UM denial and AIRS (Adverse Incident Reporting).

- Continued member region specific data and implement member LOC data into internal weekly Grievance and Appeals reporting.
- Reporting Case Management HEDIS notes data from our TruCare system for any notes regarding medical records.
- AMM Antidepressant monthly mailing list for monthly letter campaign.
- HEDIS A1c outreach campaign with Case Management without continuous enrollment requirements for all business lines to identify members early for opportunity to engage to close care gaps.
- Implemented text messaging technology to engage members and assist in care gap closure on 3 measures for Medicaid.

2019 Quality Improvement Opportunities

- HEDIS rates continue to be an area of focus through member outreach, education and collaboration with various partners including providers, health departments, schools and organizations; Plan continues to explore and evaluate resources and opportunities for education and incentives to improve rates with goal to meet or exceed the 75th Quality Compass Percentile.
- Sunflower continues to work on P4P interventions for 2020.
- Continuously evaluating data and exploring new interventions to continuously improve Member and Provider satisfaction with Plan services, care and operations based on survey results and other avenues of feedback including both member and provider appeals and grievances.
- Continued efforts to develop and expand trending reports for data analysis and focused intervention to be used as a part of PDSA within all health plan departments.
- Continued HPV PIP efforts to strive for improvement in the HPV vaccination compliance for adolescents
- Interventions continue to increase Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications
- Implement additional outreach to internal and external partners to share results of quality improvement activities and open doors for feedback.
- Continue to work with the other Kansas Medicaid MCOs on issues to improve care to Medicaid beneficiaries as necessary.
- Continue efforts to improve processes, provide education and work to improve appeals and grievances for both members and providers which will also impact satisfaction for both
- Continue to explore opportunities to expand P4P partnerships with network providers to improve the quality of care members receive including innovation.

Population Characteristics

Member Demographics and Service Area

Plan began operation as a managed care health plan serving the Kansas Medicaid population on January 1, 2013. Sunflower has made efforts since that time and intends to continue to grow its membership by providing excellent customer service including contacting all new members, welcoming them to the plan, and providing information about covered services including those related to disease prevention and management. Sunflower plans to retain members by offering coordination of care, financial incentives for targeted healthy behaviors, health education workshops, healthy lifestyle programs, disease management, case management, a network of providers that meets the needs of the membership, and conducting a member satisfaction survey with follow-up interventions to address any identified opportunities for improvement.

Assessment of Sunflower’s membership population has occurred annually from 2013 through 2019. A systematic review was undertaken to determine if there have been material changes in the population that would require the case management program to be substantially revised.

Membership Characteristics

Sunflower is in its seventh year of operations providing Medicaid services to members in Kansas. Annually, TANF and CHIP members consistently make up the majority of the Sunflower membership. These two groups together made up 76% of Sunflower membership in 2019. The children ages 0-10 continues to comprise the largest age group, with 41% of the membership for 2019, which is slightly lower than 2018. Those members of the ages 0-20 years make up 69% of the members served by Sunflower. The population of males decreased from 45% in 2018 to 44% in 2019, while the female population increased from 54% in 2018 to 55% in 2019. Sunflower saw a small reduction in TANF while noting a small increase in CHIP membership for 2019. The Plan experienced a decrease of 4,427 members in Medicaid membership from January 2019 to December 2019.

Sunflower’s membership characteristics for comparative purposes for 2017, 2018 and 2019 are shown in the tables below:

Percentage of Member Population by Product

| Product | % of Population for 2017 | % of Population for 2018 | % of Population for 2019 |
|---------------|--------------------------|--------------------------|--------------------------|
| CHIP | 10% | 12% | 14% |
| Foster Care | 4% | 4% | 4% |
| IDD | 3% | 3% | 3% |
| LTC Dual | 4% | 4% | 4% |
| LTC Non-Dual | 2% | 2% | 2% |
| SSI Dual | 4% | 4% | 4% |
| SSI Non-Dual | 8% | 8% | 7% |
| TANF | 65% | 63% | 62% |
| Total* | 100% | 100% | 100% |

*Rounding results in some totals >100%

Member Age Breakdown

| Age Group | 2017* | 2018 | 2019* |
|-----------|-------|------|-------|
| 0-10 | 43% | 44% | 41% |
| 11-20 | 27% | 27% | 28% |
| 21-30 | 8% | 8% | 9% |
| 31-40 | 6% | 6% | 7% |
| 41-50 | 4% | 4% | 4% |
| 51-60 | 5% | 4% | 4% |
| 61-70 | 3% | 3% | 3% |
| 71-80 | 2% | 2% | 2% |
| 81-90 | 2% | 1% | 2% |
| 91+ | 1% | 1% | 1% |

*Rounding results in some totals >100%

Gender Breakdown

| Gender | 2017 | 2018 | 2019 |
|--------|------|------|------|
| Male | 46% | 46% | 45% |
| Female | 54% | 54% | 55% |

The table below depicts the membership for each product throughout 2019. The data contained within this table represents Sunflower’s membership based on financials for those said months and does not reflect any retro activities for those timeframes. The CHIP, Foster Care, and IDD membership noted small membership increases over the twelve-month period. LTC Dual, LTC Non-Dual, SSI Dual, SSI Non-Dual, and TANF products noted lower memberships in December compared to January.

Medicaid Member Enrollment

| Product | Jan. 2019 | Feb. 2019 | Mar. 2019 | Apr. 2019 | May 2019 | June 2019 | July 2019 | Aug. 2019 | Sept. 2019 | Oct. 2019 | Nov. 2019 | Dec. 2019 |
|---------------------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|
| CHIP | 16,222 | 16,212 | 16,201 | 16,119 | 16,166 | 16,131 | 16,255 | 16,425 | 16,499 | 16,704 | 16,791 | 16,838 |
| Foster Care | 6,233 | 6,274 | 6,322 | 6,402 | 6,433 | 6,418 | 6,425 | 6,465 | 6,453 | 6,443 | 6,403 | 6,374 |
| IDD | 4,805 | 4,829 | 4,837 | 4,845 | 4,847 | 4,828 | 4,814 | 4,847 | 4,848 | 4,840 | 4,830 | 4,842 |
| LTC Dual | 6,204 | 6,193 | 6,178 | 6,137 | 6,076 | 6,036 | 6,054 | 6,064 | 6,116 | 6,125 | 6,105 | 6,101 |
| LTC Non-Dual | 2,916 | 2,926 | 2,936 | 2,920 | 2,906 | 2,880 | 2,843 | 2,828 | 2,825 | 2,832 | 2,842 | 2,905 |
| SSI Dual | 5,769 | 5,783 | 5,714 | 5,695 | 5,670 | 5,650 | 5,615 | 5,621 | 5,560 | 5,504 | 5,444 | 5,328 |
| SSI Non-Dual | 10,916 | 10,917 | 10,881 | 10,876 | 10,882 | 10,858 | 10,869 | 10,895 | 10,800 | 10,779 | 10,671 | 10,567 |
| TANF | 88,273 | 87,185 | 87,284 | 85,653 | 85,563 | 85,342 | 85,627 | 86,220 | 86,123 | 85,413 | 84,877 | 83,956 |
| Total | 141,338 | 140,319 | 140,353 | 138,647 | 138,543 | 138,143 | 138,502 | 139,365 | 139,224 | 138,640 | 137,963 | 136,911 |

Sunflower membership experienced a decrease in total memberships from January of 2019 to December of 2019, as evidenced in the table provided above. Kansas Medicaid remained unchanged with respect to expansion. Members continue to have an annual open enrollment period to allow them to change MCO’s.

An additional look at membership data evaluated the top five diagnoses for adults and children by physical and behavioral health. For children the top physical health diagnosis was *Routine Health Exam Without Abnormal Finding*, followed by *Immunization Encounter*, *Acute Upper Respiratory Infection*, *Bilateral Farsightedness*, and *Bilateral Astigmatism*. For adults, *Primary Essential Hypertension* was the top diagnosis. However, *Immunization Encounter* was number two, similar to child results. The third top adult diagnosis was *Long Term Concurrent Use of Drug Therapy* followed by a more general and broad diagnosis of *Other General Symptoms and Signs*. *Gastroesophageal Reflux Disease without Esophagitis* rounded out the top five adult diagnosis.

From a behavioral health standpoint, both the adult and child population had anxiety diagnoses for two out of their top five. The ADHD diagnosis, however, was in the top two diagnoses for children followed by *Generalized Anxiety Disorder*, *Anxiety Disorder Unspecified*, and

Oppositional Defiant Disorder. Anxiety Disorder Unspecified was the top adult diagnosis for behavioral health, followed by *Major Depressive Disorder* and *Nicotine Dependence Cigarettes. Generalized Anxiety Disorder* and *Nicotine Dependence Unspecified Uncomplicated* round out the top five adult diagnosis. One opportunity identified is to explore the use of R6889, *Other General Symptoms and Signs*, for evaluation of trends and potential provider education. These details are provided in the tables on the following page.

2019 Top Diagnosis

| Top 5 Medical Diagnosis Child (Ages 0 - 19) Range: January 1, 2019-December 31, 2019 | | |
|---|-------------------------------------|------------------------|
| Diagnosis Code | Diagnosis | # Unique Member |
| Z00129 | ENC RTN CHLD HLTH EX W/O ABNRM FIND | 49,445 |
| Z23 | ENCOUNTER FOR IMMUNIZATION | 45,837 |
| J069 | ACUTE UP RESPIRATORY INFECTION UNS | 18,485 |
| H5203 | HYPERMETROPIA BILATERAL | 16,968 |
| H52223 | REGULAR ASTIGMATISM BILATERAL | 14,783 |

| Top 5 Medical Diagnosis Adult (Ages 20+) Range: January 1, 2019-December 31, 2019 | | |
|--|------------------------------------|------------------------|
| Diagnosis Code | Diagnosis | # Unique Member |
| I10 | ESSENTIAL PRIMARY HYPERTENSION | 17,699 |
| Z23 | ENCOUNTER FOR IMMUNIZATION | 12,843 |
| Z79899 | OTH LONG TERM CURRENT DRUG THERAPY | 12,510 |
| R6889 | OTHER GENERAL SYMPTOMS AND SIGNS | 10,638 |
| K219 | GERD WITHOUT ESOPHAGITIS | 9,503 |

| Top 5 Behavioral Health Diagnosis Child (Ages 0 - 19) Range: January 1, 2019-December 31, 2019 | | |
|---|-------------------------------|------------------------|
| Diagnosis Code | Diagnosis | # Unique Member |
| F902 | ADHD COMBINED TYPE | 7,572 |
| F909 | ADHD UNSPECIFIED TYPE | 3,844 |
| F411 | GENERALIZED ANXIETY DISORDER | 3,741 |
| F419 | ANXIETY DISORDER UNSPECIFIED | 3,415 |
| F913 | OPPOSITIONAL DEFIANT DISORDER | 3,268 |

| Top 5 Behavioral Health Diagnosis Adult (Ages 20+) Range: January 1, 2019-December 31, 2019 | | |
|---|-----------------------------------|-----------------|
| Diagnosis Code | Diagnosis | # Unique Member |
| F419 | ANXIETY DISORDER UNSPECIFIED | 9,877 |
| F329 | MAJ DEPRESS D/O SINGLE EPIS UNS | 9,746 |
| F17210 | NICOTINE DEPEND CIGARETTES UNCOMP | 8,659 |
| F411 | GENERALIZED ANXIETY DISORDER | 6,272 |
| F17200 | NICOTINE DEPEND UNS UNCOMPLICATED | 4,943 |

Languages Spoken by Sunflower Members

Sunflower assesses members' linguistic needs based on the state eligibility files, which query members on their primary language spoken. Sunflower noted an increase in those speaking *English* from 94.05% in 2018 to 95.20% in 2019. The number that *did not report a primary language* demonstrated another decrease from 2.9% for 2018 to 2.14% for 2019. Those who speak *Spanish* demonstrated a slight decrease from 2.7% in 2018 to 2.3% in 2019. A detailed breakdown of other less common languages is also noted in the table. This information is provided in the following table.

Languages Spoken by Sunflower Medicaid Members

| Language | Member Count | % of population |
|------------|--------------|-----------------|
| English | 130,190 | 95.20% |
| Spanish | 3,183 | 2.33% |
| Unknown | 2,932 | 2.14% |
| Arabic | 118 | 0.09% |
| Vietnamese | 99 | 0.07% |
| Russian | 54 | 0.04% |
| Chinese | 34 | 0.02% |
| Lao | 32 | 0.02% |
| French | 27 | 0.02% |
| Hindi | 16 | 0.01% |
| Urdu | 16 | 0.01% |
| Korean | 14 | 0.01% |
| Croatian | 12 | 0.01% |
| German | 8 | 0.01% |
| Persian | 7 | 0.01% |
| Tagalog | 4 | 0.00% |
| Somali | 3 | 0.00% |
| Thai | 3 | 0.00% |
| Gujarati | 2 | 0.00% |

Languages Spoken by Sunflower Medicaid Members

| Language | Member Count | % of population |
|--------------|----------------|-----------------|
| Portuguese | 2 | 0.00% |
| Greek | 1 | 0.00% |
| Italian | 1 | 0.00% |
| TOTAL | 136,758 | 100.00% |

Sunflower offers language assistance services to members who require translation services. Services are available for both telephonic and on-site interactions. Plan Care Management, Customer Service, or Provider/Practitioner staff for member interactions with both Sunflower staff and network providers can arrange these services. The following table provided represents the top languages for which members have requested translation services by unique telephonic interactions during the evaluation of 2019. Sunflower also has Spanish-speaking staff represented in Care Management, Customer Services Representatives and Quality Improvement available. The Sunflower Customer Service Supervisor and Call Quality Analyst are also Spanish speaking to ensure Spanish-speaking members are served well by the health plan. Spanish speaking is noted to be the highest utilizer followed by Arabic, Nepali, and Burmese. The table below depicts the Language Service Line Requests that occurred from January 1, 2019 through December 31, 2019.

Member Languages from Language Line Use

| Language | Number of calls | Percentage of Total |
|----------------------|-----------------|---------------------|
| Spanish | 4,868 | 81.94% |
| Arabic | 153 | 2.58% |
| Nepali | 151 | 2.54% |
| Burmese | 144 | 2.42% |
| Swahili | 101 | 1.70% |
| Russian | 73 | 1.23% |
| Kinya/Rwanda | 67 | 1.13% |
| Somali | 61 | 1.03% |
| Vietnamese | 51 | 0.86% |
| Mandarin | 36 | 0.61% |
| Karen | 28 | 0.47% |
| French | 22 | 0.37% |
| Korean | 17 | 0.29% |
| Bosnian | 15 | 0.25% |
| Chin (Hakha) | 13 | 0.22% |
| Hindi | 12 | 0.20% |
| Rohingya | 11 | 0.19% |
| Tigrigna (Eritrea) | 11 | 0.19% |
| Brazilian Portuguese | 10 | 0.17% |
| Kunama | 9 | 0.15% |
| Amharic | 8 | 0.13% |

Member Languages from Language Line Use

| Language | Number of calls | Percentage of Total |
|----------------------|-----------------|---------------------|
| Kirundi | 8 | 0.13% |
| Farsi | 6 | 0.10% |
| Cambodian | 5 | 0.08% |
| Hmong | 5 | 0.08% |
| Lao | 5 | 0.08% |
| Oromo (Ethiopia) | 5 | 0.08% |
| Karenni | 4 | 0.07% |
| Sudanese Arabic | 4 | 0.07% |
| Cantonese | 3 | 0.05% |
| Chin | 3 | 0.05% |
| Gujarati | 3 | 0.05% |
| Pashto (Afghanistan) | 3 | 0.05% |
| Persian | 3 | 0.05% |
| Urdu | 3 | 0.05% |
| Bengali | 2 | 0.03% |
| Khmer | 2 | 0.03% |
| Punjabi | 2 | 0.03% |
| Bulgarian | 1 | 0.02% |
| Croatian | 1 | 0.02% |
| Dari (Afghanistan) | 1 | 0.02% |
| German | 1 | 0.02% |
| Haitian Creole | 1 | 0.02% |
| Indonesian | 1 | 0.02% |
| Iraqi Arabic | 1 | 0.02% |
| Jakartanese | 1 | 0.02% |
| Kachchi | 1 | 0.02% |
| Kannada | 1 | 0.02% |
| Kurdish (Kurmanji) | 1 | 0.02% |
| Lingala | 1 | 0.02% |
| Neapolitan | 1 | 0.02% |
| Polish | 1 | 0.02% |
| Total | 5,941 | 100% |

Race/Ethnicity

The tables below reflect race and ethnicity based on member responses on race and ethnicity to the 2019 CAHPS Adult and Child member satisfaction surveys. The data provided allows for comparison to the designated race/ethnicity provided on the 2018 CAHPS member satisfaction surveys as well. The Child survey noted for both 2018 and 2019 represents an aggregated report of two separate Child surveys completed for Title XIX and Title XXI. Results provided below for both the General Child Population as well as the Child with Chronic Conditions (CCC).

CAHPS Child Race and Ethnicity

| Child Race / Ethnicity Category | 2018 Child General Population CAHPS | 2019 Child General Population CAHPS | 2018 Child With Chronic Conditions CAHPS | 2019 Child With Chronic Conditions CAHPS |
|---------------------------------|-------------------------------------|-------------------------------------|--|--|
| White | 74% | 73% | 81% | 80% |
| Black /African American | 8% | 11% | 13% | 14% |
| Hispanic / Latino** | 40% | 36% | 24% | 23% |
| Asian | 4% | 4% | 2% | 1% |
| Hawaiian / Pacific Islander | 1% | 0% | 1% | 0% |
| American Indian / Alaskan | 3% | 3% | 4% | 4% |
| Other | 14% | 13% | 10% | 10% |

CAHPS Adult Race and Ethnicity*

| Adult Race / Ethnicity Category | 2018 Adult CAHPS | 2019 Adult CAHPS |
|---------------------------------|------------------|------------------|
| White | 72% | 81% |
| Black /African American | 12% | 12% |
| Hispanic / Latino** | 15% | 8% |
| Asian | 3% | 2% |
| Hawaiian / Pacific Islander | 1% | 0% |
| American Indian / Alaskan | 6% | 5% |
| Other** | 10% | 5% |

* Race/Ethnicity will not equal 100% because they are separate questions on the CAHPS survey.

**"Other" includes all response options that are not shown.

Sunflower noted a decrease in those responding as *Hispanic/Latino* for the General Child Population from 40% in 2018 to 36% in 2019 and for the Child with Chronic Condition also noted a slight decrease with those noted to be *Hispanic/Latino* from 24% in 2018 to 23% in 2019. Both of the sample groups of respondents noted a decline in those reporting as *White*, again, in 2019, which was consistent with what results demonstrated in the 2018 results. The remainder of the race/ethnicity categories stayed relatively the same for the General Child and Child with Chronic Conditions respondents. The adult survey respondents demonstrated a small decline in both the *White* and *Black/African American* groups while the *Hispanic/Latino* respondents increased from 11% in 2017 to 15% for 2018. The *Asian*, *American Indian/Alaskan* populations saw minimal increases in 2019 over 2018. The child surveys showed a slight increase in the *Black/ African American* population while the adult survey reflected a 9% increase in the *White* population.

Overall, the results from the 2019 CAHPS surveys for Child populations indicate that there was consistency, with respect to the race/ethnicity of the Sunflower membership, in comparison from 2018 to 2019, as there were no significant changes noted. The majority of Sunflower adult membership is *White* followed by *Black/African* which was formerly the third and then by *Hispanic/Latino*. The child survey results demonstrated consistency in comparison to previous years. This was evidenced as the majority of respondents for Child General Population indicated their race/ethnicity as white, followed by Hispanic/Latino and then Other which was higher than Black/African American as it was previously the third highest in past years. The

Child with Chronic Conditions demonstrated consistency again in 2018 compared to 2019 where White, Hispanic/Latino and then Black/African American remained as the top three respondent categories.

Quality Performance Measures and Outcomes

Quality Improvement Activities (Performance Improvement Projects – PIPs)

Sunflower is required by state contract to have at least six Performance Improvement Projects (PIPs) annually. Additionally, it is a contractual requirement that three of the PIPs are clinical, two are non-clinical and one is focused on Early and Periodic Screening, Diagnostic and Treatment. Two of Sunflower's PIPs for 2019 were continued from 2018 and were related to HPV Vaccination Rates for Adolescents and a PIP focusing on Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD). The other four PIPs were in different stages of development throughout 2019 with interventions scheduled for launch in 2020.

Human Papilloma Virus (HPV) Vaccination

Because of the state requirement for collaborative performance improvement projects, Sunflower worked in collaboration with the other two MCOs to focus on a PIP to increase the compliance with the HPV vaccination rates in Kansas. Kansas HPV vaccination rates were noted in 2015 to be the lowest in the nation and clearly indicated an area for improvement. The focus was based on the HEDIS measure for HPV vaccinations with the performance being based on the numbers of female adolescents who turned 13 years of age during the measurement year who have completed the series of three HPV vaccinations. This collaborative PIP was proposed to the state late in 2015 and was approved for implementation in 2015. This left one quarter in 2015 to implement and focus interventions on this PIP. Member and provider facing interventions were part of the PIP design.

Each of the MCOs had proposed a separate goal for 2015 performance that was based on their HEDIS 2015 final rate for the measure. Upon evaluation by the State and EQRO, this was not utilized as the baseline year performance since the project began in late 2015. HEDIS 2017(MY2016) was identified as the baseline. Those final rates are depicted in the table below. Combined rate for males and females was 19.23%. Based on this performance, the MY2017 goal for Sunflower's combined rate is 20.19%, which would demonstrate a 5% increase from the previous years' performance. The HEDIS Technical Specifications changed in 2016 to include males. During 2017, the HEDIS Technical Specifications were updated again requiring two doses versus three in specific circumstances to offer protection against HPV. However, for measurement year 2016, performance will be measured on females only. HEDIS 2017(MY2016) provided the baseline for combined males/females and males rates. The most recent year Sunflower has final HEDIS® data for is MY 2018. The final hybrid rate for MY2018 was 38.44% compared to the baseline (MY2016) rate of 19.23%.

The three MCOs started with provider profiles to raise provider awareness and enlist their assistance with member compliance. Letters were also sent to the parents/guardians of the members who were non-compliant to provide educational material to help increase awareness and understanding related to the importance of the vaccination with the intended outcome of increasing the vaccination rate. A three-month phone outreach campaign to the guardians of members was implemented to promote the vaccine, educate guardians on the importance of the vaccine, assist in scheduling appointments, and arranging transportation for appointments as

needed. Sunflower had planned to offer one provider educational opportunity in December of 2019. This CME event was to include a partnership with the American Cancer Society and Kansas University School of Medicine. Due to scheduling issues and winter weather, the event had to be rescheduled for January 2020. Additionally, Sunflower continued to collaborate with health departments to engage members and promote the vaccine. Member lists of those identified as non-compliant in completing the HPV series were provided to the health departments. The health departments made outreach attempts to members and scheduled appointments as appropriate. Gap in care information is on Sunflower's provider portal. Providers are able to go into the portal and access a list of their members who have an HPV vaccination gap in care. Sunflower presented at an association meeting for the Psychiatric Residential Treatment Centers (PRTF) to ask for their assistance in improving HPV vaccination rates of members served by the PRTFs. A member-facing informational packet was presented to the association. This packet will be made available to the PRTFs by Sunflower for member distribution when the member admits into the PRTF.

The HPV rate for MY2019 is not yet final. MCOs continue to explore ways to increase collaboration with more provider types beyond Primary Care to explore and continue efforts to address missed opportunities.

The following table provided demonstrates the year over year hybrid results on final HEDIS rates as well as the HEDIS administrative rates for HEDIS 2020 since the final results are not yet available.

| HEDIS® Measure | HEDIS 2017 (MY2016) Hybrid | HEDIS 2018 (MY2017) Hybrid | HEDIS 2019 (MY2018) Hybrid | HEDIS 2020 (MY2019) Admin* | Met/Exceeded NCQA MY2018 Quality Compass 50th Percentile |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Meningococcal | 66.59 | 74.21 | 77.37 | 79.13 | No |
| Tdap | 82.69 | 84.91 | 85.40 | 86.55 | No |
| HPV (male and female) | 19.23 | 31.14 | 38.44 | 34.39 | Yes |

*Awaiting final HEDIS 2019 rates

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)

In 2017, Sunflower began a new Performance Improvement Project (PIP) for Medicaid members in the state of Kansas. This PIP continued through 2019 and was designed around the HEDIS measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD). The PIP focuses on the relationship between use of antipsychotic medications within the defined population and the possible risk of developing diabetes as a result. The main focus was to encourage members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication to complete annual diabetic screening through glucose or HbA1c testing. The goal is for earlier identification and treatment of diabetes.

Interventions implemented:

1. Referred non-compliant members to the CM team for education and support in completing their screening.
2. Mailed letters to members to educate them on the importance of screening and to offer support as needed.
3. Sunflower engaged Community Mental Health Centers (CMHC) in a pay for performance program related to appropriate diabetes screening of members at risk. In addition, Community Mental Health Centers (CMHC) were provided a monthly data set of attributed members who fell within the PIP. This data set informed CMHCs of each member's compliance status with the screening. CMHCs were asked to support members in completing the screening.
4. Internal trainings among behavioral health and physical health staff were provided. The trainings discussed diabetes, antipsychotic medications, the importance of annual screenings, and process for documentation.

The performance goal for MY2017 (79.91%) was a 5% improvement over the MY2016 rate. This goal was exceeded in MY2017 with a rate of 80.66%. Again, a goal of 5% improvement (84.69%) was set for MY2018 performance. The MY2018 PIP performance rate was 79.85%. Final MY2019 data is not yet available but current data indicates an improvement in performance over MY2018 data with a MY2019 rate of 80.61%.

| HEDIS® Measure | HEDIS 2017 (MY2016) Admin | HEDIS 2018 (MY2017) Admin | HEDIS 2019 (MY2018) Admin | HEDIS 2020 (MY2019) Admin* | Met/Exceeded NCQA MY2018 Quality Compass 50th Percentile |
|--|---------------------------|---------------------------|---------------------------|----------------------------|--|
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications | 76.1 | 80.66 | 79.85 | 80.61 | No |

*Awaiting final HEDIS 2020 rates

NCQA Accreditation

Sunflower received an initial upgraded commendable accreditation status from the National Committee for Quality Assurance (NCQA) effective August 31, 2016. Plan achieved commendable status again on August 31, 2017 following completion of the most recent NCQA survey onsite on April 18, 2017. Plan maintained commendable status accreditation through 2018 and effective August 31, 2019, will continue to be accredited at commendable status, following completion of annual HEDIS/CAHPS scoring. The Plan submitted an NCQA Accreditation Renewal Survey and an LTSS Distinction First Survey for the Sunflower Medicaid line of business on February 18, 2020. The results from the survey were not available at the time of this report. The Plan will include the survey results in the 2020 QAPI Program Evaluation.

The results from the 2017 renewal survey revealed the following overall strengths:

- Knowledgeable and committed staff
- Very strong survey documentation and preparation

- Good use of NCQA Accredited and Certified organizations
- Effective Corporate support
- Breadth of member programming

NCQA's 2017 Accreditation renewal noted the following QI strengths, specifically:

- Strong and well developed QI program that demonstrates plan continuous improvement
- Excellent Complex Case Management system and well-documented and complete files
- File review results 8/8
- Comprehensive care coordination between medical to medical and medical to behavioral health

Strengths were also noted for other areas of the organization include Network, Utilization Management, Credentialing, Member Rights & Responsibilities, and Member Connection. Network was noted to have a strong process for monitoring and improvement of network adequacy. Utilization Management was noted to have done well on file reviews for Medical, Pharmacy, and Appeal file reviews with 8/8 or 100% performance. It was also noted that the denial notification letters were well designed and thorough. Credentialing was recognized for having well organized and documented files for credentialing and re-credentialing of providers. They were also noted for strong delegate oversight and very knowledgeable credentialing staff with 8/8 on file reviews as well. Sunflower's member materials were noted to be compliant and easy for members to use.

Sunflower continues to work on noted opportunities identified by NCQA during the 2017 Accreditation Renewal. Those opportunities for improvement revolved around physician information transparency, hospital directory data on the organization's web page, and hospital information transparency. Sunflower continues to work with corporate resources to improve performance in these domains.

Sunflower strives for continuous readiness, which involves ongoing review of all plan and quality improvement processes to be consistent with NCQA standards. Continued focus on opportunities for refinements were made to hardwire accreditation compliance into processes including revision of member letters with auto attachments that include appeal information, development of a process for policy review, and training of new staff on documentation requirements. In 2019, readiness reviews/audits, and ongoing health plan NCQA education, and reminders continued. Sunflower has a lead for NCQA accreditation efforts to ensure the plan has a focus on continued readiness. Sunflower also works very closely with corporate resources to maintain NCQA compliance.

Healthcare Effectiveness Data Information Set (HEDIS®)

HEDIS® is one of the most widely used data sets used in performance measurement in the United States. The measures include performance measures pertaining to effectiveness of care, access/availability of care, satisfaction with the experience of care, cost of care, health plan descriptive information, health plan stability, use of services, and informed health care services. Sunflower uses HEDIS criteria for all applicable clinical studies as part of the NCQA accreditation process. Preliminary reports are provided by Centene's corporate office for monthly review based on administrative data that allow Sunflower to assess the Sunflower's performance and take the appropriate actions to better impact member health, well-being, and preventative care.

HEDIS Indicators

HEDIS is a collection of performance measures developed and maintained by NCQA. Participation in the program enables organizations to collect and submit verified data in a standardized format. Sunflower continues to submit HEDIS data annually in accordance with the performance measure technical specifications. Sunflower also continued to design and implement key interventions to increase the Sunflower's HEDIS rates reported each calendar year.

Sunflower has been collecting HEDIS data since plan inception January 2013 and loading the information into its certified-HEDIS software. Focus is placed on efforts to improve on HEDIS measures by factoring in those that are required for NCQA accreditation and those that are included in the yearly state Pay for Performance (P4P) measures. Sunflower continued to track progress on these measures on a monthly basis throughout 2019 while actively working interventions throughout 2019. Unfortunately, due to the timing of the due date of this report, a determination as to whether the measure goals will be met will not be able to be provided until the final HEDIS 2020 results are available, which will likely be in July of 2020. The 2019 HEDIS work-plan focused on the NCQA and state recognized P4P measures. Sunflower's performance on HEDIS measures in MY2018 contributed to the achievement of remaining at 'Commendable' status by NCQA.

Childhood Immunizations

Much of Sunflower's immunization data comes from the Kansas State Immunization Registry or WebIZ as supplemental data. This data has been utilized since 2013 by Sunflower. Sunflower uses the auditor approved CDC mapping table for the CVX immunization codes, in order to map them over from WebIZ to allow for translation to the CPT codes that are accepted in our HEDIS software. A significant improvement was observed in most of our immunizations, and this can be attributed to our interventions, listed below:

- Alerts for Customer Service Representatives and Medical Management to indicate members who have care gaps and can remind them of the need for an appointment and/or assist with making one along with treatment, if needed
- Birthday card mailings the month prior to the member's birthday, as a reminder of Well Child Checks and Immunizations
- Implemented warm phone calls to parents/guardians of the children and adolescents with care gap needs for immunizations and well exams
- Monthly post cards sent for newborns born previous month with Periodicity schedule
- Start Smart for Your Baby Program – outreach to parents of newborns to educate on Periodicity schedule
- Proactive Outreach Management (POM) calls made to parents/guardians of newborns to remind them of schedule for well-child visits, including immunizations
- HEDIS Quick Reference Guide distribution to new providers and annual updates to existing providers with ICD-10 updates
- Gap analysis for high volume providers currently available on the Provider Portal
- Well child provider profile based first of provider attribution then assignment to augment immunizations by children getting necessary well child visits
- Provider EPSDT Reference Kit developed and distributed to high volume providers
- Obtaining WebIZ Immunization Registry data, Web-IZ data pulls for CIS were completed in January, February, March, April, May, June, July, August, September, October, November and December.
- Engaged network physicians in Pay for Performance program rewarding providers for ensuring members complete required infant and adolescent immunization.

For 2019, the P4P measure tied to Childhood Immunization focused in on Combo 10, which is compliance for all 10 of the vaccinations. The final HEDIS rate for CIS, Combo 10 for HEDIS 2019 (MY2018) was 34.79% and the administrative rate for Sunflower is 33.79% pending the final HEDIS 2020 results anticipated in July of 2020.

The table provided on the following page demonstrates results related to HEDIS measures on Childhood Immunizations. Combo 10 evaluates compliance with completion of all 10 of the immunizations, which is a Sunflower Pay for Performance measure. It is important to note that the final HEDIS 2020 rate is not available at the time of this report, therefore an administrative rate is provided.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Hybrid | HEDIS 2019 (MY2018) Hybrid | HEDIS 2020 (MY2019) Admin Rates* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|--|---|---|---|---|
| DTaP Immunizations | 79.08 | 75.43 | 73.85 | No |
| H Influenza Type B Immunizations | 87.10 | 85.64 | 84.90 | No |
| Hepatitis A Immunizations | 88.56 | 86.62 | 87.41 | Yes |
| Hepatitis B Immunizations | 93.19 | 91.97 | 88.07 | Yes |
| Influenza Immunizations | 47.69 | 47.20 | 44.67 | No |
| Measles, Mumps and Rubella Immunizations | 88.81 | 87.10 | 87.57 | No |
| IPV Immunizations | 89.54 | 89.05 | 87.16 | No |
| Pneumococcal Conjugate | 80.20 | 75.43 | 74.62 | No |
| Rotavirus Immunizations | 73.97 | 68.13 | 70.57 | No |
| Chicken Pox (VZV) | 88.56 | 86.62 | 86.96 | No |
| Combo 10 | 38.44 | 34.79 | 33.79 | Yes |

**Awaiting HEDIS 2020 Final Hybrid Rates*

Sunflower continues to analyze data for opportunities to improve on compliance with vaccination completion. However, Sunflower recognized from HEDIS data for HEDIS 2019 that it is not uncommon for the child to complete the vaccines but often after their second birthday, which does not demonstrate compliance with the technical specifications. Therefore, Sunflower will continue to educate on the importance of completing prior to the child's second birthday. In addition to continuing many of the 2019 interventions in 2020, Sunflower will also continue to explore opportunities to expand partnerships with more health departments and providers to close care gaps on childhood immunizations. Provider payment incentives are also opportunities for potential expansion to assist for consideration.

Adolescent Immunizations

Immunizations for Adolescents continues to be a priority for Sunflower Health Plan. This measure continued as one of our Pay for Performance measures for the State of Kansas in for 2019 with the focus being on Combo 2, which is the demonstration of completion of the Tdap, Meningococcal and HPV vaccination series. The HPV immunization exceeded the 50th percentile, however, Tdap and Meningococcal did not exceed the 50th percentile. Sunflower continued with direct outreach to members and/or their parents.

Immunizations for Adolescents Interventions for 2019 were:

- A CentAccount reward of \$15 for adolescent members who complete the HPV series prior to their 13th birthday.
- Provider Care Gaps shared on members who were non-compliant for immunizations.
- Implemented warm phone calls to parents/guardians of adolescents needing immunization by QI staff
- Alerts for Customer Service Representatives and Medical Management to indicate members who have care gaps and can remind them of the need for an appointment and/or assist with making one along with treatment, if needed.
- HEDIS Quick Reference Guide distribution to new providers and annual updates to existing providers with ICD-10 updates.
- Gap analysis for high volume providers currently available on the Provider Portal.
- Provider EPSDT Reference Kit was updated and available to providers via Sunflower Health Plan Website.
- Obtaining KDHE Immunization Registry data. Web-IZ data pulls completed for IMA in January, February, March, April, May, June, July, August, September, October, November, and December.
- In August, letters were sent to non-compliant members alerting them to nearby clinics that would administer immunizations via walk-in or providers in their area who provide these.
- Telephonic outreach to non-compliant members were made by Sunflower Health Plan, Johnson and Sedgwick County Health Departments, First Care Clinic, Grace Med, and several other Health Departments throughout on a monthly basis, January thru December, encouraging members to obtain immunizations.
- Engaged network physicians in Pay for Performance program rewarding providers for ensuring members complete required infant and adolescent immunization.
- Partnered with a local health department and middle school for immunization clinic during school

The following table depicts the previous final rates for HEDIS 2019 and the administrative rate for HEDIS 2020 for the Adolescent Immunizations individually and then also by the Combo 2 which assesses compliance with completion of all three of the Adolescent Vaccinations per HEDIS technical specifications. Final rates for HEDIS 2020 are not yet available.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Hybrid | HEDIS 2019 (MY2018) Hybrid | HEDIS 2020 (MY2019) Admin.* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|----------------|----------------------------|----------------------------|-----------------------------|--|
| Meningococcal | 73.33 | 77.37 | 77.86 | No |
| Tdap | 83.84 | 85.40 | 85.23 | No |
| HPV | 32.20 | 38.44 | 34.01 | Yes |

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Hybrid | HEDIS 2019 (MY2018) Hybrid | HEDIS 2020 (MY2019) Admin.* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|----------------|----------------------------|----------------------------|-----------------------------|--|
| Combo 2 | 30.61 | 35.77 | 32.58 | Yes |

*Awaiting HEDIS 2020 Final Hybrid Rates

Sunflower reviewed the data from interventions in 2019 and determined a knowledge gap was common related to the HPV vaccination. Additionally, missed opportunities continue to be a barrier with immunization care gap closure in adolescents. Therefore, Sunflower will continue many of the interventions utilized in 2019 for 2020 while also continuing to explore methods to increase knowledge and understanding of the benefits the Tdap, Meningococcal and HPV vaccinations offer adolescents. Sunflower will also continue to explore additional partnerships with health departments as well as other providers on closing those care gaps and determining where there are opportunities to expand provider payment incentives.

Comprehensive Diabetes Care

Sunflower continued to work on this HEDIS measure and its sub measures in 2019 to help members garner a better understanding of Diabetes, importance of routine monitoring, proper diet, and exercise all aimed at helping to improve their management of diabetes and potentially lessen or avoid complications that result from Diabetes. These efforts included continued partnership with Envolve Benefit Option for the Eye Exam sub measure. Sunflower partnered with USMM, to perform in home visits for Sunflower diabetic members. The project’s goal was to impact those members who were still showing non-compliant with their diabetes monitoring and to allow them the option to have their lab draws, blood pressure, height and weight measurements taken in their own home by an Envolve Benefit Option staff member. Plan also proceeded with follow up of the members who were not interested in the in-home visits by the Medical Management team to help members find a provider, make appointments, arrange transportation, educate the members on the importance to have these tests done annually, and even referred members as appropriate for the Disease Management services available to them via Nurtur.

The P4P measure for CDC focuses on Hemoglobin A1c Control of <8%. However, due to the significance of overall diabetic care reflected in the other sub-measures, Plan continued focus interventions on all of these and not limit efforts to the just the P4P measure.

Interventions for Comprehensive Diabetes Care:

- Envolve Benefit Option HEDIS Outreach - Diabetic Retinopathy Exam sub-measure; monthly progress reports starting in July of 2016 and continued through 2019
- My Health Pays Program Incentives
- Medical Management performs outreach to non-compliant members and diabetic members in Care Management
- Customer Service and Medical Management training on measure to discuss care gaps with members on calls; reminders sent prior to care gap reports going out to members
- Use of KRAMES educational materials to educate members about diabetes care
- Quest Diagnostics Envolve Benefit Option provides outreach to non-compliant members and offering member lab draws in the member’s home, as well as BMI and blood pressure measurements
- Provider profiling report based first on attribution then assignment were distributed to providers of non-compliant members

- Provider scorecards for Sunflower P4P providers articles related to plan performance and goals
- Include P4P measure review/discussion in DVO meetings with vendors who have the ability to assist members on eye exams, diabetes education and disease management
- Continued partnerships with FQHCs to close member care gaps
- Engaged network physicians in Pay for Performance program rewarding providers for ensuring diabetic members complete recommended screening with Hemoglobin A1c.

For HEDIS 2019, all but one of the sub measures demonstrated improvement. The following table provided demonstrates results related to Comprehensive Diabetes Care HEDIS measure. It is important to note that the final HEDIS 2020 rate is not available at the time of this report. Those results are expected in July of 2020.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Hybrid | HEDIS 2019 (MY2018) Hybrid | HEDIS 2020 (MY2019) Admin* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|--|----------------------------|----------------------------|----------------------------|--|
| Comprehensive Diabetes Care - Blood Pressure Control | 59.12 | 61.56 | 1.52 | No |
| Comprehensive Diabetes Care - Eye Care | 64.79 | 65.15 | 58.61 | Yes |
| Comprehensive Diabetes Care - HbA1c Testing | 85.64 | 87.10 | 80.46 | No |
| Comprehensive Diabetes Care - HbA1c Adequate Control (<8%) | 54.99 | 47.69 | 6.95 | No |
| Comprehensive Diabetes Care - HbA1c Poor Control | 37.96 | 45.26 | 91.53 | No |
| Comprehensive Diabetes Care - Monitoring for Nephropathy | 88.56 | 90.02 | 81.04 | No |

*Awaiting HEDIS 2020 Final Hybrid Rates

Sunflower analyzed HEDIS data in 2019 to determine where opportunities exist to improve compliance with CDC measures. Member knowledge, understanding and education continues to be a focus that Sunflower continues to work on addressing this barrier. In order to improve member engagement on these measures, the members have to have the knowledge and understanding of the significance for the testing to allow the appropriate treatment of their disease that also promotes delaying progression of their diabetes and the complications that may result. Sunflower will utilize interventions implemented in 2020 as well as explore options for expanding partnerships with providers.

Annual Dental Visit

The Annual Dental Visit (ADV) measure focuses on the members who are 2-20 years of age having had at least one dental visit during the measurement year. This measure continues as one of our Pay for Performance measures for the State of Kansas in 2019. Based on administrative data, Sunflower demonstrated a 64.32 from the current administrative data. Therefore, it is anticipated that Sunflower will achieve the 75th percentile on Quality Compass for measurement year 2019.

Annual Dental Visit Interventions for 2019 include the following:

- HEDIS Quick Reference Guide distribution to new providers and annual updates to existing providers with ICD-10 updates.

- Participate in Envolve Dental Delegated Vendor Organization meetings in order for Quality Manager to provide education on current ADV HEDIS rates and interventions.
- Grace Med and Health Partnership Clinic outreached to their members who were non-compliant for annual dental visits.
- Dental kits (including toothbrush, toothpaste, and floss) are sent to members ages 2 – 20 who have visited the Emergency Department for dental claims. The letter included in the dental kit encourages to the member to call Customer Service to find a dentist in their area for their dental needs.
- In June, POM calls went to 12,385 members who had not received a dental visit within the previous measurement year.

The following table depicts the HEDIS measure final results for ADV for HEDIS 2019 and the administrative data on this measure for HEDIS 2020 since the final results are not yet available.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Final | HEDIS 2019 (MY2018) Final | HEDIS 2020 (MY2019) Admin.* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|-----------------------|----------------------------------|----------------------------------|------------------------------------|---|
| Annual Dental Visit | 65.15 | 66.13 | 64.32 | Yes |

**Awaiting final HEDIS 2020 rates*

With continued year over year improvement, Sunflower continues to analyze data for opportunities for improvement on ADV. Member knowledge and understanding continues to be barriers that Sunflower focuses efforts on to ensure members know the recommendations and the services available to promote the annual dental visits for overall health promotion. Therefore, Sunflower will continue to utilize interventions from 2019 while also exploring opportunities to expand for demonstrating continued improvement.

Timeliness of Prenatal Care

Timeliness of Prenatal Care continued as a Pay for Performance measure for Sunflower in 2019. Based on hybrid data, Sunflower did not achieve the 50th Percentile on Quality Compass for measurement year 2019, but has continued efforts to improve on this measure for the well-being of the expectant mothers and their babies. Plan identified several barriers, which included challenges for members to receive prenatal care within the first trimester or within 42 days of enrollment in the organization. Those members made retro eligible after their first trimester had elapsed likely complicated this. However, Plan continues efforts to improve the compliance with the Timeliness to Prenatal Care measure.

Timeliness of Prenatal Care Interventions for 2019 as listed below:

- Implemented a Provider Pay for Performance arrangement with select providers based on completion of the Notice of Pregnancy and timely first prenatal visit being completed
- Cent Account rewards are given to members who receive three, six, and 9-month prenatal visits. Members receive \$10 for completing a postpartum visits within 4-6 weeks after delivery, and receive an additional \$50 for completing a Notice of Pregnancy within the first trimester.
- HEDIS Quick Reference Guide distribution to new providers and annual updates to existing providers with ICD-10 updates.

- Daily PLE Report utilized by Quality Improvement Representatives to conduct outreach to newly pregnant members to assist with completion of the Notice of Pregnancy, establishing care, providing resources, assisting with appointments, transportation and information.
- Logisticare Transportation provided a report to Sunflower Health Plan of any members that they were transporting to a prenatal care appointment.
- Pregnant members who are interested are enrolled in Start Smart for your Baby, Centene's healthy pregnancy and family program.

The following table depicts data for Timeliness of Prenatal Care for final rates for HEDIS 2018 and 2019, but the administrative rate for HEDIS 2020 since the final rates are not yet complete and available for HEDIS 2020.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Hybrid | HEDIS 2019 (MY2018) Hybrid | HEDIS 2020 (MY2019) Admin* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|-----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---|
| Timeliness of Prenatal Care | 67.64 | 68.86 | 31.63 | No |

**Awaiting final HEDIS 2020 rates*

Sunflower continues to explore opportunities for improvement to impact the Timeliness of Prenatal Care, which includes addressing barriers like member knowledge deficits, provider opportunities and transportation issues. Plan will continue to monitor the impact of the Prenatal Care Provider Payment Incentive arrangement, for impact on completion of the Notice of Pregnancy and timely completion of the first prenatal visit. This intervention was new in 2017 and has continued through 2019. In addition, Sunflower will continue to utilize a variety of interventions in 2020 with the goal of furthering timeliness completion of the first prenatal visits. Additionally, Sunflower has implemented text messaging as another option to engage members to close care gaps.

Sunflower focused on, in 2019, four additional HEDIS measures. These measures were Breast Cancer Screenings, Cervical Cancer Screening, Statin Therapy for Patients with Cardiovascular Disease, and Statin Therapy for Patients with Diabetes, for the entire population served. Cervical Cancer Screening is also a State P4P measure. Those measures and their interventions are noted on the following page.

Breast Cancer Screening (BCS) Interventions:

- Provider Profile mailer
- Member education
- Customer Service and Medical Management reminders during member contacts to help close care gaps
- Medical Management outreach to gather information and records to support members who are compliant on this measure utilized then for supplemental data purposes

Cervical Cancer Screening (CCS) Interventions:

- Mailer to female members
- Care Gap Reports available on Provider Portal
- Member education

- Customer Service and Medical Management reminders during member contacts to help close care gaps
- Medical Management outreach to gather information and records to support members who are compliant on this measure utilized then for supplemental data purposes

Statin Therapy for Patients with Cardiovascular Disease (SPC) Interventions:

- Provider Profile Mailer
- Pharmacy outreach to educate members and providers on the importance of taking and prescribing the Statins.

Statin Therapy for Patients with Diabetes (SPD) Interventions:

- Provider Profile Mailer
- Pharmacy outreach to educate members and providers on the importance of taking and prescribing the Statins.

The table below depicts final HEDIS rates for HEDIS 2018 and HEDIS 2019 along with the administrative rate for HEDIS 2020 for Breast Cancer Screening, Cervical Cancer Screening, Statin Therapy for Patients with Cardiovascular Disease, and Statin Therapy for Patients with Diabetes. The final HEDIS 2020 rates will be available in July of 2020. While the Plan did not achieve the 50th percentile, year over year improvement is noted from 2018 to 2019. Plan continues efforts to improve on both of these measures for the members served.

The following table provided demonstrates the year over year final HEDIS results on these two measures as well as the administrative data for HEDIS 2020. Those final results are anticipated in July of 2020.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Final | HEDIS 2019 (MY2018) Final | HEDIS 2019 (MY2018) Admin* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|---|----------------------------------|----------------------------------|-----------------------------------|---|
| Cervical Cancer Screening | 56.20 | 54.99 | 50.27 | No |
| Breast Cancer Screening | 49.09 | 50.74 | 50.88 | No |
| Statin Therapy for Patients with Cardiovascular Disease- Total Statin Therapy | 42.26 | 47.74 | 49.13 | No |
| Statin Therapy for Patients with Cardiovascular Disease- Total Adherence | 56.95 | 64.30 | 44.95 | No |
| Statin Therapy for Patients with Diabetes- Received Statin Therapy | 35.48 | 37.60 | 41.12 | No |
| Statin Therapy for Patients with Diabetes- Statin Adherence | 58.53 | 64.79 | 51.71 | Yes |

*Awaiting final HEDIS 2020 rates

Sunflower continues to assess data from these two measures to improve member compliance through identification of opportunities to address barriers. Historical information is impactful to demonstrate member exclusion or compliance with these measures. Therefore, Sunflower continues to explore how to gain those records for use in the HEDIS project. This is important to members who may be new to the plan, or had instances of care multiple years prior to

becoming a Sunflower member. Sunflower will continue to use interventions from 2019 while also continuing to explore additional provider partnerships aimed at care gap closures for breast and cervical cancer screenings.

Behavioral Health HEDIS Measures

The behavioral health measures that were the Sunflower's focus for 2019 were Follow-Up after Hospitalization for Mental Health, Initiation and Engagement of AOD Treatment and Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications.

Interventions for Follow-Up after Hospitalization for Mental Health:

- CM involvement during Hospital Discharge Planning, including assistance with appointments; referral is received by CM as soon as the authorization request is received by the health plan
- CMHCs and hospitals work together to ensure discharge planning occurs and follow-up appointments have been scheduled
- Education to the CMHCs as to the importance of this indicator while elevating awareness of the need to collaborate with the health Sunflower's CM to ensure follow-up appointments are scheduled
- Staff training on measure
- BH HEDIS Coordinator to manage clinical team interventions and track progress
- Engaged Community Mental Health Center (CMHC) provider in Pay for Performance program rewarding providers for ensuring members complete appropriate follow up after hospitalization for mental health.

The Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measures had a Performance Improvement Project by SHP that ended in 2016. Sunflower followed the HEDIS technical specifications on this measure after the PIP ended and continued interventions.

Interventions for Initiation and Engagement of AOD Treatment:

- Referral of pregnant/using members going into residential treatment
- Targeted SUD provider education; regular meetings scheduled throughout the year with providers; train on measures & review the HEDIS specifications
- Data collected on an on-going basis and reviewed monthly, quarterly and annually for volume & impact on measures

Interventions for Diabetic Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication:

- Outreach and engagement of non-compliant members into Care Management to complete the recommended screening and treatment as needed
- Member mailer to educate and encourage glucose or HbA1c screening
- Provide CMHCs with monthly reports to include a list of their members and the compliance status of diabetic screening
- Internal staff trainings on diabetes and use of antipsychotic medications Engaged
- Community Mental Health Center (CMHC) provider in Pay for Performance program rewarding providers for ensuring members complete recommended diabetes screening test.

The following table demonstrates results for the HEDIS measures. It is important to note that the final HEDIS 2020 rates are not available at the time of this report, therefore the most current administrative rate is provided.

| HEDIS MEASURE* | HEDIS 2018 (MY2017) Final | HEDIS 2019 (MY2018) Final | HEDIS 2020 (MY2019) Admin* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|--|----------------------------------|----------------------------------|-----------------------------------|---|
| Follow-up after Hospitalization for Mental Illness - 7 day | 59.72 | 55.48 | 55.25 | Yes |
| Follow-up after Hospitalization for Mental Illness - 30 day | 77.40 | 74.30 | 74.73 | Yes |
| Initiation and Engagement of AOD Treatment: Initiation | 34.60 | 40.55 | 42.07 | No |
| Initiation and Engagement of AOD Treatment: Engagement | 9.87 | 12.63 | 13.09 | No |
| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications | 80.66 | 79.85 | 77.58 | No |

*Awaiting final HEDIS 2020 rates

Sunflower plans to continue interventions from 2019 in 2020, while also utilizing feedback to determine opportunities and barriers to be addressed. Member education is key and continues to be a barrier. Member compliance with these HEDIS measures relies on member understanding of the need and significance for follow up visits, and screening for successful management of their mental illness and overall health. Therefore, Sunflower plans to explore how to further partner with providers, expand member education and demonstrate improvement on these measures in 2020.

HEDIS Pharmacy Measures

Sunflower focused on multiple Pharmacy measures in 2019 with the goal to demonstrate improvement on these. Those measures were: Use of Multiple Concurrent Antipsychotics in Children/Adolescents, Metabolic Monitoring for Children/Adolescents, Antidepressant Medication Management and Follow up ADHD. The aim was to continue to demonstrate improvement with compliance on the use of medications, compliance with appropriate monitoring secondary to antipsychotic use and then compliance with taking medications to help ensure optimal outcomes for the members as appropriate with an overall goal of helping them to achieve their own personal goals.

Interventions for Use of Multiple Concurrent Antipsychotics in Children/Adolescents:

- Care Management team utilized care alerts on assigned members and addressed identified gaps with members to facilitate the appropriate care
- Referred members identified as being on 2+ antipsychotic meds to LifeShare for outreach and support as needed based on member specific needs and circumstances
- Psychiatric Medication Utilization Review program used algorithm to identify members on multiple concurrent or high dose antipsychotic medication regimens with outreach to prescribers if needed based on prescribing information

- BH CM and UM teams were trained on the measure and to look for members who may fall into the measure. If a member was identified on their caseload, they were to work with the member and the member's care team to ensure other needed supports and treatment were in place or to assist with access as appropriate.

Interventions for Metabolic Monitoring for Children/Adolescents on Antipsychotics & Follow up ADHD listed below:

- Care Management team reviewed care alerts on assigned members and addressed identified gaps with members to facilitate appropriate care

Interventions for Antidepressant Medication Management:

- CM team reviewed care alerts on assigned members and addressed identified gaps with members
- Referred members to Disease Management

The following table provides data on all of these measures. Sunflower demonstrated improvement from HEDIS 2018 to HEDIS 2019 on Use of Multiple Concurrent Antipsychotics in Children/Adolescents. Sunflower also noted YOY improvements on Metabolic Monitoring for Children/Adolescents on Antipsychotics, Antidepressant Medication Management – Acute and Continuation Phase, and Follow Up ADHD- Initiation. However, there was a drop noted for Follow up ADHD for Continuation and Management. Efforts are planned to continue on these measures in 2020 as well to help ensure member needs are being met.

| HEDIS MEASURE | HEDIS 2018 (MY 2017) Final | HEDIS 2019 (MY 2018) Final | HEDIS 2020 (MY 2019) Admin* | Met/Exceeded NCQA 2018 Quality Compass 50th Percentile |
|---|----------------------------|----------------------------|-----------------------------|--|
| Use of Multiple Concurrent Antipsychotics in Children/Adolescents | 4.64 | 3.97 | 3.71 | No |
| Metabolic Monitoring for Children/Adolescents on Antipsychotics | 47.18 | 48.91 | 43.38 | Yes |
| Antidepressant Medication Management - Acute Phase | 49.66 | 53.15 | 51.91 | Yes |
| Antidepressant Medication Management - Continuation Phase | 32.03 | 34.14 | 37.07 | No |
| Follow Up ADHD - Initiation | 52.78 | 53.71 | 53.33 | Yes |
| Follow Up ADHD - Continuation & Management | 62.53 | 59.91 | 64.07 | Yes |

*Awaiting final HEDIS 2020 data

Sunflower utilizes data to determine opportunities for improvement, potential barriers and then adapts the interventions as appropriate. With the measures noted above, relationships with providers and members provide opportunities for feedback to identify where there maybe individual member needs that can be addressed to help ensure compliance, e.g. transportation challenges, and member knowledge deficits and in some instances even provider opportunities related to prescribing information. Sunflower will continue to utilize interventions from 2019 in 2020 while also exploring additional opportunities to further partner with providers and expand education to members as appropriate based on data and feedback.

Patient Safety

Quality of Care and Adverse Incidents

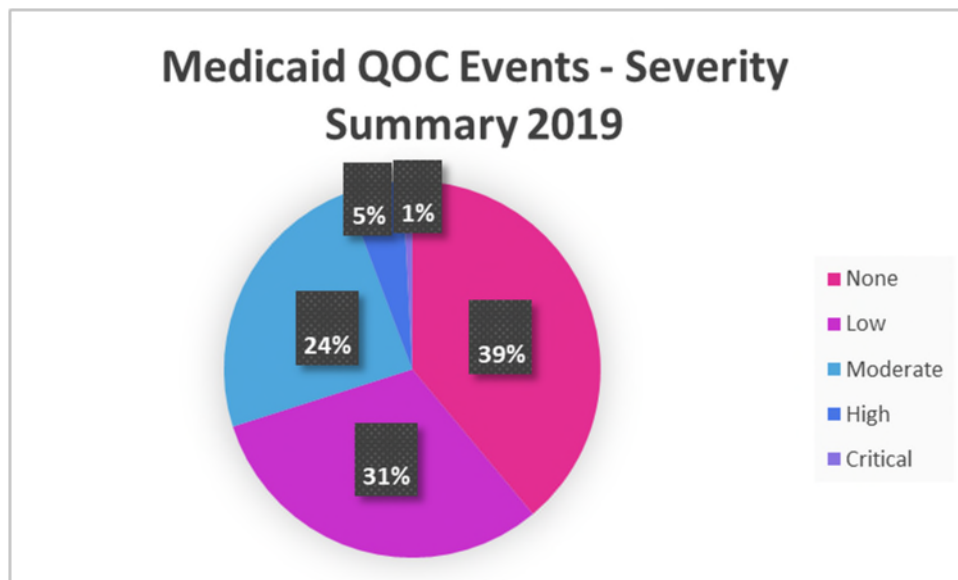
Sunflower monitors the safety of its members through identification of potential and/or actual quality of care (QOC) events and adverse incident reports (AIRs). Sunflower's Quality Improvement Department monitors member and provider issues related to quality of care and adverse incidents on an ongoing basis. A QOC Severity Level table is used to classify issues into the five levels (None, Low, Medium, High and Critical) based on the potential or actual serious effects. These issues are tracked and trended for patterns and any applicable corrective action plans put into place when issues warrant further action. All cases are entered into a database, reviewed quarterly and reported as appropriate. Practitioners or providers with multiple potential quality of care issue referrals per quarter may be subject to additional review/investigation. Providers will be reported to the Credentialing Committee at the discretion of the Peer Review Committee. Reports are provided to the QIC quarterly and to the Credentialing Department for consideration at the time of provider re-credentialing. Potential quality of care issues are defined as any alleged act or behavior that may be detrimental to the quality or safety of patient care is not compliant with evidence-based standard practices of care, or that signals a potential sentinel event.

Quality of care events include but are not limited to the following:

- Admit following outpatient surgery
- Altercations requiring medical intervention
- CMS Never Events
- Decubitus Ulcers in LTC
- Enrollee elopement/escape from facility
- Enrollee Injury or Illness during BH Admission
- Enrollee suicide attempt
- Falls/Trauma
- Fetal Demise
- Hospital Acquired Infections
- Medication errors that occur in an acute care setting
- Newborn Admission within 30 days of newborn discharge
- Post-op Complications – air embolism; surgical site infections, DVT/Pulmonary Embolism
Readmission (31 days)
- Sexual Battery
- Unexpected Member Death / Fetal Demise
- Unplanned return to operating room
- Urinary Tract Infection in LTC facility

Sunflower reviews events both at an aggregate and provider/facility level. The below graphics show the type and severity of QOCs reviewed by Sunflower in 2019. Sunflower's data on QOCs demonstrates that the majority of the cases referred for review as potential QOC are determined to not meet the criteria for a QOC. The following table provided depicts the severity level results from the cases referred as potential QOC events. Their severity level was based on the review of records provided to Sunflower. This allowed for the reviewer to determine if there was a QOC concern and subsequently assign a severity level.

Medicaid QOC Events - Severity Summary 2019

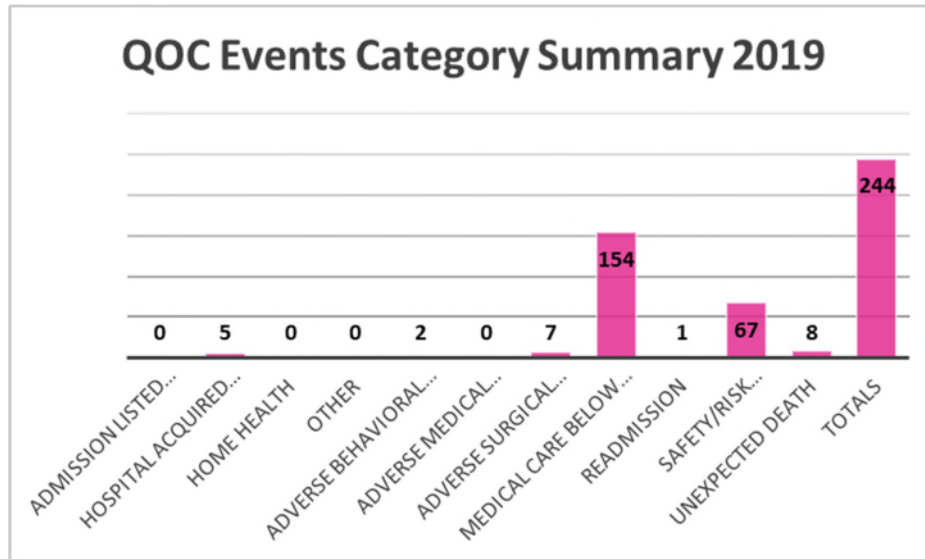


For 2019, there were a total of 287 QOC events completed which was noted to be a decrease of 15% from 2018. Sunflower’s Quality team continued to provide education throughout 2019 with health plan staff on their role and responsibility to report potential Quality of Care concerns to the Quality team to allow for appropriate investigation. Of those, 95 resulted in categorized as “None” which comprised 39% of those for 2019 which was a noted increase by 5% from 97 for 2018. “Low” accounted for 76 events, comprising 31% for the year which was down slightly from 33% in 2018. “Moderate” accounted for 59 or 24% for 2019 compared to 25% for 2018. There was a slight decrease in the volume of severity of “High” with 12 which comprised 5% of the total volume for 2019. The total for “Critical” was noted to be 2 or 1% which is a decrease of 1% from 2018. The results are depicted in the table below, showing 2018 and 2019 totals for comparison.

| Severity Level | QOC Events Severity Summary 2018 | QOC Events Severity Summary 2019 |
|----------------|----------------------------------|----------------------------------|
| None | 97 | 95 |
| Low | 96 | 76 |
| Moderate | 74 | 59 |
| High | 14 | 12 |
| Critical | 6 | 2 |
| Totals | 287 | 244 |

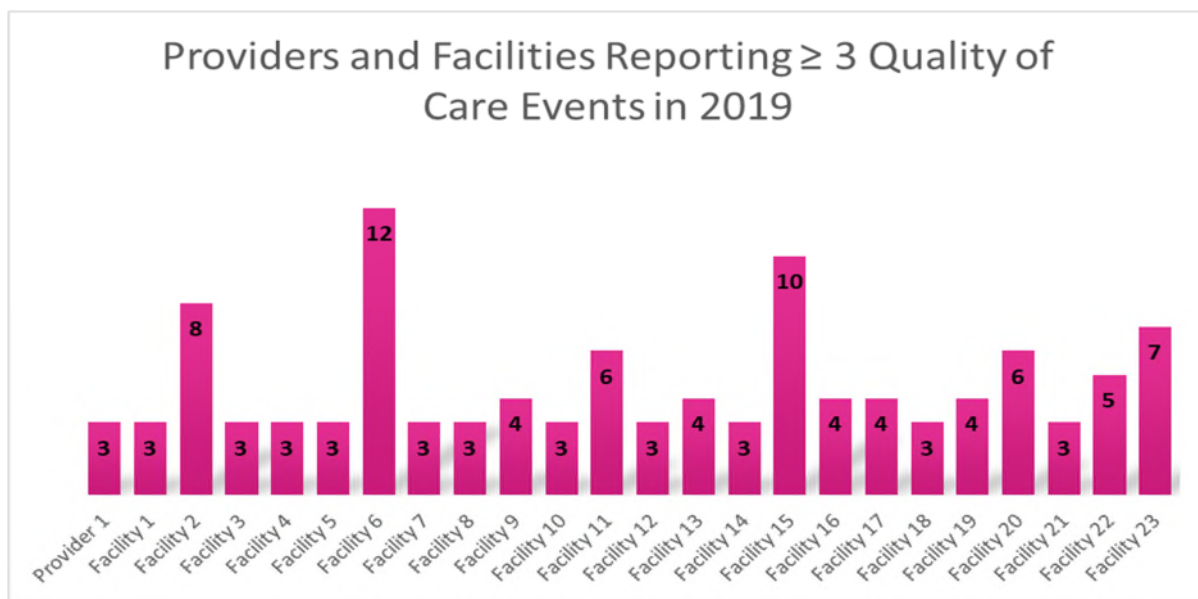
Sunflower also looks at QOC data to determine the most common types of QOC cases. Medical Care Below Standard of Care events were noted to be the highest type of QOC referral received in 2019. The next category was noted to be Safety/Risk Management. The third highest type of QOC case was Unexpected Death. Sunflower utilizes the Peer Review Committee to review cases and make recommendations related to the next steps which can include requesting documentation from providers to demonstrate their actions that have already been implemented to prevent further occurrences and may make recommendations for education to occur with staff responsible for specified care to members to help avoid future occurrences that present risk to members served. Sunflower noted an increase in Medical Care Below Standard of Care events in the cases reviewed in 201 of 154 which was up from 144 in 2018, while in 2019 there was a decrease of referrals for

safety/risk management from 107 in 2018 to 67 in 2019 and unexpected death from 22 in 2018 to 8 in 2019.



Sunflower's review of the QOC concerns reported in 2019 resulted in trends of greater than or equal to 3 QOCs for 23 facilities and/or practitioners. These 23 identified facilities/providers generated 110 potential QOCs that were investigated, of the 244 for the entirety of 2019. Upon further review of the potential QOCs that were reported for Facility #6, 1 of the 12 reported were noted to not be QOC concerns. They had 3 with severity level of Medium. The remaining 8 QOCs for this facility were all determined to be of Low severity level.

There was Facility #15 was noted to have 10 total QOCs. Based on review of these potential QOCs, 1 of the 10 reported was not a QOC, 2 received a Low level rating, and 7 received a Medium Severity level. The data points are depicted on the table following this paragraph. Sunflower will continue to evaluate both facility and provider trends with QOCs for opportunities to improve upon.



The State of Kansas has defined, and developed a system of provider reporting for events considered “Adverse Incidents”. Selected providers are required to report the defined events into a state developed portal and these reports are named Adverse Incident Report(s) or AIRs. The AIR policy and processes were refined through collaborative efforts that Sunflower actively participated in with the State and fellow MCOs in 2018.

Adverse Incidents include potentially serious events or outcomes these definitions were updated through the collaborative efforts of the State and MCOs, as defined below:

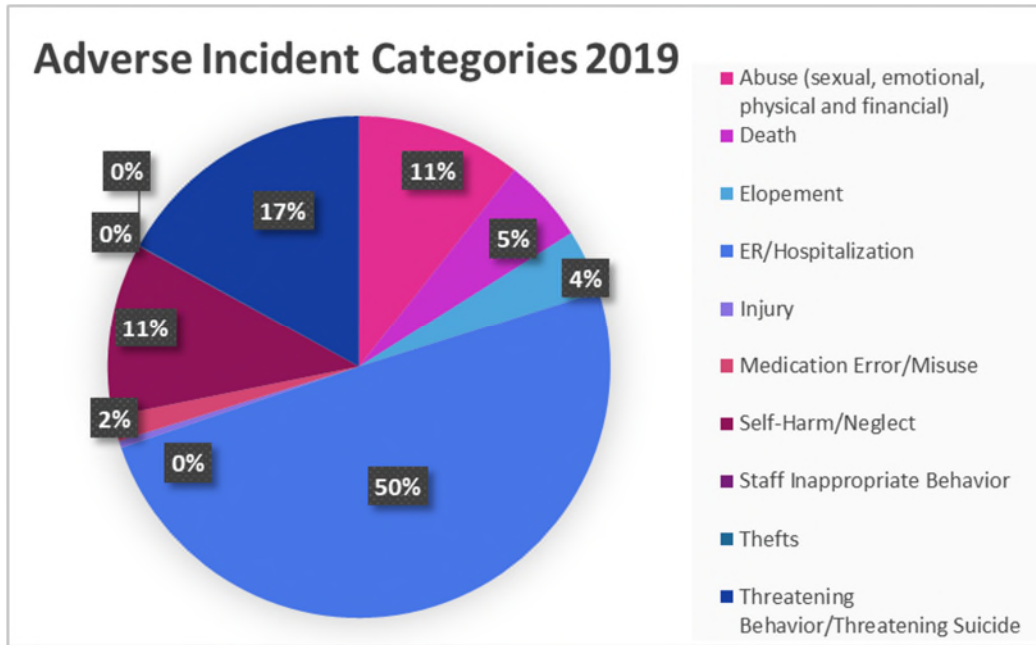
- A. Abuse: Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a participant, including:
 - 1) Infliction of physical or mental injury;
 - 2) Any sexual act with a participant that does not consent or when the other person knows or should know that the participant is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship;
 - 3) Unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm the participant;
 - 4) Unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the participant or another individual;
 - 5) A threat or menacing conduct directed toward the participant that results or might reasonably be expected to result in fear or emotional or mental distress to the participant;
 - 6) Fiduciary abuse; or
 - 7) Omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.
- B. Death: Cessation of a participant’s life
- C. Elopement: The unplanned departure from a unit or facility where the participant leaves without prior notification or permission or staff escort.
- D. Emergency Medical Care: The provision of unplanned medical services to a recipient in an emergency room or emergency department. The unplanned medical care may or may not result in hospitalization.
- E. Exploitation: Misappropriation of the participant's property or intentionally taking unfair advantage of a participant's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.
- F. Fiduciary Abuse: A situation in which any person who is the caretaker of, or who stands in a position of trust to, a participant, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of such person's trust or benefit.
- G. Law Enforcement Involvement: Any communication or contact with a public office that is vested by law with the duty to maintain public order, make arrests for crimes and investigate criminal acts, whether that duty extends to all crimes or is limited to specific crimes.
- H. Misuse of Medications: The incorrect administration or mismanagement of medication, by someone providing a KDADS Community Services and Programs service which results in or could result in serious injury or illness to a participant.
- I. Natural Disaster: A natural event such as a flood, earthquake, or tornado that causes great damage or loss of life. Approved emergency management protocols are to be followed, documented and reported as required by the policy in the AIR system. A separate AIR report shall be made for all HCBS participants in the area who are impacted by the natural disaster.

- J. Neglect: The failure or omission by one's self, caretaker or another person with a duty to supply or to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.
- K. Seclusion: The involuntary confinement of a participant alone in a room or area from which the participant is physically prevented from leaving.
- L. Restraint: Any bodily force, device/object, or chemical used to substantially limit a person's movement.
- M. Serious Injury: An unexpected occurrence involving the significant impairment of the physical condition of a participant. Serious injury specifically includes loss of limb or function.
- N. Suicide: Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
- O. Suicide Attempt: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

The State of Kansas/KDADS has developed parallel reporting mechanisms for providers to report Adverse Events to the state and MCOs through an "Adverse Incident Reporting System". As a result, Sunflower receives reported AIRs via the KDADS system. The QI Designee completes an initial review, then requests follow-up and input from a Care Manager on the merit of the report and follow-up actions taken to mitigate potential harm or provide services to the member. AIRs are aggregated in the following graphs for review but those rising to the level necessitating more in depth review by the Quality Department and/or Medical Director take a parallel path as a QOC as well.

Sunflower's Quality Improvement team continues documenting and tracking AIRs within the automated clinical documentation system utilized by both Quality and the Medical Management teams. This process was refined in early 2015 and continues to be utilized to allow the two teams continue to work collaboratively to address needs or issues for the members to ensure member safety as a result of the AIRs received.

In 2019, Sunflower was notified of 4,639 individual AIRs, which demonstrated an increase when compared to 3,669 from 2018. This increase equated to 21%. Each AIR reported was reviewed and processed as discussed previously. The following graphic demonstrates the categorization type of 2019 AIRs. Hospitalized/ER visits represent the highest category, with 2,301 AIRs which is consistent with what was noted as the top category for 2018. Historical practice in KS has been to report any time a vulnerable member visits the ED or is hospitalized, any unexplained abrasion, or otherwise noteworthy behavior for these vulnerable populations which could contribute to this being the most commonly received type of AIR. Threatening behavior/threatening suicide continued to be second highest category for 2019 at 786. Self-Harm/Neglect was noted as the third highest category at 519. The top two categories denoted for 2019 were consistent with what was evidenced in 2018 AIR data with Self-Harm/Neglect moving into the third highest category in 2019. These details are depicted in the following chart provided.



Recommendations for 2020 related to the quality of care and adverse incident reporting include continuing to monitor QOC and AIR data for provider trending, identifying opportunities for improvement which may include but not limited to educational opportunities for providers, health plan staff and others as identified from data, working with KDADS and providers to improve conditions for members, and provide follow up on AIR reporting. Sunflower's plan is to maintain partnership with KDADS in use and improvement of the state reporting system for AIRs as Plan was an active participant in its development in 2018. Sunflower will continue to hold quarterly LTSS Quality Assurance Committee meetings, in which AIR trends are reviewed and discussed in order to identify concerns or opportunities for improvement.

Member Satisfaction

Sunflower analyzed member satisfaction information to identify aspects of performance that do not meet member expectations and initiate actions to improve performance. Sunflower monitors multiple aspects of member satisfaction, including:

- Member grievances
- Member appeals
- Member satisfaction survey data

Member Grievances

The Sunflower Grievance & Appeal Committee and Quality Improvement Committee review grievance and appeal data on a quarterly basis. Analysis is performed by the Quality Improvement Committee, which is composed of departmental leaders and network physicians and enables Sunflower to initiate quality improvement efforts to improve member satisfaction as needed. The following is a summary of the results and analysis for January 1, 2019 through December 31, 2019, compared to calendar year 2018 for the Medicaid line of business.

The following table included represents the grievance totals by category in accordance with state reporting requirements and then per 1000 members for the years 2018 and 2019. Sunflower saw an increase in the number of member grievances for 2019 of 40.7%. This is partially attributed to direction from the state in April of 2019 that all member complaints were to be recorded as a

grievance whether or not the member specified they would like a grievance filed. This direction from the state was later overturned in May 2019. Another likely reason for increased volume was quarterly Appeals & Grievances training provided to the Health Plan. Training included definition and examples of a member grievance, who can report a grievance, and instruction on how other departments should report a grievance to the Quality team for proper processing. Training also focused on the importance of accurate identification of all expressions of member dissatisfaction as grievances, with proper referral to Quality for accurate processing and reporting. Accurate identification and reporting of member grievances enables Sunflower to have the ability to accurately assess where opportunities exist to improve the experience and satisfaction of members. These opportunities also allow us to educate the members on their right to file a grievance as well.

| Member Grievance Category | 2018 | 2018 Per 1000 | 2019 | 2019 Per 1000 |
|---|-------------|----------------------|-------------|----------------------|
| Quality of Care (non HCBS provider) | 80 | 0.58 | 131 | 0.77 |
| Quality of Care – Pain Medication | 9 | 0.06 | 11 | 0.07 |
| Customer service | 97 | 0.70 | 68 | 0.40 |
| Member rights dignity | 8 | 0.06 | 11 | 0.07 |
| Access to service or Care | 47 | 0.34 | 78 | 0.46 |
| Non-Covered Services | 6 | 0.04 | 9 | 0.05 |
| Pharmacy Issues | 18 | 0.13 | 21 | 0.12 |
| Quality of Care HCBS provider | 32 | 0.23 | 36 | 0.21 |
| Value Added Benefits | 17 | 0.12 | * | * |
| Billing and Financial issues (non-transportation) | 31 | 0.23 | 43 | 0.25 |
| Transportation Issues- Billing and Reimbursement | 26 | 0.19 | 23 | 0.14 |
| Transportation- No Show | 49 | 0.35 | 84 | 0.50 |
| Transportation- Late | 84 | 0.61 | 150 | 0.89 |
| Transportation- Safety | 36 | 0.26 | 33 | 0.20 |
| Transportation - No Driver Available | 49 | 0.35 | 13 | 0.08 |
| Transportation- Other | 92 | 0.67 | 143 | 0.85 |
| MCO Determined No Applicable | 2 | 0.01 | 22 | 0.13 |
| Other | 7 | 0.05 | 26 | 0.15 |
| Total | 641 | 4.66 | 902 | 5.35 |

The grievance category denoting the highest volume in 2019 was Transportation – Late with 16.6% or 150 grievances out of 641 903 for the year. These grievances related to transportation services providers arriving late for the members scheduled trip. Grievances in the category of Transportation Issues - Other were the second leading category, and accounted for 15.8% or 143 for 2019. This was followed by Quality of Care (non HCBS provider) grievances which accounted for 131 or 14.5% for 2019. The Plan monitors grievances both on a monthly and quarterly basis to identify trends as early as possible to allow further review to determine where opportunities for improvement exist. Then efforts are made to provide education aimed at preventing reoccurrences while improving the experience and quality of care and services members receive. Sunflower expanded focus with our transportation vendor to ensure member satisfaction and experience improves to include monthly reviews and follow up on grievance trends, tracking, and actions taken by the vendor to drive up the quality. Sunflower has established a goal of fewer than 4.50 member grievances per 1000 members

annually. The Plan did not achieve that goal with 5.35/1000 for all grievances resolved in 2019. For 2020, Sunflower's grievance goal remains to be less than 4.50 member grievances per 1000 members.

Member Appeals

Sunflower defines an appeal as a member's or member's request for the health plan to review an adverse benefit determination in cases where the member is not satisfied or disagrees with the previous decision made by Sunflower. Practitioners or others may appeal on behalf of a member as the member's authorized representative with the member's consent.

The Grievance and Appeal Committee (GAC) and Quality Improvement Committee (QIC) review appeal data on a quarterly basis. Analysis is performed by the GAC and QIC (which is composed of departmental leaders and network physicians) which enables Sunflower to initiate quality improvement initiatives to improve member satisfaction as needed.

The following table demonstrates the Member Appeals resolved by category for entire year of 2018 and 2019 as well as the per 1000 calculation. The categories noted below are consistent with the state reporting requirements and account for any adjustments to those made throughout the year.

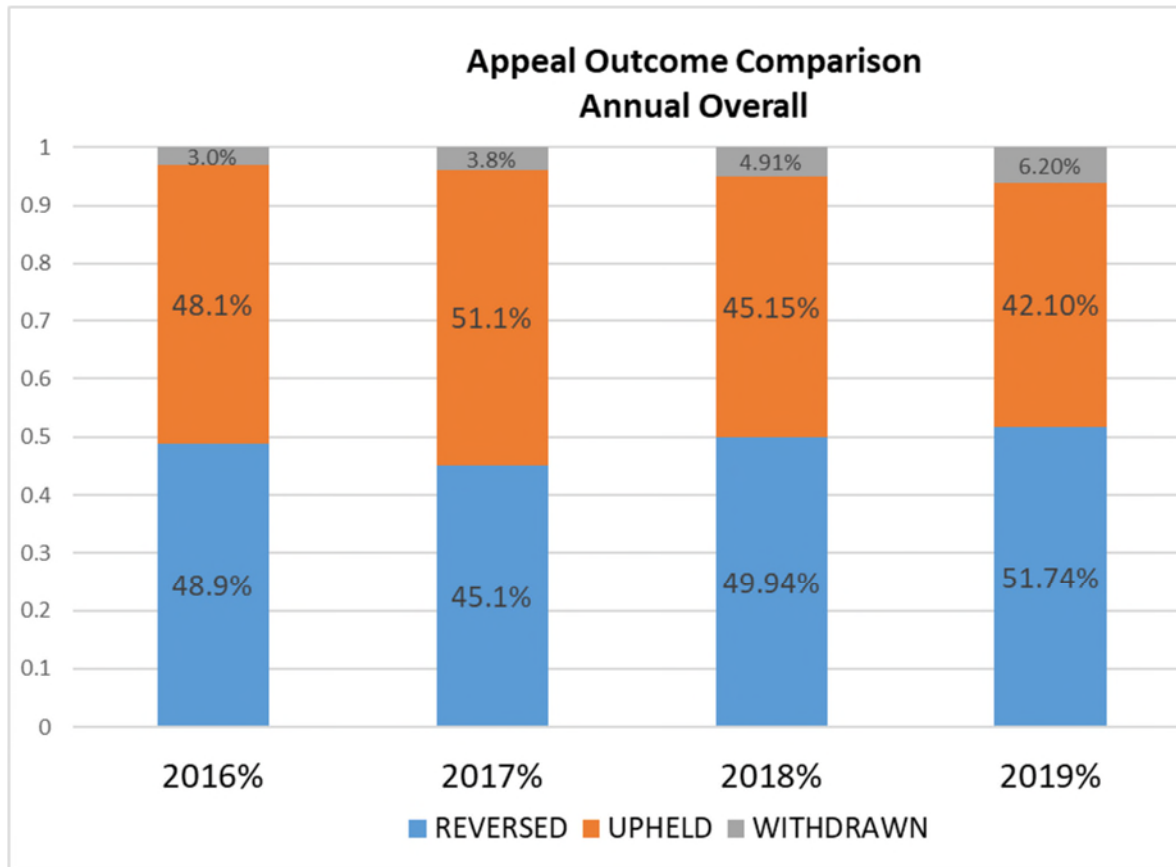
| Member Appeal Reasons | 2018 Total Resolved | 2018 Per 1000 | 2019 Total Resolved | 2019 Per 1000 |
|---|---------------------|---------------|---------------------|---------------|
| MEDICAL NECESSITY DENIAL | 687 | 4.99 | 863 | 5.16 |
| Criteria Not Met - Durable Medical Equipment | 119 | 0.86 | 145 | 0.86 |
| Criteria Not Met - Inpatient Admissions (Non-Behavioral Health) | 4 | 0.03 | 16 | 0.09 |
| Criteria Not Met - Medical Procedure (NOS) | 60 | 0.43 | 57 | 0.34 |
| Criteria Not Met - Radiology | 101 | 0.73 | 93 | 0.55 |
| Criteria Not Met - Pharmacy | 278 | 2.02 | 358 | 2.12 |
| Criteria Not Met - PT/OT/ST | 25 | 0.18 | 11 | 0.07 |
| Criteria Not Met - Dental | 8 | 0.06 | 16 | 0.09 |
| Criteria Not Met - Home Health | 10 | 0.07 | 12 | 0.07 |
| Criteria Not Met - Hospice | 0 | 0.00 | 0 | 0.00 |
| Criteria Not Met - Out of network provider, specialist or specific provider request | 2 | 0.01 | 2 | 0.01 |
| Criteria Not Met – Inpatient Behavioral Health | 13 | 0.09 | 35 | 0.21 |
| Criteria Not Met – Behavioral Health Outpatient Services and Testing | 11 | 0.08 | 6 | 0.04 |
| Level of Care - LTSS/HCBS | 22 | 0.16 | 18 | 0.11 |
| Level of Care - WORK | 0 | 0.00 | 0 | 0.00 |
| Level of Care - LTC NF | 0 | 0.00 | 0 | 0.00 |
| Level of Care - Mental Health | 0 | 0.00 | 0 | 0.00 |
| Level of Care - HCBS (change in attendant hours) | 0 | 0.00 | 7 | 0.04 |
| Ambulance (include Air and Ground) | 0 | 0.00 | 0 | 0.00 |
| Criteria Not Met – Other Medical Necessity | 34 | 0.25 | 87 | 0.52 |
| Change in attendant hours | * | * | * | * |

| Member Appeal Reasons | 2018 Total Resolved | 2018 Per 1000 | 2019 Total Resolved | 2019 Per 1000 |
|---|---------------------|---------------|---------------------|---------------|
| NONCOVERED SERVICE DENIAL | 121 | 0.88 | 84 | 0.50 |
| Noncovered service - Dental | 6 | 0.04 | 4 | 0.02 |
| Noncovered service - Home Health | 0 | 0.00 | 0 | 0.00 |
| Noncovered service - Pharmacy | 6 | 0.04 | 4 | 0.02 |
| Noncovered service - Out of Network providers | 1 | 0.01 | 1 | 0.01 |
| Noncovered service - OT/PT/Speech | 0 | 0.00 | 4 | 0.02 |
| Noncovered service - Durable Medical Equipment | 28 | 0.20 | 19 | 0.11 |
| Noncovered service - Behavioral Health | 10 | 0.07 | 0 | 0.00 |
| Noncovered service - Other | 68 | 0.49 | 50 | 0.30 |
| LOCK IN | 2 | 0.01 | 2 | 0.01 |
| BILLING AND FINANCIAL ISSUES | 0 | 0.00 | 0 | 0.00 |
| TRANSPORTATION TIMELINESS | * | * | * | * |
| Transportation No Show | * | * | * | * |
| Transportation Late | * | * | * | * |
| AUTHORIZATION DENIAL | 7 | 0.05 | 11 | 0.7 |
| Late submission by member/provider rep | 4 | 0.03 | 2 | 0.01 |
| No authorization submitted | 3 | 0.02 | 9 | 0.05 |
| MCO TIMELINESS | 0 | 0.00 | 45 | 0.27 |
| Noncompliance with PA Authorization timeframes | 0 | 0.00 | 0 | 0.00 |
| Noncompliance with resolution of Appeals and issuance of notice | 0 | 0.00 | 0 | 0.00 |
| Denials of Authorization (Unauthorized by Members) | 0 | 0.00 | 45 | 0.27 |
| Total | 815 | 5.92 | 1003 | 5.95 |

For 2019, overall Medical Necessity Denials per Criteria Not Met made up the majority of member appeals at 863 or 86% of the total member appeals. When broken down further, Pharmacy continues to be the area with the highest volume, which is consistent with what was noted for 2017 and 2018. The volume from 2018 was 278 while in 2019 it was 358, showing a change of 25%. Sunflower exhibited an increase in the overturn rate of the Criteria Not Met Pharmacy from 58.6% in 2018 to 63.7% for 2019. The Pharmacy appeals were followed by Criteria Not Met – Durable Medical Equipment and Criteria Not Met – Radiology appeals. Continued efforts at education occurred throughout 2019 with changes on medication criteria communicated to providers to make the authorization process more efficient for both members and providers while also aiming to decrease the number of appeals that resulted. Sunflower’s goal at the beginning of 2020 was to complete 100% of standard member appeals within 30 calendar days from receipt. Plan was successful in meeting this goal in one of 4 quarters of 2019. Additionally, Sunflower’s goal for expedited member appeals was to resolve 100% within 72 hours of receipt. This goal was met in three of 4 quarters of 2019. For 2019, Sunflower’s goal remains to resolve 100% of standard member appeals within 30 calendar days and to resolve 100% of expedited member appeals within 72 hours of receipt.

In 2019, Plan noted a change to the appeal decisions that were overturned or reversed which exhibited an increase from 2018. The reversed appeals for 2019 was noted at 51.74% compared to

49.94% in 2018. As a result, Sunflower will continue to provide education to providers and encourage them to submit required documentation with the initial request for services/authorizations that will help in making these decisions in a more timely and efficient fashion to potentially avoid an appeal. This trend of appeals upheld, overturned or withdrawn is noted in the following table. The number of those that were withdrawn stayed relatively consistent.



Member Satisfaction Survey

Sunflower conducts annual member satisfaction survey utilizing the Consumer Assessment of HealthCare Providers and Systems (CAHPS) 5.0H Medicaid Adult and Child Member Satisfaction Surveys to allow for evaluation and comparison of health plan ratings by members. This is also a requirement of state contract and supports accreditation with the National Committee for Quality Assurance (NCQA).

The 2019 Summary Rate Composite and Key Question scores for Plan are presented in CAHPS Adult and Child survey results provided below. These tables also demonstrate comparison of the survey results for 2019 against results for 2018, then with comparison to the Quality Compass® All Plans means and percentiles. The 2019 Quality Compass® National Benchmarks is the mean summary rate from the Medicaid adult health plans that submitted data to NCQA in 2019. The Medicaid Child CAHPS is compared to the 2019 Quality Compass® National Benchmarks; this benchmark compares against other Medicaid child plans that submitted to NCQA.

Sunflower's summary rate results for 2019 Composites and Key Questions for the CAHPS Medicaid Adult Survey compared to the 2019 Quality Compass National Benchmarks means

and percentiles. Results for 2019 demonstrated slight decrease in Getting Needed Care, Health Promotion and Education, Ease of Filling Out Forms, Rating of Health Plan and How Well Doctors Communicate. Additionally, improvement was noted in the Getting Care Quickly, Customer Service, Coordination of Care, Providing Needed Information, Rating of Health Care and Rating of Specialist.

Medicaid Adult CAHPS Survey Results

| Composite & Question Ratings | 2018 Rate | 2019 Rate | 2019 Quality Compass Percentile Met/ Exceeded 50 th Percentile |
|--|--------------|--------------|---|
| Getting Needed Care | 85.6% | 84.2% | Yes |
| Ease of getting care, tests, or treatment needed | 87.5% | 88.0% | Yes |
| Obtaining appointment with specialist as soon as needed | 83.6% | 80.4% | No |
| Getting Care Quickly | 86.9% | 87.7% | Yes |
| Obtaining needed care right away | 91.1% | 88.8% | Yes |
| Obtaining appointment for care as soon as needed | 82.7% | 86.7% | Yes |
| How Well Doctors Communicate | 92.6% | 92.3% | Yes |
| Doctors explaining things in an understandable way | 91.9% | 94.3% | No |
| Doctors listening carefully to you | 93.2% | 93.6% | Yes |
| Doctors showing respect for what you had to say | 94.5% | 93.3% | No |
| Doctors spending enough time with you | 90.6% | 91.8% | Yes |
| Customer Service | 87.5% | 91.3% | Yes |
| Getting information/help from customer service | 82.4% | 88.6% | Yes |
| Treated with courtesy and respect by customer service | 92.5% | 94.0% | No |
| Shared Decision Making | 82.9% | 80.1% | Yes |
| Doctor/health provider talked about reasons you might want to take a medicine | 94.1% | 92.7% | Yes |
| Doctor/health provider talked about reasons you might not want to take a medicine | 69.9% | 67.2% | No |
| Doctor/health provider asked you what you thought was best when talking about starting or stopping a prescription medicine | 84.7% | 80.5% | Yes |
| Health Promotion and Education | 72.1% | 72.8% | No |
| Coordination of Care | 86.1% | 87.6% | Yes |
| Providing Needed Information | 82.4% | 88.6% | Yes |
| Ease of Filling Out Forms | 91.6% | 81.3% | No |
| Ratings Items | | | |
| Rating of Health Care | 75.6% | 76.1% | Yes |
| Rating of Personal Doctor | 84.3% | 83.6% | Yes |
| Rating of Specialist | 83.8% | 84.0% | Yes |
| Rating of Health Plan | 80.6% | 77.5% | No |

Sunflower's 2019 summary rate results for Composites and Key Questions for the CAHPS Medicaid Child Survey by Title XIX and Title XXI compared to the 2019 Quality Compass All Plans. In 2019, Health Promotion and Education, Shared Decision Making and Ease of Filling Out Forms demonstrated improvement for both the Title XIX and Title XXI survey respondents. Coordination of Care demonstrated a reduction for the Child XXI population. Green text depicts

where there was a noted increase from the previous year while red text indicates a decrease from previous year's results.

Medicaid Child CAHPS Survey Results

| Child Composite & Question Ratings | 2018 Rate Title XIX | 2019 Rate Title XIX | 2019 Quality Compass Met/Exceeded 50 th Percentile | 2018 Rate Title XXI | 2019 Rate Title XXI | 2019 Quality Compass Met/Exceeded 50 th Percentile |
|---|---------------------|---------------------|---|---------------------|---------------------|---|
| Getting Needed Care | 89.0% | 90.4% | Yes | 88.9% | 89.6% | Yes |
| Ease of getting care, tests, or treatment child needed | 92.7% | 95.4% | Yes | 92.6% | 94.3% | Yes |
| Obtaining child's appointment with specialist as soon as needed | 85.4% | 85.3% | Yes | 85.2% | 84.9% | Yes |
| Getting Care Quickly | 92.5% | 95.6% | Yes | 91.9% | 92.4% | Yes |
| Obtaining needed care right away | 95.8% | 96.1% | Yes | 92.2% | 93.4% | Yes |
| Obtaining appointment for care as soon as needed | 89.1% | 95.2% | Yes | 91.6% | 91.4% | Yes |
| How Well Doctors Communicate | 95.8% | 96.3% | Yes | 95.6% | 96.3% | Yes |
| Doctors explaining things in an understandable way | 97.0% | 98.1% | Yes | 96.5% | 97.6% | Yes |
| Doctors listening carefully to you | 96.5% | 96.8% | Yes | 96.7% | 97.4% | Yes |
| Doctors showing respect for what you had to say | 97.6% | 96.5% | Yes | 96.7% | 97.1% | Yes |
| Doctors spending enough time with your child | 92.0% | 93.6% | Yes | 92.7% | 93.3% | Yes |
| Customer Service | 90.4% | 90.3% | Yes | 91.0% | 91.5% | Yes |
| Getting information/help from customer service | 86.6% | 83.7% | Yes | 88.4% | 86.2% | Yes |
| Treated with courtesy and respect by customer service staff | 94.2% | 96.8% | Yes | 93.5% | 96.8% | No |
| Shared Decision Making | 85.0% | 81.9% | Yes | 77.3% | 82.2% | Yes |
| Doctor/health provider talked about reasons you might want your child to take a medicine | 97.1% | 95.8% | Yes | 90.6% | 95.1% | Yes |
| Doctor/health provider talked about reasons you might not want your child to take a medicine | 71.9% | 70.1% | Yes | 64.4% | 67.8% | Yes |
| Doctor/health provider asked you what you thought was best for your child when starting or stopping a prescription medicine | 86.0% | 79.9% | No | 76.9% | 83.7% | Yes |
| Health Promotion and Education | 70.8% | 69.4% | No | 70.9% | 69.5% | No |
| Coordination of Care | 86.3% | 85.6% | Yes | 86.2% | 82.1% | No |
| Ease of Filling Out Forms | 94.7% | 84.9% | No | 95.4% | 85.3% | No |

Medicaid Child CAHPS Survey Results

| Child Composite & Question Ratings | 2018 Rate Title XIX | 2019 Rate Title XIX | 2019 Quality Compass Met/Exceeded 50 th Percentile | 2018 Rate Title XXI | 2019 Rate Title XXI | 2019 Quality Compass Met/Exceeded 50 th Percentile |
|------------------------------------|------------------------------|------------------------------|--|------------------------------|------------------------------|--|
| Rating Items | | | | | | |
| Rating of Health Care | 90.6% | 89.9% | Yes | 90.2% | 91.1% | Yes |
| Rating of Personal Doctor | 89.9% | 88.2% | No | 92.0% | 90.9% | Yes |
| Rating of Specialist | 95.7% | 87.1% | No | 89.7% | 91.1% | Yes |
| Rating of Health Plan | 88.8% | 89.0% | Yes | 90.3% | 90.6% | Yes |

Sunflower’s goal for the 2019 CAHPS surveys was to meet or exceed the NCQA Quality Compass 50th percentile for both the Adult and Child surveys. Sunflower reached the 50th percentile on most measures and exceeded the 75th and the 90th percentile on several questions. Plan met the goal for most areas on the 2019 Adult and on the Child surveys. The Plan is focusing efforts on improving member satisfaction related to the following areas, including certain areas that impact multiple domains resulting in their inclusion below as focus areas. One example is Ease of Filing Out Forms, which impacts Rating of Health Plan and Rating of Health Care. Additionally, Health Promotion and Education focuses on members being informed about their health care along with getting the information or help they need.

Medicaid Adult Survey:

- Getting Needed Care
- How Well Doctors Communicate
- Shared Decision Making

Medicaid Child Surveys:

- Health Promotion and Education
- Shared Decision Making
- Ease Of Filing Out Forms

Sunflower utilized the vendor, SPH, formerly Morpace, for delivery, data collection and report completion of the CAHPS surveys in 2019. The areas noted as strengths for the Adult survey are as follows:

- Getting Care Quickly
- Customer Service
- Care Coordination
- Providing Needed Information
- Rating of Health Care
- Rating of Specialist

The one area noted as a relative weakness was How Well Doctors Communicate. As a result, Sunflower is focusing on Provider Relations as an area to help drive the performance for the 2020 CAHPS Medicaid Adult survey.

For the 2019 Title XIX and Title XXI CAHPS child surveys, there only a relative weakness noted for Title XXI, which was Coordination of Care. However, the strengths identified to be consistent for both are listed here:

- Getting Needed Care
- Getting Care Quickly
- Coordination of Care
- Rating of Health Care
- Customer Service
- Shared Decision Making
- Rating of Health Plan

To identify opportunities to improve performance, Sunflower examines all sources of member experience data to identify common issues across the various data sources. The sources utilized include grievance and appeal data and CAHPS survey results. This also included the

strengths/weakness analysis provided by SPH, then were reviewed by representatives from key Sunflower departments, including Provider Relations, Medical Management, Quality Improvement (including the Grievance and Appeal Coordinator), Network & Contracting, Customer Services, Compliance, Pharmacy, and Medical Management team which is integrated to include LTSS/Waiver, I/DD, and Behavioral Health. The Sunflower CAHPS/member experience workgroup met and discussed barriers, opportunities to address these barriers to increase member satisfaction, and potential interventions. Some of these barriers are noted to be an ongoing challenge with the membership served.

The below reflects the barriers identified in the results analysis:

- Member lack of understanding of state benefits and limitations.
- Incomplete information received from providers to authorize services on initial request.
- Members unresponsive to health plan outreach via mail, phone, or text.
- Members unaware of process for scheduling transportation and that Plan can provide assistance with scheduling.
- Member lack of understanding of appointment standards.
- Expectations of member affecting perception of provider attitude or service.
- Inaccurate member demographic information used for outreach.
- Lack of empathy from health plan staff
- Lack of health plan staff understanding of CAHPS questions members respond to.

The opportunities identified for improvement involve the interventions aimed to impact those barriers are listed below:

- Implementation of Customer Service training to improve member experience and perception
- Empathy training and video for health plan staff
- Increase member understanding of Medicaid benefits.
- Educate providers on documents and information needed for PA request.
- Increase member engagement in provided materials.
- Increase reliability of member demographic information.
- Member education regarding transportation benefit via the member newsletter.
- Increase member knowledge of standard/expected timeframes to obtain an appointment.

Sunflower chose to use the NCQA approved combined Title XIX and Title XXI survey results for the NCQA accreditation scoring in August of 2019. The final score assigned to Sunflower was 11.206 out of 13 possible points. Sunflower continues to strive for improvement on member satisfaction through a variety of interventions aimed at improving Customer Service and member experience.

Behavioral Health Survey

Sunflower conducted member satisfaction surveys specific to behavioral health services accessed utilizing the Mental Health Statistics Improvement Program Adult Consumer Satisfaction Survey (MHSIP) for adults and the Youth Survey for Families (YSS-F) for youth members. These surveys allow for evaluation and comparison of health plan ratings. Sunflower strives to understand the problems members face in order to implement actions that achieve better performance on specific opportunities for improvement identified within the survey results. In addition, Sunflower utilizes the survey results as a data source for other performance improvement initiatives throughout the year.

For the Medicaid Adult survey, the sample size for the 2019 behavioral health survey consisted of 1,684 members, with 397 completed valid surveys (mixed mail, and telephone). The 1,684

members represent the adjusted base after excluding members who were found to be ineligible or non-responders (refused to participate, returned blank survey, or could not be reached due to a bad address). After adjusting for ineligible or non-responding members, the Medicaid Adult survey response rate for 2019 was 23.6%.

BH Survey Response Rate

| Survey Population | 2019 Response Rate |
|--------------------------|---------------------------|
| Medicaid Adult | 23.6% |
| Medicaid Child | 22.7% |

The sample size for the 2019 Medicaid Child survey consisted of 1,750 child members of Sunflower Health Plan using mixed (mail and phone) survey methodology. There were 397 valid surveys from the population. After adjusting for ineligible/non-responding members (250 Sunflower members identified as ineligible or non-responding), the survey response rate was 22.7%.

The 2019 Composite and Question scores for Sunflower’s adult and child surveys are presented in the following tables.

2019 Medicaid Adult Behavioral Health

| Medicaid Adult Behavioral Health Topics & Question Ratings | 2018 Rate | 2019 Rate |
|---|------------------|------------------|
| Treatment (% Strongly Agree/Agree) | NA | NA |
| Location of services was convenient | 84.2 | 84.6 |
| Able to get needed services | 81.5 | 80.3 |
| Able to see a psychiatrist when wanted | 78.0 | 73.7 |
| Felt comfortable asking questions about treatment and medication | 89.0 | 85.9 |
| Felt free to complain | 79.1 | 79.7 |
| Given information about rights | 90.6 | 87.4 |
| I, not staff, decided my treatment goals | 75.0 | 70.4 |
| I was encouraged to use consumer-run programs | 70.8 | 68.6 |
| Staff (% Strongly Agree/Agree) | NA | NA |
| Willing to see me as often as necessary | 84.2 | 82.4 |
| Returned calls within 24 hours | 81.5 | 79.7 |
| Were available at convenient times | 88.8 | 86.4 |
| Believe I can grow, change and recover | 81.5 | 74.0 |
| Encouraged me to take responsibility for how I live my life | 81.0 | 77.4 |
| Told me what side effects to watch out for | 78.4 | 72.9 |
| Respected wishes about who can receive information about my treatment | 90.7 | 90.0 |
| Sensitive to my cultural background | 85.4 | 85.3 |
| Provided information to allow me to take charge of my illness | 81.0 | 76.4 |
| Perceived Improvement (% Strongly Agree/Agree) | NA | NA |
| Deal more effectively with daily problems | 73.3 | 68.3 |
| Better able to control my life | 71.2 | 67.7 |
| Better able to deal with crisis | 67.6 | 60.5 |
| Get along better with family | 68.4 | 69.4 |
| Do better in social situations | 55.2 | 57.5 |
| Do better in school/work | 50.5 | 54.5 |

2019 Medicaid Adult Behavioral Health

| Medicaid <i>Adult</i> Behavioral Health Topics & Question Ratings | 2018 Rate | 2019 Rate |
|---|-----------|-----------|
| Housing situation has improved | 66.2 | 61.7 |
| Symptoms not bothering me as much | 50.6 | 49.7 |
| Happy with friendships | 72.6 | 69.6 |
| Have people with whom to do enjoyable things | 72.5 | 75.5 |
| Belong in a community | 61.1 | 64.9 |
| Have needed support in case of crisis | 76.9 | 80.4 |
| Do things that are more meaningful | 69.3 | 72.1 |
| Better able to take care of needs | 69.6 | 63.9 |
| Better able to handle when things go wrong | 61.0 | 58.5 |
| Better able to do things I want to do | 61.2 | 62.9 |
| Overall Measures (% Strongly Agree/Agree unless otherwise noted) | NA | NA |
| Like the services received | 90.4 | 87.2 |
| If had other choices, would still choose this agency | 84.7 | 84.4 |
| Would recommend to friends or family | 88.6 | 86.1 |
| Satisfaction with counseling or treatment (% 8, 9, 10) | 61.2 | 57.1 |

2019 Medicaid Child Behavioral Health

| Medicaid <i>Child</i> Behavioral Health Topics & Question Ratings | 2018 Rate | 2019 Rate |
|--|-----------|-----------|
| Treatment (% Strongly Agree/Agree) | NA | NA |
| Helped to choose services | 88.0 | 86.9 |
| Helped to choose treatment goals | 90.4 | 94.5 |
| Participated in child's treatment | 95.4 | 95.2 |
| Location of service was convenient | 85.9 | 86.6 |
| Services were available at convenient times | 84.5 | 84.5 |
| Got all help wanted for child | 84.6 | 86.1 |
| Got as much help as needed | 78.4 | 80.4 |
| Staff (% Strongly Agree/Agree) | NA | NA |
| People helping us stuck with us no matter what | 82.4 | 86.2 |
| Child had someone to talk to when troubled | 83.5 | 84.4 |
| Treated me with respect | 92.5 | 95.1 |
| Respected family's religious/ spiritual beliefs | 89.4 | 92.3 |
| Spoke in a way I could understand | 96.1 | 95.8 |
| Sensitive to cultural/ethnic background | 85.8 | 89.6 |
| Perceived Improvement (% Strongly Agree/Agree) | NA | NA |
| Symptoms not bothering as much | 61.8 | 64.3 |
| Better handling daily life | 65.8 | 70.5 |
| Gets along better with family | 67.4 | 74.5 |
| Gets along better with friends/others | 66.8 | 72.4 |
| Doing better in school/work | 65.9 | 76.3 |
| Better able to cope when things go wrong | 58.9 | 63.4 |

2019 Medicaid Child Behavioral Health

| Medicaid <i>Child</i> Behavioral Health Topics & Question Ratings | 2018 Rate | 2019 Rate |
|--|------------------|------------------|
| Better able to do things he/she wants to do | 69.1 | 72.4 |
| Have people who will listen | 84.7 | 86.6 |
| Comfortable talking about child's problems | 87.0 | 91.7 |
| Have needed support in case of crisis | 85.3 | 84.8 |
| Have people with whom I can do enjoyable things | 85.9 | 88.3 |
| Child Information | NA | NA |
| Child currently living with you (% yes) | 97.6 | 95.4 |
| Child on medication for emotional/behavioral reasons (% yes) | 83.9 | 65.0 |
| Overall Measures (% Strongly Agree/Agree unless otherwise noted) | NA | NA |
| Like the services received | 92.8 | 92.6 |
| If had other choices, would still choose this agency | 84.9 | 85.2 |
| Would recommend to friends or family | 88.3 | 89.0 |
| Overall satisfied with services | 90.7 | 92.3 |
| Satisfaction with counseling or treatment (% 8, 9, 10) | 65.3 | 69.8 |

The 2019 behavioral health survey results will serve as the baseline rates. Sunflower's Medical Management, Quality Improvement and Network Development team members reviewed the survey results and identified strengths and opportunities. Data for benchmarking was unavailable to compare survey results. Therefore, Sunflower chose to assess strengths and opportunities based on percentage rates for each question.

2019 Medicaid Adult BH Survey

| Strengths / Opportunities within Sunflower's BH Provider Network | Adult Strengths | Adult Opportunities |
|---|---|--|
| Treatment | Felt comfortable asking questions about treatment and medication (85.9%) | I was encouraged to use consumer-run programs (68.6%) |
| | Given information about rights (87.4%) | I, not staff, decided my treatment goals (70.4%) |
| Staff | Respected wishes about who can receive information about my treatment (90.0%) | Told me what side effects to watch out for (72.9%) |
| | Were available at convenient times (86.4%) | Believe I can grow, change and recover (74.0%) |
| | Sensitive to my cultural background (85.3%) | |
| Perceived Improvement | Have needed support in case of crisis (84.8%) | Do better in school/work (54.5%) |
| | | Symptoms not bothering me as much (49.7%) |
| | | Do better in social situations (57.5%) |
| Overall Measures | Like the services received (87.2%) | Satisfaction with counseling or treatment (% 8, 9, 10) (57.1%) |
| | Would recommend to friends or family (86.1%) | |

2019 Medicaid Child BH Survey

| Strengths / Opportunities within Sunflower's BH Provider Network | Child Strengths | Child Opportunities |
|---|---|--|
| Treatment | Participated in child's treatment (95.2%) | Got as much help as needed (80.4%) |
| | Helped to choose treatment goals (94.5%) | |
| | Helped to choose services (86.9%) | |
| Staff | Spoke in a way I could understand (95.8%) | Child had someone to talk to when troubled (84.4%) |
| | Treated me with respect (95.1%) | |
| | Respected my family's religious/spiritual needs (92.3%) | |
| Perceived Improvement | Comfortable talking about child's problems (91.7%) | Better able to cope when things go wrong (63.4%) |
| | Have people with whom I can do enjoyable things (88.3%) | Symptoms not bothering me as much (64.3%) |
| | Have people who will listen (86.6%) | |
| Overall Measures | Like the services received (92.6%) | Satisfaction with counseling or treatment (% 8, 9, 10) (69.8%) |
| | Overall satisfied with services (92.3%) | |

Of the survey scores, *Staff* strengths were high in both the adult and child survey results. Most all of the questions received a score of 80% or above with the exception of the adult survey question which asked if the members symptoms were not bothering them as much (49.7%). Questions related to feeling respected by their provider received strong scores in both surveys. At a rate of 92.3% youth survey respondents reported their provider was sensitive to the member's cultural/ethnic background.

The questions with the lowest scores were in the *Perceived Improvement* area. Adult respondents indicated lower scores in the areas of doing better in school/work (54.5%), doing better in social situations (57.5%), and symptom reduction (49.7%). The youth survey respondents also scored low for symptom reduction (64.3%). At a rate of 63.4%, the youth survey respondents indicated they were better able to cope when things go wrong. This survey did not take into consideration how long a member had been in treatment. It is likely some of the respondents were in an early phase of treatment and may have yet to see an improvement in their functioning or symptom reduction at the time they completed the survey.

LTSS Member Satisfaction Survey

Sunflower Health Plan (Sunflower) provides person-centered care/case management services to members in Long Term Supports & Services (LTSS) through collaboration with the member, the provider, the health care team and support systems to achieve the desired outcomes identified in the member's person-centered plan. Complex case management is provided to members who have catastrophic or other high risk conditions, to ensure timely access to care, continuity of member's care, and coordination and integration of care.

During the 2019 survey period, 10,475 LTSS members were identified as meeting the criteria, and outreach was attempted to all 10,475 members for successful completion of the survey. There were

2,699 surveys completed for a completion rate of 25.77%. Sunflower experienced a much larger LTSS eligible population, as was expected due to membership transfer in late 2018 and early 2019 due to the termination of another MCO. The 2018 to 2019 completion rate increased by 2.18%.

LTSS Satisfaction Survey: Completion Rates

| LTSS Member Satisfaction Completion Rates | 2017 | 2018 | 2019 |
|---|--------|--------|--------|
| Identified/Surveyed | 8,216 | 8,967 | 10,475 |
| Completed | 2,240 | 2,115 | 2,699 |
| Completion Rate | 27.26% | 23.59% | 25.77% |

Results from the 2019 LTSS Member Satisfaction Survey indicate members had an overall satisfaction rate of 94.5% across, a 0.4% decrease from 2018.

LTSS Satisfaction Survey: Trend Summary Rate Scores

| Question Number | Question | Summary Rate Definition | 2017 | | 2018 | | 2019 | | % Change from 2018 to 2019 | Goal Met |
|-----------------|--|--------------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|----------------------------|----------|
| | | | Total Responding | Percent Satisfied | Total Responding | Percent Satisfied | Total Responding | Percent Satisfied | | |
| 1 | How satisfied are you with the help you are receiving or have received from your Sunflower Care Manager? | Very Satisfied/Satisfied | 2201 | 95.60% | 2088 | 97.60% | 2671 | 96.70% | -0.03% | Yes |
| 2 | When you call your Sunflower Care Manager, do they answer or respond to you within one business day? | Always/Sometimes | 1699 | 94.50% | 1675 | 95.50% | 2077 | 95.70% | 0.20% | Yes |
| 3 | Does your Sunflower Care Manager respect your personal beliefs and preferences during your discussions? | Always/Sometimes | 2144 | 98.20% | 2034 | 98.70% | 2589 | 98.30% | -0.40% | Yes |
| 4 | Has your Sunflower Care Manager talked to you about services that might help with your needs and goals? | Very Much/Somewhat | 2191 | 86.70% | 2070 | 89.50% | 2634 | 89.60% | 0.10% | No |
| 5 | Overall, how satisfied are you with the home and community based services you received? | Very Satisfied/Satisfied | 2189 | 96.00% | 2064 | 96.10% | 2635 | 95.80% | -0.30% | Yes |
| 6 | Do the people who are paid to help you do things in the way you want them done? | Very Much/Somewhat | 2160 | 96.20% | 2035 | 97.30% | 2600 | 96.30% | -1.00% | Yes |
| 7 | How often do the people who are paid to help you treat you the way you wanted them to? | Always/Sometimes | 2182 | 98.30% | 2040 | 98.80% | 2602 | 97.80% | -1.00% | Yes |

LTSS Satisfaction Survey: Trend Summary Rate Scores

| Question Number | Question | Summary Rate Definition | 2017 | | 2018 | | 2019 | | % Change from 2018 to 2019 | Goal Met |
|-----------------|---|---------------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|----------------------------|----------|
| | | | Total Responding | Percent Satisfied | Total Responding | Percent Satisfied | Total Responding | Percent Satisfied | | |
| 8 | Overall, how safe do you feel with the people that help you? | Very Safe/ Safe | 2195 | 98.40% | 2062 | 99.00% | 2619 | 98.60% | -0.40% | Yes |
| 9 | If you scheduled transportation through Sunflower, how satisfied were you with the transportation service you received? | Very Satisfied/ Satisfied | 651 | 89.40% | 610 | 91.30% | 741 | 89.10% | -2.20% | No |
| 10 | How often do you do things with your friends, your family, and in your community? | Always/ Sometimes | 2161 | 81.70% | 2010 | 82.30% | 2604 | 83.60% | 1.30% | No |
| 11 | Overall, how satisfied are you with the care you are receiving from Sunflower Health Plan? | Very Satisfied/ Satisfied | 2152 | 97.30% | 2024 | 98.30% | 2613 | 97.60% | -0.70% | Yes |

Two questions in particular saw a significant decrease from 2018: “Do the people who are paid to help you do things in the way you want them done?” and “How often do the people who are paid to help you treat you the way you wanted them to?” Each of these had a decrease of 1.00% from previous year reporting and are related to how satisfied members are with the people who are paid to care for them.

Overall, the LTSS satisfaction rates remained relatively stable from the previous year. Regarding the questions that detected decreased satisfaction with paid caregivers, Sunflower is planning additional staff training in 2020 related to enhancing care coordination activities, including what actions to take if there are gaps or concerns with services.

Provider Satisfaction

Provider Appeals

Provider appeals consist of internal reviews of partial or whole claim denials made by Sunflower. These are monitored to assist in identifying opportunities to improve processes or assist providers in resolving claims issues. Sunflower reviews provider appeals data at the Grievance and Appeals Committee and Quality Improvement Committee (QIC) quarterly meetings. QIC includes departmental leadership and network physicians, which allows for discussion of the data, trends and allows initiatives to be developed to help address trends identified in the provider appeals data. These initiatives can include but are not limited to provider education, education of plan staff, education of provider office staff and also review of internal plan processes for opportunities.

Sunflower established a goal of a 5% reduction in provider appeals for 2019. Plan noted an increase in provider appeals 2,378 in 2018 to 3,628 in 2019. This increase was noted to be significant at 53%. Provider appeal rights changed in May 2017 consistent with KDHE policy, which allowed the providers to skip the reconsideration step and proceed directly to appeal. Prior to 5/1/17, the reconsideration step was required prior to requesting an appeal. Upon implementation of this change,

we saw an immediate increase in provider appeal volume. An additional change made was for provider appeal rights in April 2018, in which a request, which was not clearly noted as a reconsideration, should be treated as a provider appeal by default, rather than a reconsideration. Again, Sunflower saw an increase in provider appeal volume shortly after implementation of this change. During 2019, Sunflower's goal was to resolve 98% of provider appeals within 30 calendar days of receipt. The Plan did not meet this goal in any quarter of 2019. A variety of factors contributed, including inaccurate processing of provider delays in routing of appeals by corporate claims teams, claims system changes resulting in appeal misrouting, and appeals not being identified as an appeal in a timely manner. The Appeals & Grievances team worked collaboratively with members of the claims teams, mailroom, UM, and other teams involved in the processing/review of provider appeals in order to improve the timeliness. Additionally, the Appeals & Grievances team has provided education to each of the teams involved in order to ensure those involved in handling provider appeals understand the turnaround time requirements. The goal for 2020 remains to resolve 98% of provider appeals within 30 calendar days of receipt.

The following table depicts the provider appeals by category allowing for comparison of 2018 to 2019. Hospital Outpatient (Non-Behavioral Health) was by far the highest category with 1009, accounting for 21% of provider appeals in 2019. The second highest provider appeal category was Medical Professional (Physical Health not Otherwise Specified) with 854 or 17.8%. The third highest category Out of Network Provider comprising 15% for 2019. Together the top three provider appeal categories accounted for 2,585 of the 4,791 provider appeals, or 54%. Sunflower performs analysis of provider appeals data for trends that warrant evaluation. This evaluation may reveal processes with potential opportunities for improvement and may result in education for providers, their office staff and other areas on what records could fulfill medical necessity with the claim submission to lessen their need to file an appeal. Another example would be when there are errors on claims where education is an opportunity to alleviate administrative burden for providers and/or their staff. Sunflower works to collaborate with vendors, providers and their office staff to improve processes and opportunities to increase efficiencies and lessen the burden.

| Provider Appeals Categories | Number Resolved 2018 | Per 100,000 Claims | Number Resolved 2019 | Per 100,000 Claims* |
|--|-----------------------------|---------------------------|-----------------------------|----------------------------|
| CLAIM DENIALS | 2157 | 41.80 | 4237 | 63.65 |
| Hospital Inpatient (Non-Behavioral Health) | 400 | 7.75 | 579 | 8.70 |
| Hospital Outpatient (Non-Behavioral Health) | 707 | 13.70 | 1009 | 15.16 |
| Pharmacy | 5 | 0.10 | 5 | 0.08 |
| Dental | 40 | 0.76 | 75 | 1.13 |
| Vision | 85 | 1.65 | 82 | 1.23 |
| Ambulance (include Air and Ground) | 18 | 0.35 | 13 | 0.20 |
| Medical Professional (Physical Health not Otherwise Specified) | 136 | 2.64 | 854 | 12.83 |
| Nursing Facilities - Total | 18 | 0.35 | 32 | 0.48 |
| HCBS | 2 | 0.04 | 0 | 0.00 |
| Hospice | 12 | 0.23 | 40 | 0.60 |
| Home Health | 18 | 0.35 | 103 | 1.55 |
| Behavioral Health Outpatient and Physician | 136 | 2.64 | 140 | 2.10 |
| Behavioral Health Inpatient | 67 | 1.30 | 26 | 0.39 |

| Provider Appeals Categories | Number Resolved 2018 | Per 100,000 Claims | Number Resolved 2019 | Per 100,000 Claims* |
|--|----------------------|--------------------|----------------------|---------------------|
| Out of network provider, specialist or specific provider request | 91 | 1.76 | 722 | 10.85 |
| Radiology | 187 | 3.62 | 144 | 2.16 |
| Laboratory | 79 | 1.53 | 201 | 3.02 |
| PT/OT/ST | 19 | 0.37 | 57 | 0.86 |
| Durable medical Equipment | 97 | 1.88 | 149 | 2.24 |
| Other | 40 | 0.78 | 6 | 0.09 |
| BILLING AND FINANCIAL ISSUES | | | | |
| Recoupment | 22 | 0.43 | 398 | 5.98 |
| ADMINISTRATIVE DENIALS | | | | |
| Denials of Authorization (Unauthorized by Members) | 199 | 3.86 | 156 | 2.34 |
| Total | 2,378 | 46.08 | 4,791 | 71.97 |

*6,656,611 claims processed in 2019.

Provider Satisfaction Survey

SPH Analytics (SPH), a National Committee for Quality Assurance (NCQA) Certified Survey Vendor, was selected by Sunflower Health Plan to conduct its 2019 Provider Satisfaction Survey. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying plan strengths and opportunities.

SPH Analytics followed a two-wave mail and internet with phone follow-up survey methodology to administer the provider satisfaction survey from August to October 2019. Sunflower's sample size was 2,000. SPH Analytics collected 348 surveys (91 mail, 26 internet, and 231 phone) from the eligible provider population. After adjusting for ineligible providers, the mail/internet survey response rate was 6.3%, and the phone response rate was 28.4%. A response rate is only calculated for those providers who are eligible and able to respond. The methodology demonstrating the response rates for mail, internet and phone survey responses is depicted below as well as shows how the ineligible provider responses are addressed.

Mail/Internet Component

$$91 \text{ (mail)} + 26 \text{ (Internet)} / 2,000 \text{ (sample)} - 143 \text{ (ineligible)} = 6.3\%$$

Phone Component

$$231 \text{ (phone)} / 1,035 \text{ (sample)} - 222 \text{ (ineligible)} = 28.4\%$$

For the 2019 survey, Sunflower continued to include those who could participate in providing feedback to include HCBS providers and nursing facilities. The 2019 survey results demonstrated the following demographics for response to the survey: 51.4% primary care providers, 27.1% specialty practices, Home Community Based Services (HCBS) 16.1%, followed by 21.5% for nursing facilities, and, 3.8% for Behavioral Health Clinicians. Of those who responded to the survey, 50.3% were responses from the office manager, 37.7% nurse/other staff responding, with 12.0% for physicians and 0.0% for Behavioral Health Clinicians who responded on the survey.

| 2019 Provider Satisfaction Composite Scores | 2019 Summary Rate | 2018 Summary Rate | 2017 Summary Rate | 2016 Summary Rate |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Overall Satisfaction | 63.80% | 66.30% | 61.2% | 58.9% |
| Comparative Rating of Sunflower compared with all other contracted health plans | 32.90% | 35.20% | 34.6% | 32.2% |
| Finance Issues | 33.40% | 33.60% | 37.3% | 33.8% |
| Utilization & Quality Management | 32.20% | 28.70% | 29.6% | 26.7% |
| Network/Coordination of Care | 28.0% | 20.70% | 22.4% | 21.6% |
| Pharmacy | 21.0% | 13.10% | 16.6% | 14.7% |
| Health Plan Call Center Service Staff | 32.90% | 27.90% | 30.8% | 29.7% |
| Provider Relations | 35.20% | 40.90% | 36.5% | 36.1% |
| Recommended to Other Physicians Practices | 54.00% | 38.20% | NA | NA |

Sunflower has demonstrated year over year improvement for Utilization & Quality Management, Network/Coordination of Care, Pharmacy, and Recommended to Other Physicians Practices. This year, Sunflower recognized a significant decrease in the Provider Relations composite score when compared to previous years. Overall Satisfaction with Plan remains in the same percentage category compared with past years. Some composite scores have fluctuated minor amounts.

Not all plan services impact providers' overall rating of the plan to the same degree. A Correlation Analysis determined which attributes have the strongest relationship with overall satisfaction with the plan. A correlation coefficient of "1" represents the strongest relationship (a perfect positive correlation), while a coefficient approaching a value of +/- 1.000 represents an increasing association of the attribute with overall satisfaction. Attributes with the highest correlation coefficients for Sunflower are Timeliness of obtaining pre-certification/referral/authorization information with a Correlation Coefficient of 0.534, Accuracy of claims processing with a Correlation Coefficient of 0.533, and the Health plan's facilitation/support of appropriate clinical care for patients with a Correlation Coefficient of 0.525.

A Priority Matrix helps Sunflower to focus on the plan's areas of Strengths, Top Priority, Medium Priority, and areas to Monitor and Maintain. Top Priorities for Sunflower are *Finance Issues, Utilization & Quality Management*; Medium Priorities are *Network/Coordination of Care, Provider Relations, and Health Plan Call Center Service Staff*. There were no Strengths or areas to Monitor and Maintain.

Access and Availability

Call Statistics (Member and Provider Calls)

The Customer Service Department has state contractual requirements to meet telephone access standards. In 2019 the Customer Service Department met Sunflower's performance goals for both member and provider inbound calls. Sunflower's Customer Service department had a total call volume of 184,387 for 2019 which was an increase from 2018 due to a new contract with state January 1st. In 2019, Sunflower successfully met all state requirements for the call center. The goal of 80% answered within 30 seconds or less was surpassed with 82.3% answered within 24 seconds. The 2019 abandonment rate was 2.3%, which demonstrates meeting the goal of less than 4%. As a result of the performance goals having been met, there are no opportunities to improve Sunflower's telephone access at this time. However, Sunflower will continue monitoring and reporting telephone

access on a monthly basis to allow for tracking, trending and identifying any opportunities while striving to continue to meet or exceed the requirements.

Cultural and Linguistic Capabilities

Sunflower believes the practitioner network is able to meet the linguistic and cultural needs of the membership, based on the availability of translation services, both telephonic and in person, which members and providers are routinely accessing. Sunflower monitors the availability of practitioners in the network that speak other languages, and based on the lack of grievances regarding cultural/linguistic issues feels we are meeting the population needs. Spanish is the highest language need, after English, for our current membership. The available data demonstrates that the current Spanish speaking capabilities among practitioners, together with the language assistance services available to members and the availability of Spanish-speaking call center staff, adequately meets the cultural and linguistic needs of Sunflower's Spanish speaking members. There were no other significant cultural or linguistic needs identified for Plan residents. However, interpreter services and translation of written materials is available to any Plan member as needed.

Network Adequacy

Sunflower's Member Handbook includes appointment access standards educating members on wait time expectations to obtain routine, urgent and emergent medical and behavioral health services. With Sunflower's 24/7 Nurse Advice Line, members have access to the health plan at all times.

Accessibility of Primary Care Services

Sunflower monitors primary care provider appointment accessibility against its standards, identifies opportunities for improvement and initiates actions as needed to improve results. The Plan incorporates data and results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys, practitioner office surveys, member complaints/grievances, and customer service telephone triage access on a regular basis and actions are initiated when needed to improve performance. This report describes the monitoring methodology, results, analysis, and action for each measure. The tables on the following pages denote the standards and performance.

Appointment Access Definitions - Standards and Methodology

Sunflower defines urgent care appointments as within 48 hours from the time of the request. Routine appointment accessibility for PCPs are not to exceed three weeks from the date of member requests. Access to a specialty care appointment within 21 days of request is the standard. For Behavioral Health the access to care standard is 10 days for Routine care. Sunflower also monitors office wait times and defines an acceptable wait time as within 45 minutes from time member enters a practitioner office, for both PCPs and specialists.

Sunflower surveyed a sample of participating (in network) credentialed practitioners, both PCPs and specialists (includes OB/GYN), and behavioral health, with Sunflower in 2019. No practitioners were excluded from the sample. Practitioner data was pulled from Sunflower's provider management system, Portico. Data is collected by standardized survey; 1,356 practitioners were included for the 2019 analysis. Sunflower's appointment availability surveys request confirmation that the practitioner can accommodate members' appointment needs based on current practitioner availability for routine and urgent appointments.

The following table demonstrates the primary care and specialist standards and measurement methods by appointment type that Sunflower is contractually evaluating on an annual basis.

| Appointment Type | Standard and Performance Goal | Measurement Method | Measurement Frequency |
|---|--|--|------------------------------|
| Primary care urgent appointments within 48 hours | 90% of surveyed PCPs report availability of urgent appointment within defined timeframe | Survey sample of all PCP offices | Annually |
| Primary care routine appointments not to exceed three weeks from date of member request | 90% of surveyed PCPs report availability of urgent and appointment within defined timeframes | Survey sample of all PCP offices | Annually |
| Specialist urgent care appointments within 48 hours | 90% of surveyed specialists report availability of urgent appointment within defined timeframe | Survey sample of all specialist offices | Annually |
| Specialist routine appointments not to exceed 30 days from the date of member request | 90% of surveyed specialists report availability routine appointment within defined timeframes | Survey sample of all specialist offices | Annually |
| Behavioral Health routine appointments not to exceed 10 days from the date of the members request | 90% of surveyed Behavioral Health providers | Survey sample of Behavioral Health providers | Annually |
| Behavioral Health Non-Life Threatening Emergent Care within 6 hours | 90% of surveyed Behavioral Health Prescribers within defined timeframe | Survey sample of Behavioral Health providers | Annually |
| Wait time not to exceed 45 minutes | 90% of surveyed PCPs 90% of surveyed specialists | Survey sample of PCP offices and specialists offices | Annually |

Appointment Accessibility Results

The following table demonstrates the results from 2019 assessment of providers by types to include primary care, oncologists, OB providers and behavioral health providers. For the primary care providers (PCP's), 450 were included in the sample initially and 207 completed the survey fully. Sunflower failed to meet the goals for primary care urgent appointments within 48 hours, and primary care routine appointments not to exceed 3 weeks for new patients but met performance goals for meeting standards for established patients. For urgent care PCP appointments, PCPs failed to meet the goal. The survey for the high impact specialist's targeted 84 oncology practitioners with 43 completed the survey completely. For high-volume specialists, 210 OB/GYN providers were targeted and 80 completed the survey. The results demonstrated failure to meet the goal on high volume and high impact providers sampled on urgent appointments within 48 hours and did meet the goal for first routine appointment within 30 days for OB/GYN and Oncology. In addition, OB/GYN did meet the second routine appointment standard. For behavioral health, prescribers and non-prescribers, 253 prescribers and 359 non-prescribers were targeted with 48/165 completing the survey. For Urgent care neither Prescriber nor Non-prescriber, behavioral health providers met the goal for Urgent Care standards.

Measurement Results and Comparison to Performance Goal

| Access Standard | Performance Goal | Results | Goal Met? (Yes/No) |
|---|--|--|--|
| Primary care urgent appointments within 48 hours | 90% of surveyed PCPs report availability of urgent appointment within timeframe | New Patients - 67% Established Patients – 80% | No No |
| Primary care routine -New Patients appointments not to exceed 3 weeks | 90% of surveyed PCPs report availability of routine appointment within timeframe | 1 st available: 74% 2 nd available: 71% 3 rd available: 67% | No No No |
| Primary care routine - Established Patients appointments not to exceed 3 weeks | 90% of PCPs report availability of routine appointment within timeframe | 1 st available: 89% 2 nd available: 85% 3 rd available: 82% | No No No |
| Primary care – Wait Time not to exceed 45 Minutes | 90% of PCPs report availability of Wait Time within timeframe | 91% | Yes |
| Oncology Urgent Care appointments within 48 hours | 90% of high-impact specialists report availability of urgent appointment within defined timeframe | 77% for New Patients 77% for Established patients | No No |
| Oncology Routine Care - New Patients appointments within 30 days | 90% of high-impact specialists report availability of routine appointment within defined timeframe | 1 st available: 87% 2 nd available: 87% 3 rd available: 87% | No No No |
| Oncology Routine Care - Established Patients appointments within 30 days | 90% of high-impact specialists report availability of routine appointment within defined timeframe | 1 st available: 95% 2 nd available: 88% 3 rd available: 88% | Yes No No |
| Oncology – Wait Time not to exceed 45 Minutes | 90% of Oncology's report availability of Wait Time within timeframe | 81% | No |
| OB-GYN care for urgent appointments within 48 hours | 90% of high-volume specialists report availability of urgent appointment within defined timeframe | New Patients: 61% Established Patients: 74% | No No |
| OB-GYN Prenatal Care - New Patients routine appointments in the 1st trimester within 30 days | 90% of high-volume specialists report availability of routine appointment within defined timeframe | 1 st available: 93% 2 nd available: 88% 3 rd available: 88% | Yes No No |
| OB-GYN Prenatal Care - New Patients routine appointments in the 2nd trimester within 30 days | 90% of high-volume specialists report availability of routine appointment within defined timeframe | 1 st available: 87% 2 nd available: 84% 3 rd available: 84% | No No No |
| OB-GYN Prenatal Care - New Patients routine appointments in the 3rd trimester within 30 days | 90% of high-volume specialists report availability of routine appointment within defined timeframe | 1 st available: 90% 2 nd available: 89% 3 rd available: 89% | Yes No No |
| OB-GYN Prenatal Care - Established Patients for routine appointments in the 1st trimester within 30 days | 90% of high-volume specialists report availability of routine appointment within defined timeframe | 1 st available: 95% 2 nd available: 94% 3 rd available: 91% | Yes Yes Yes |

Measurement Results and Comparison to Performance Goal

| Access Standard | Performance Goal | Results | Goal Met? (Yes/No) |
|---|--|--|---------------------------|
| OB-GYN Prenatal Care - Established Patients for routine appointments in the 2nd trimester within 30 days | 90% of high-volume specialists report availability of routine appointment within defined timeframe | 1 st available: 91% 2 nd available: 90% 3 rd available: 90% | Yes Yes Yes |
| OB-GYN Prenatal Care - Established Patients for routine appointments in the 3rd trimester within 30 days | 90% of high-volume specialists report availability of routine appointment within defined timeframe | 1 st available: 91% 2 nd available: 88% 3 rd available: 88% | Yes No No |
| OB-GYN Prenatal Care – Wait Time not to exceed 45 Minutes | 90% of OB-GYN's report availability of Wait Time within timeframe | 90% | Yes |
| Behavioral Health care for urgent appointments within 48 hours | 90% of high-impact specialists report availability of urgent appointment within defined timeframe | 49% for New Patients 72% for Established Patients | No No |
| Behavioral health care for routine New Patient appointments within 10 Days | 90% of high-impact specialists report availability of routine appointment within defined timeframe | 1 st available: 40% 2 nd available: 31% 3 rd available: 26% | No No No |
| Behavioral health care for routine Established Patients appointments within 10 Days | 90% of high-impact specialists report availability of routine appointment within defined timeframe | 1 st available: 56% 2 nd available: 40% 3 rd available: 33% | No No No |
| Behavioral Health Non Prescriber care for urgent appointments within 48 hours | 90% of high-impact specialists report availability of urgent appointment within defined timeframe | 65% for New Patients 79% Established Patients | No No |
| Behavioral Health Non Prescriber Care for routine appointments New Patients within 10 Days | 90% of high-impact specialists report availability of urgent appointment within defined timeframe | 1 st available: 79% 2 nd available: 72% 3 rd available: 62% | No No No |
| Behavioral Health Non Prescriber Care for routine appointments Established Patients within 10 Days | 90% of high-impact specialists report availability of urgent appointment within defined timeframe | 1 st available: 83% 2 nd available: 76% 3 rd available: 66% | No No No |
| Behavioral Health Non-Life Threatening Emergent Care within 6 hours | 90% of surveyed Behavioral Health Prescribers and Non-Prescribers within defined timeframe | Prescribers: 100% Non-Prescribers: 99% | Yes Yes |
| Volume of member grievances regarding accessibility of services | Complaint volume of less than 5/1000 members | 0.71 per 1000 | Yes |
| Volume of member appeals regarding out of network service | Appeal volume of less than 5/1000 members | 0.02 per 1000 | No |
| Adult Survey: <i>Getting Care Quickly</i> Composite | 2019 Quality Compass 75 th ≥ Percentile | 87.75% | Yes |

Measurement Results and Comparison to Performance Goal

| Access Standard | Performance Goal | Results | Goal Met? (Yes/No) |
|---|---|----------------------------|---------------------------|
| Q4 Adult Survey: Percent of members who responded always or usually to “Obtained needed care right away” | 2019 Quality Compass 90 th ≥ Percentile | 88.78% | No |
| Q6 Adult Survey: Percent of members who responded always or usually to “Obtained appointment for care as soon as needed” | 2019 Quality Compass 50 th ≥ Percentile | 86.73% | Yes |
| Q56 (custom question) Adult Survey: In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed? | Internal Goal – Summary Rate of 80% or greater | 81% | Yes |
| Child Survey: <i>Getting Care Quickly</i> Composite | 2019 Quality Compass 50 th ≥ Percentile | TXIX 95.64% TXXI 92.37% | Yes Yes |
| Q4 Child Survey: Percent of members who responded always or usually to “Child obtained needed care right away” | 2019 Quality Compass 50 th ≥ Percentile | TXIX 96.12% TXXI 93.36% | Yes Yes |
| Q6 Child Survey: Percent of members who responded always or usually to “Child obtained appointment for care as soon as needed” | 2019 Quality Compass 50 th ≥ Percentile | TXIX 95.17% TXXI 91.37% | Yes Yes |
| Q85 (custom question) Child Survey: In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed | Internal Goal – Summary Rate of 80% or greater | TXIX 85.6% TXXI 82.5% | Yes Yes |
| Member Grievances related to Appointment Access | < 5.0/1000 members | 0.07 per 1000 | Yes |

Sunflower continues to assess the first, second, and third appointment availability to more thoroughly determine accessibility of routine appointments, as depicted in the table titled “Measurement Results and Comparison to Performance Goal” above. In 2019, Sunflower started utilizing Morpace/SPH Analytics to perform the surveys for Appointment Access and After Hours. Sunflower established a goal to meet or exceed the 90% goal for compliance with appointment standards in 2019. The results demonstrated opportunities to focus improvement on for 2019.

Sunflower met their goals on the following measures:

- Volume of member grievances regarding accessibility of services
- Adult Survey: *Getting Care Quickly* Composite
- Volume of member appeals regarding out of network service
- Q4 Adult Survey: Percent of members who responded always/usually to “Obtained

needed care right away”

- Q6 Adult Survey: Percent of members who responded always/usually to “Obtained appointment for care as soon as needed”
- Q56 (custom question) Adult Survey: In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed?
- Child Survey: Getting Care Quickly Composite
- Q4 Child Survey: Percent of members who responded always/usually to “Child obtained needed care right away”
- Q6 Child Survey: Percent of members who responded always/usually to “Child obtained appointment for care as soon as needed”
- FQ85 Child Survey (custom question): In the last 6 months, when you phoned after regular office hours, how often did you get the help or advice you needed

CAHPS Survey - Access Measures

Sunflower monitors practitioner appointment accessibility through analysis of relevant CAHPS® survey question results. Sunflower reviews results from CAHPS Question 4 “Obtaining needed care right away” and Question 6 “Obtaining care when needed, not when needed right away” in both the Adult and Child Medicaid surveys. Survey responses reported reflect the percent of members who report “Always” or “Usually” to the survey questions. Sunflower continued in 2018 to utilize additional CAHPS questions to capture data to assess primary care access information.

The table below demonstrates the Sunflower rates for the CAHPS Adult survey results comparing 2018 to 2019. In addition, the tables demonstrates the plans ranking per Quality Compass.

| Composite & Question Ratings | 2018 Rate | 2019 Rate | 2019 Quality Compass Ranking Met/Exceeded 50 th Percentile |
|--|--------------|---------------|---|
| Getting Care Quickly | 86.9% | 87.75% | Yes |
| Obtaining needed care right away | 91.1% | 88.78% | Yes |
| Obtaining appointment for care as soon as needed | 82.8% | 86.73% | Yes |

Below, the table that demonstrates Sunflower’s Child CAHPS survey results for comparison of 2018 results with 2017 survey demonstrated by Title XIX and Title XXI member satisfaction survey results specific to Getting Care Quickly.

| Child Composite & Question Ratings | 2018 Rate Title XIX | 2019 Rate Title XIX | Title XIX 2019 Quality Compass Met/Exceeded 50 th Percentile | 2018 Rate Title XXI | 2019 Rate Title XXI | Title XXI 2019 Quality Compass Met/Exceeded 50 th Percentile |
|--|------------------------|------------------------|---|------------------------|------------------------|---|
| Getting Care Quickly | 92.5% | 95.6% | Yes | 91.9% | 92.4% | Yes |
| Obtaining needed care right away | 95.8% | 96.1% | Yes | 92.2% | 93.4% | Yes |
| Obtaining appointment for care as soon as needed | 89.1% | 95.2% | Yes | 91.6% | 91.4% | Yes |

To identify opportunities to improve performance, Sunflower examines all sources of member experience data to identify common issues across the various data sources. These resources include but are not limited to: grievance and appeal data, CAHPS survey results, and the strength/weakness

analysis. These reviews incorporate representatives from key Sunflower departments, including Provider Relations, Medical Management that includes LTSS/Waiver, I/DD, and Behavioral Health, Quality Improvement (including the Grievance and Appeal Coordinator), Network & Contracting, Customer Services, Compliance, and Pharmacy. The Sunflower CAHPS/member experience workgroup met, reviewed data and identified barriers, opportunities for improvement and interventions to address these barriers to increase member satisfaction, and potential interventions.

Practitioner Availability

Practitioner availability monitoring is completed for primary care practitioners (PCPs), high volume and high impact specialty care practitioners, and behavior healthcare practitioners.

PCPs are defined as physicians with a primary specialty designation of family/general medicine, internal medicine, pediatric medicine, or a subspecialty related to those specialties. Advanced practice clinicians under the personal supervision of an eligible physician may also be eligible. The PCP may practice in a solo or group setting or at a Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Department of Health Clinic, or similar outpatient clinic. With prior written approval, Sunflower may allow a specialist provider to serve as a PCP for members with special healthcare needs, multiple disabilities, or with acute or chronic conditions as long as the specialist is willing to perform the responsibilities of a PCP.

Behavioral health practitioners (BHP) and substance use disorder (SUD) providers are managed by Plan. Sunflower is accountable for all services. The Plan establishes the practitioners and providers as the following: Psychiatrists, Clinical Psychologists, and Masters Level Clinicians. The geographic distribution of behavioral healthcare practitioners for Medicaid are distributed as MD (e.g. psychiatrists) and Non-MD behavioral health therapist.

For the 2018 Practitioner Availability Analysis, Sunflower identified high-volume specialists as Obstetrics/Gynecology and high-impact specialists as Hematology/Oncology. For this report, Sunflower used the State definition for “Hematology/Oncology”, which includes both oncology practitioners and oncologists with a specialty in hematology. Hematology/Oncology is defined to be practitioners with a specialty of “329-Oncologist” which includes these taxonomies - 207RH0003X (Hematology and Oncology), 2080P0207X (Pediatric Hematology-Oncology), and 261QX0203X (Oncology, Radiation).

Sunflower defines geographic distribution standards for PCPs and high-volume/high-impact specialists, and ratio/numeric standards for PCPs and high-volume specialists. The below table lists the practitioner type, standards, measurement method, and results for each practitioner type for whom availability is monitored. The standards are monitored annually.

| Practitioner Type | Standard | Measurement Method | Results | Goal Met? |
|---|---|--------------------------|---------|-----------|
| PCPs: All Types | 95% of urban members have at least 1 PCP within 20 miles or 40 minutes. | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 PCP within 30 miles or 45 minutes. | Quest Analytics | 100% | Yes |
| | At least 1 PCP per 2000 members | Ratio of PCPs to members | 1:42 | Yes |
| PCPs: Family Practitioners/ General Practitioners | 95% of urban members have at least 1 FP or GP within 20 miles or 40 minutes | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 FP or GP within 30 miles or 45 minutes | Quest Analytics | 100% | Yes |

| Practitioner Type | Standard | Measurement Method | Results | Goal Met? |
|--|---|---|---------|-----------|
| | At least 1 FP or GP per 2000 members | Ratio of FPs/GPs to members | 1:121 | Yes |
| PCPs: Internal Medicine | 95% of urban members ≥19 have at least 1 internist within 20 miles or 40 minutes | Quest Analytics | 100% | Yes |
| | 95% of rural members ≥19 have at least 1 internist within 30 miles or 45 minutes | Quest Analytics | 87% | No |
| | At least 1 IM per 2000 adult members | Ratio of internists to members | 1:367 | Yes |
| PCPs: Pediatrics | 95% of urban members ≤18 years of age have at least 1 pediatrician within 20 miles or 40 minutes | Quest Analytics | 99.9% | Yes |
| | 95% of rural members ≤18 years of age have at least 1 pediatrician within 30 miles or 45 minutes. | Quest Analytics | 85.3% | No |
| | At least 1 Pediatrician per 2000 members under age 19 | Ratio of pediatricians to members | 1:367 | Yes |
| PCP Extenders: Nurse Practitioners | 95% of members have at least 1 NP within 20 miles or 40 minutes | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 NP within 30 miles or 45 minutes. | Quest Analytics | 99.9% | Yes |
| | At least 1 NP per 2000 members | Ratio of NPs to members | 1:132 | Yes |
| PCP Extenders: Physician Assistants | 95% of members have at least 1 PA within 20 miles or 40 minutes | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 PA within 30 miles or 45 minutes. | Quest Analytics | 99.9% | Yes |
| | At least 1 PA per 2000 members | Ratio of PAs to members | 1:335 | Yes |
| Obstetrics and Gynecology | 95% of urban female members have at least 1 OB/GYN within 15 miles or 30 minutes | Quest Analytics | 83.5% | No |
| | 95% of rural female members have at least 1 OB/GYN within 60 miles or 90 minutes. | Quest Analytics | 90.1% | No |
| | At least 1 OB/GYN per 2000 members | Ratio of OB/GYN practitioners to members | 1:4257 | No |
| Hematology/ Oncology | 95% of urban members have at least 1 Hematology/Oncology provider within 30 miles or 60 minutes | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 Hematology/Oncology provider within 90 miles or 135 minutes. | Quest Analytics | 99.8% | Yes |
| | At least 1 Hematology/Oncology provider per 5000 members | Ratio of Hematology/Oncology providers to members | 1:1068 | Yes |
| Psychiatrists (BH/SUD) | 95% of urban members have at least 1 Psychiatrist within 15 miles or 30 minutes. | Quest Analytics | 99.9% | Yes |
| | 95% of rural members have at least 1 Psychiatrist within 60 miles or 90 minutes. | Quest Analytics | 99.8% | Yes |
| | At least 2 Psychiatrist per 1000 members | Ratio of Psychiatrist providers to members | 1:513 | Yes |

| Practitioner Type | Standard | Measurement Method | Results | Goal Met? |
|-----------------------------------|---|--|---------|-----------|
| Clinical Psychologists (BH/SUD) | 95% of urban members have at least 1 Clinical Psychologist within 30 miles or 60 minutes. | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 Clinical Psychologist within 60 miles or 90 minutes. | Quest Analytics | 100% | Yes |
| | At least 2 clinical psychologist per 1000 members | Ratio of Clinical Psychologist providers to members | 1:498 | Yes |
| Masters Level Clinicians (BH/SUD) | 95% of urban members have at least 1 Masters Level Clinician within 30 miles or 60 minutes. | Quest Analytics | 100% | Yes |
| | 95% of rural members have at least 1 Masters Level Clinician within 60 miles or 90 minutes. | Quest Analytics | 100% | Yes |
| | At least 5 master level clinician per 1000 members | Ratio of Master Level Clinician providers to members | 1:54 | Yes |

Geographic analysis of practitioner availability entails comparing results to the standards for primary care for members residing in urban areas (95% of members having at least 1 PCP within 20 miles or 40 minutes) and rural areas (95% of members have at least one PCP within 30 miles or 45 minutes).

Availability for all PCP types combined and by specific type for family/general practitioners, internists, and pediatricians met Sunflower’s standards for members residing in urban areas.

Two standards were not met for Sunflower Medicaid members residing in rural areas: internal medicine and pediatricians. However, it is important to note that family and general practitioners met the standard in rural areas, meaning that members have access to primary care in rural areas, but may not have access to primary care practitioners that specialize in the care of adult or children and adolescent populations. Sunflower also measures availability for PCP-Extenders, i.e. nurse practitioners and physician assistants, which both met the standards for urban and rural members. All PCP types exceeded the numeric/ratio standards established by Sunflower: 1:2000 for each type of PCPs.

Sunflower’s standards for high-volume, i.e. OB/GYN practitioners, are that 95% of female members have access to at least one OB/GYN within 15 miles or 30 minutes for urban areas and within 60 miles or 90 minutes for rural areas; neither standard was met for OB/GYNs. High-impact specialists, identified as hematology/ oncology specialists, met the urban (95% of members have at least one specialists within 30 miles or 60 minutes) and rural (95% of members have at least one hematology/oncology specialist within 90 miles or 135 minutes) geographic standard. . The results of the 201 practitioner availability analysis for hematology and oncology access for urban members was 96.4%; in 2019, this number increased to 100%. For hematology and oncology practitioner availability for rural members, the results of the 2018 practitioner availability analysis indicated 83.8%, increasing in 2019 to 99.8%.

Sunflower analyzed behavioral health access for 2019, as behavioral health integrated at the plan. The access standard was met for both urban and rural for non-MD Behavioral Health therapists, and psychiatry access is being met for urban and rural areas. . Sunflower is researching available psychiatrists in rural counties where we are not meeting access, which are Jewell, Smith, and Wallace.

Sunflower will target the rural counties for further investigation and outreach to improve access for rural members based on the network adequacy report that indicated the lowest access percentages for hematologists/oncologists: which are the rural counties of Cheyenne, Rawlins. For OB/GYN, the counties with the lowest access percentages were Barber, Cheyenne, Rawlins, Sherman, and Thomas. Of the counties listed above concentrated in Northwest and Southwest Kansas, all are designated as Health Professional Shortage Areas (HPSAs) by the U.S. Department of Health and Human Services (DHHS).

Sunflower's rural standards include both rural areas and "frontier" areas. Much of the state of Kansas is considered rural or frontier. While definitions of "frontier" vary, estimates based on the definition of frontier as counties having a population density of six or fewer people per square mile show that approximately three-fourths of the state is considered frontier. Per the US Department of Agriculture, the term "frontier and remote" describes territory characterized by a combination of low population size and a high degree of geographic remoteness, and are defined in relation to the time it takes to travel by car to the edges of nearby Urban Areas (UAs). Based on this definition, over 58% of the Kansas population is considered living in "frontier and remote" areas. The large percentage of the state considered as rural or frontier/remote creates a challenge for the availability of healthcare services. Many of these counties in Kansas are considered Medically Underserved Area (MUA) or a Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services (DHHS).

In many rural areas in Kansas, hospitals are considered "critical access" and provide a variety of healthcare services, including primary care. Many rural hospitals have Rural Health Clinics (RHCs), Federally Qualified Healthcare Clinics (FQHCs) or health departments located in or near the acute care hospital that provide services to the entire county, and often to several surrounding counties as well. These arrangements, unique to rural and frontier/remote areas, may not accurately reflect the availability of services through Quest Analytics reporting. Sunflower is contracted with all available hospitals in the rural and frontier areas.

Sunflower has noted the following items as long-term network gap solutions that involve additional recruitment strategies:

- Utilizing newly developed report that compares KMAP listing to Sunflower network to identify providers who are non-par for recruitment/contracting
- Identifying potential providers through other sources such as competitor websites, medicare.gov, NPPES, licensing websites, listings from the local medical societies and provider associations, case managers, Member Connections representatives, established community relationships, other internet resources and personal recommendations from network providers in the area.
- Utilizing listings of newly licensed providers and state reports of providers issued new NPI numbers, which may include identifying providers through sources such as Kansas Board of Healing Arts and local Medical Societies.
- Reviewing non-par claim reports.
- Approaching PCPs and other providers with limited or closed panels, and request that they open their panels to new members or members
- Identifying out of network providers utilized by Sunflower members in the past.
- Maintaining relationships with providers who have declined to join the network.
- Identifying sources of provider dissatisfaction and strengthening retention strategies.

24 Hour Access/Availability

In 2019, Sunflower started utilizing the vendor SPH Analytics to perform the survey for After Hours Care. In addition to the survey results, other data sources were utilized which included the 2019 CAHPS surveys and member grievances. The survey sampled 205 Sunflower Providers, 57% of the providers demonstrated being fully compliant, 116/205. There were 43% found noncompliant, 89/205. Sunflower follows-up with the noncompliant providers to alert to the status and resurveys the provider for compliance. The 2018 CAHPS survey questions utilized for assessment of After-Hours Care are:

- Q# 55 on the Adult Survey Supplemental Questions, “In the last 6 months, did you phone your personal doctor’s office after regular office hours to get help or advice for yourself?”
- Q# 56 “In the last 6 months, when you phoned after regular office hours, how often did you get help or advice you needed?”
- Q# 84 on the Child Survey Supplemental Questions, “In the last 6 months, did you phone your child’s personal doctor’s office after regular office hours to get help or advice for yourself?”
- Q# 85 “In the last 6 months, when you phoned after regular office hours, how often did you get help or advice you needed?”

| 2019 After-Hours Care Medicaid Survey | | | |
|---------------------------------------|------------------------|------------------------|--------------------------------|
| Number of Providers in Sample | Number Fully Compliant | Number of Noncompliant | % of Providers Fully Compliant |
| 205 | 116 | 89 | 57% |

| CAHPS Survey Questions for After Hours* | Title XIX 2017 Rate | Title XIX 2018 Rate | Title XXI 2017 Rate | Title XXI 2018 Rate | Adult 2017 Rate | Adult 2018 Rate |
|---|---------------------|---------------------|---------------------|---------------------|-----------------|-----------------|
| Child Q84/Adult Q55. In last 6 months, did you phone your child’s or your personal doctor’s office after regular office hours to get help/advice? | 12% | 12.50% | 9% | 8.50% | 18.00% | 15.20% |
| Child Q85/Adult Q56. In the last 6 months, when you phoned after regular office hours, how often did you get the help/advice you needed for your child or yourself? | 78.80% | 86.60% | 83.50% | 82.50% | 84.80% | 70.30% |

*Rate provided demonstrates those who responded with always/usually

The CAHPS data revealed a small percentage of members who call providers offices after hours for help/advice. As noted, those who called their providers office after hours in the previous six months ranged from 8.5% to 15.2% in 2018 for both child populations and the adult population. Title XXI and Adult populations noted a decrease in the number, which had called their providers office after hours for help/advice in the last six months when compared to 2017 results. Of those who did call for help/advice after hours were able to get the help or advice they needed for their child or their self by responses indicating always or usually. Of the three populations, only the Child Title XIX result demonstrated an increase in getting the help or advice needed after hours for 2018 compared to 2017. Sunflower will continue to monitor this data on an annual basis to assess for opportunities for improvement from our membership.

Grievances regarding after-hours access are captured in the Access-Other subcategory. There were no grievances in the Access-Other subcategory in calendar year 2019 for Sunflower. Review of these grievances determined there were zero complaints regarding primary care after-hours access in 2019 for the Plan. Sunflower established a goal of <0.50 member complaints and the goal was met in 2019, with a rate of 0.00/1000 member complaints regarding primary care after-hours access.

Access to behavioral healthcare practitioners and after-hours access is monitored on a regular basis and actions are initiated when needed to improve performance by Sunflower as the behavioral health component was incorporated into Sunflower for all of 2019. Sunflower handles all aspects related to survey monitoring and any actions needed as appropriate.

Disease Management Programs

Disease management is a multidisciplinary, continuum-based approach to health care delivery that proactively identifies populations with or at risk for chronic medical conditions. Disease management programs generally are offered telephonically, involving interaction with a trained nursing professional, and require an extended series of interactions, including a strong educational component. In addition, some members qualify for Telehealth monitoring with equipment, which is installed in the member's home. Plan offers disease management to those members with the following conditions:

- Asthma
- Diabetes
- Tobacco Cessation
- Raising Well
- Hypertension
- Targeted Case Management
- Weight Management
- Heart disease
- COPD
- Hyperlipidemia
- Puff Free Pregnancy

Clinical Practice Guidelines (CPGs)

Sunflower utilized the following clinical and preventive health practice guidelines in review of policy. Sunflower made providers aware of the guidelines and their expected use through the provider newsletters, inclusion in the provider manual, and on the Sunflower website. Performance on CPGs is monitored through performance on applicable HEDIS measures. Below are the CPGs are provided:

- ADHD
- Adult Preventive
- Anxiety Disorder
- Asthma
- Back Pain
- Diabetes
- CHF / Heart Failure
- CAD
- COPD
- Hyperlipidemia
- Hypertension

- Hypertension in Children
- Immunizations
- Lead Screening
- Pediatric Preventive
- Perinatal Care
- Sickle Cell
- Major Depressive Disorder
- Schizophrenia
- Substance Use Disorders
- Tobacco Cessation
- Weight Management

All Clinical Practice Guidelines (CPGs) and Preventive Health Guidelines (PHGs) are reviewed annually and updated accordingly. Opportunities in 2019 related to practice guidelines were to continue and expand provider profiles in 2020 to a larger provider group to help increase knowledge, awareness and compliance.

Efforts Undertaken in 2019:

Sunflower continues to complete annual review of CPGs and PHGs, review and update as appropriate based on the policy and procedure requirements. Goal was met in 2019 and Sunflower will continue efforts in 2020:

- Continue to notify practitioners about the guidelines via newsletter and website announcements. Goal met in 2018 and continued in 2019.
- Continue member and provider outreach and education-based initiatives regarding all guidelines. Goal is related to provider profiles.
- Continue to meet applicable NCQA Standards throughout 2017 and continued in 2018 and 2019 to meet standards.

Sunflower maintains preventative care guidelines as a reference on the Sunflower web site and updates them annually or as the guidelines change. These guidelines include adult preventive, immunizations; lead screening, pediatric preventive and perinatal care. These guidelines are available in hard copy upon request to providers.

Continuity and Coordination of Care

Continuity and Coordination of Medical Care

The Plan annually monitors the continuity and coordination of medical care through the following areas and initiates actions for improvement in the delivery of continuity and coordination of medical care:

- **Monitor 1:** The total number of newborns that have a follow-up visit with an outpatient provider within 30 days of discharge after delivery.
- **Monitor 2:** The total number of inpatient discharges resulting in a follow-up visit with an outpatient provider within 30 days.
- **Monitor 3:** The total number of members discharged from an inpatient setting following a live birth who had a postpartum visit with a primary care provider (PCP) or OB-GYN within 21- 56 days following discharge.
- **Monitor 4:** Practitioner satisfaction with the communication between primary care providers and specialists.

Monitor 1

Sunflower follows the American Academy of Pediatrics (AAP) recommendation that criteria for newborn discharge include physiologic stability, family preparedness and competence to provide newborn care, social support system availability, and access to the health care system and resources. Sunflower's Start Smart for Your Baby (SSFB) maternal-child health program, is a comprehensive program to improve obstetrical and pediatric care services and reduce pregnancy-related complications, premature deliveries, low birth weight deliveries, and infant disease. The SSFB program integrates the models of care management, care coordination, disease management, and health education, striving to improve the health of mothers and their newborns. Wellness educational materials, member outreach, intensive care management, provider collaboration, and support of the appropriate use of medical resources, are all utilized to encourage and educate mother and provider. The program's multi-faceted approach to improving prenatal and postpartum care consist of Sunflower care managers providing telephonic outreach to mothers during the post-partum period to ensure that the mother and her infant are receiving the recommended follow-up care.

Administrative claims and encounters are used to evaluate the measurement period for this measure. Claims for office visit follow-up include paid, pending, and denied claims. The Plan identifies the total number of newborns that have a follow-up visit with an outpatient provider within 30 days of discharge after delivery, based on a generated administrative claim and encounter report. The population from which the measure is drawn remains the total number newborns who become Sunflower members from member mothers who have a new patient appointment with a primary care physician within 30 days of discharge after delivery. The denominator is the total number of newborns discharged after delivery, by a member mother, during the 12-month measurement period. The numerator is the total number of newborn discharges in the measure that successfully completed a follow-up new patient appointment with a practitioner within 30 days; primary care providers and specialists are included. Sunflower's performance goal is to increase the 30-day follow-up rate by 5 percent each measurement period.

| Measurement Period | Numerator | Denominator | Rate | Goal | Goal Met? |
|---------------------------|------------------|--------------------|-------------|-------------|------------------|
| 1/1/2017 – 12/31/2017 | 2696 | 3287 | 82.02% | Baseline | N/A |
| 1/1/2018 - 12/31/2018 | 3013 | 3381 | 89.12% | 86.12% | Yes |

Sunflower established a baseline performance of 82.02% with a goal to increase post discharge visit follow-up appointments with a primary care provider or specialist by at least 5 percent. The baseline rate of 82.02% was exceeded by 3 percent, at the rate of 89.12 percent.

Sunflower identifies the following barriers related to the number of newborns having a follow-up visit with an outpatient provider within 30 days of discharge after delivery:

- Staff knowledge deficit related to recommended preventive care.
- Caregivers do not establish PCP care for newborn within the first 30 days.
- Caregiver's knowledge deficit regarding newborn follow-up post-delivery.
- Caregiver knowledge deficit related to recommended Preventative Pediatric Health Care.

The plan continues to work on the following opportunities related to the number of newborns having a follow-up visit with an outpatient provider within 30 days of discharge after delivery:

- Educate SSFB staff on AAP recommendations.
- Assist caregiver in establishing a relationship with provider for newborn.

- Educate caregiver on importance of newborn visits.
- Educate caregiver on AAP recommendations and on the benefits of routine care for the newborn and importance of established relationship with primary care for the newborn.

Monitor 2

In an effort to ensure a comprehensive discharge plan is developed and in place prior to discharge, Sunflower conducts multidisciplinary inpatient rounds to discuss newly admitted inpatient members to address discharge planning; the team includes Medical Directors, Concurrent Review Nurses, Physical Health Care Managers, LTSS Care Managers, Behavioral Health Care Managers, and leadership from each team. The discharge planning discussion includes any possible barriers to discharge, scheduled follow-up visits with a primary care or specialty provider, and other needed services. The Concurrent Review Nurse engages the hospital staff and the member’s Care Manager, as applicable, to ensure appropriate discharge planning, assist with coordinating the discharge plan, and assesses for additional member needs. The discharge plan discussion includes the need for scheduled follow-up appointments, to occur within seven (7) days of discharge, organized post-discharge services, such as home care services, after-treatment services and/or therapy services, and information on what to do if a problem arises following discharge including primary care physician and the Care Manager contact information.

Sunflower’s post-discharge outreach process includes outreach to members discharged to home, identified through review and stratification of the Inpatient Daily Census report and the Discharge Detail report. Designated staff make attempts to contact all identified members within 72 hours post-discharge. The goal of this outreach is coordination and continuity of care as members move from the acute care setting to ensure members have appropriate access to needed follow up care, home care services and medication with the goal of preventing secondary health conditions or complications, re-institutionalization, re-hospitalization or unnecessary emergency room use. If after initial discussion, the member is determined by Sunflower to be at high risk for readmission and not already enrolled in care management, they are referred for Sunflower care management services. Under special circumstances, the Care Manager may determine a home visit or home health services are needed within seven (7) days following discharge for members with highly complex cases and/or discharge plans.

Administrative claims and encounters were evaluated for the measurement time period for the total number of inpatient discharges for all Sunflower members during the 12-month period. Claims for outpatient follow up visits included paid, pended, and denied claims. The denominator is the total number of inpatient discharges and included paid claims; pended and denied claims were excluded. Excluded were inpatient discharges with subsequent inpatient discharges within 30 days of the original discharge date; mental health or chemical dependency services were also excluded. The denominator was pulled per the NCQA HEDIS Technical Specifications for Inpatient Utilization. The numerator is the total number of inpatient discharges that resulted in an outpatient follow up visit with a practitioner within 30 days; primary care providers and specialists were included. Sunflower’s performance goal is to increase follow-up visits with outpatient practitioners by 5 percentage points over the previous year results.

| Measurement Period | Numerator | Denominator | Rate | Goal | Goal Met? |
|-----------------------|-----------|-------------|--------|----------|-----------|
| 1/1/2015 – 12/31/2015 | 12,124 | 17,382 | 69.75% | Baseline | N/A |
| 1/1/2016 – 12/31/2016 | 8,992 | 15,142 | 59.38% | 74.75% | No |
| 1/1/2017 – 12/31/2017 | 9,126 | 15,189 | 60.08% | 64.38% | No |

| Measurement Period | Numerator | Denominator | Rate | Goal | Goal Met? |
|-----------------------|-----------|-------------|--------|--------|-----------|
| 1/1/2018 – 12/31/2018 | 8,979 | 14,818 | 60.60% | 65.08% | No |

During the 2018 reporting cycle, from dates January 1, 2018 through December 31, 2018, 60.60% of Medicaid members had a follow-up visit with an outpatient provider within 30 days of the inpatient discharge during the measurement period. The Medicaid data for calendar year 2018 reflects a total of 14,818 inpatient discharges during the measurement period, representing discharges of 8,979 unique members. The 2018 Medicaid goal of 65.08% is a five percentage point increase over the previous year's rate. Previously, the goal for this measure was calculated based on an annual 5 percentage point increase from the previous year's goal. However, it was determined that the goal should be a 5 percentage point increase over the previous year's rate, not the previous year's goal. The Medicaid goal for 2018 was not met, falling 4.48 percentage points below the goal.

The following barriers were identified, regarding the total number of inpatient discharges that resulted in a follow-up visit with an outpatient practitioner within 30 days:

- Staff knowledge deficit related to transitions of care.
- Staff knowledge deficit regarding transportation statement of work as well as policy and procedure.
- Members do not recognize the importance of follow-up care and medication adherence after discharge.
- Members have unreliable transportation to follow-up visits.
- Transportation provider not always sending appropriate type of transportation vehicle for member with special needs.
- Unsuccessful outreach to members and no consistent process for outreach to members discharged.

Sunflower will continue to work on the following opportunities, related to the total number of inpatient discharges that resulted in a follow-up visit with an outpatient practitioner within 30 days:

- Staff training regarding safe transitions and prevention of readmission.
- Provide training and education to staff on transportation benefit, forms, member portal, and alternative resources annually.
- Educate members regarding the importance of follow-up care following discharge.
- Member education regarding the transportation benefit.
- Work with transportation vendor to ensure appropriate vehicle provided to meet member needs and improve access to transportation service.
- Staff training on the process and importance of successful post hospitalization follow-up.

Monitor 3

The Plan is focused on improving health outcomes for new mothers and their infants. An ongoing challenge that was first identified in 2017 and continues today, is the frequent post-delivery focus on the infant, rather than the follow-up care for new mothers. The Sunflower Care Management team works with new mothers to ensure that a follow-up appointment occurs. These members receive a mailer that provides a checklist of conversations and examinations that need to occur during their first doctor visit post-delivery. "Healthy Moves" newsletters are mailed and posted on the Sunflower Health Plan website to inform members of the Start Smart for Your Baby program. Sunflower continues efforts to focus on engagement and education of members, with emphasis on the importance of prenatal and post-partum visits, to ensure the best outcomes for the mother and newborn.

The Plan identified the total number of members discharged from an inpatient setting following a live birth who had a postpartum visit with a primary care provider (PCP) or OB-GYN within 21- 56 days following discharge. Sunflower utilized the 2018 and 2019 HEDIS PPC data set for trending and reporting. The population from which the measure was drawn is the total number of live births during the calendar year. The numerator is the number of members discharged from the inpatient setting with a follow-up visit with the PCP or OB-GYN within 21 and 56 days. The denominator is the number of members discharged from an inpatient setting following a live birth during the measurement period. The goal is to meet or exceed the NCQA Quality Compass 50th percentile.

| Measurement Period | Numerator | Denominator | Rate | Met/Exceeded NCQA Quality Compass 50th Percentile | Goal Met? |
|----------------------|-----------|-------------|--------|---|-----------|
| HEDIS 2017 (MY 2016) | 224 | 414 | 54.11% | 64.38% | No |
| HEDIS 2018 (MY 2017) | 237 | 411 | 57.66% | 65.21% | No |
| HEDIS 2019 (MY 2018) | 231 | 411 | 56.20% | 65.69% | No |

The HEDIS 2019 rate of 56.20% is a decrease of 1.46 percentage points from the HEDIS 2018 rate. The HEDIS 2019 rate did not meet or exceed the NCQA Quality Compass 50th percentile.

The Plan identified the following barriers associated with the total number of members discharged from an inpatient setting following a live birth who had a postpartum visit with a primary care provider (PCP) or OB-GYN within 21- 56 days following discharge:

- Case Management nurse knowledge deficit regarding pregnancy and delivery.
- Sunflower timely notification of a member’s pregnancy, i.e. timely notification allows early outreach to provide sufficient support to the member, including assistance in scheduling a postpartum follow-up appointment for the mother.
- Lack of member awareness of the importance of timely follow-up visit for the mother, i.e. mothers who have delivered and feel “healthy” or see child as “healthy”, do not see value in f/u visits for themselves post-delivery.

The Plan will continue to work on the following opportunities related to the total number of members discharged from an inpatient setting following a live birth who had a postpartum visit with a primary care provider (PCP) or OB-GYN within 21- 56 days following discharge:

- Educate CM nurse on pregnancy and deliver and importance of post-partum care.
- Educate providers regarding the importance of submitting a timely notification of pregnancy (NOP) to SHP.
- Member education regarding the importance of a timely follow-up visit.

Monitor 4

The Plan monitors practitioner satisfaction with the communication between primary care providers and specialists through a provider satisfaction survey. The Sunflower Provider Satisfaction Survey includes the evaluation of satisfaction with communication between primary care practitioners and specialty practitioners. Survey results allow Sunflower to assess the level of satisfaction regarding communication among treating providers to assure appropriate coordination of medical care is occurring. Sunflower Health Plan utilizes Symphony Performance Health (SPH) Analytics, an NCQA-certified survey vendor, to conduct the annual provider satisfaction survey.

In the standardized survey tool administered by SPH Analytics, two questions measure the timeliness and the frequency of communication between primary care practitioners and specialty practitioners in the survey’s composite area of Network/Coordination of Care. Sunflower’s goal for the Provider Satisfaction Survey is an annual increase of 5 percentage points for the summary rate; summary rates represent the most favorable response percentage(s). Responses for the specific questions in the 2017- 2019 surveys are noted in the table below:

| Provider Satisfaction Questions | 2017 Summary Rate | 2018 Summary Rate | 2019 Summary Rate | Goal Met? |
|--|-------------------|-------------------|-------------------|-----------|
| 4C - The timeliness of feedback/reports from specialists in this health plan’s provider network. | 22.4% (n=147) | 21.6% (n=153) | 29.2% (n=195) | Yes |
| 4D - The frequency of feedback/reports from specialists for patients in your care | 22.3% (n=139) | 22.4% (n=152) | 28.9% (n=194) | Yes |

Question 4C and 4D met the goal of a 5 percentage point improvement for 2019. The 2019 rate for question 4C had an increase of 7.6 percentage points from the 2018 rate, while question 4D had a 6.5 percentage point increase from the 2018 rate. The following provides details on the responses to question 4C and 4D.

| Composite/ Attribute | 2017 Responses | 2018 Responses | 2019 Responses |
|--|---|---|---|
| 4C - The timeliness of feedback/reports from specialists in this health plan’s provider network. | Well below average/ Somewhat below average – 8.0% | Well below average/ Somewhat below average – 7.9% | Well below average/ Somewhat below average – 9.3% |
| | Average – 69.0% | Average – 70.6% | Average – 61.5% |
| | Somewhat above average – 14.0% | Somewhat above average – 14.4% | Somewhat above average – 15.9% |
| | Well above average – 8.0% | Well above average – 7.2% | Well above average – 13.3% |
| | (n =147) | (n =153) | (n = 195) |

| Composite/ Attribute | 2017 Responses | 2018 Responses | 2019 Responses |
|---|---|---|---|
| 4D - The frequency of feedback/ reports from specialists for patients in your care. | Well below average/ Somewhat below average – 6.0% | Well below average/ Somewhat below average – 8.6% | Well below average/ Somewhat below average – 6.7% |
| | Average – 71.0% | Average – 69.1% | Average – 64.4% |
| | Somewhat above average – 15.0% | Somewhat above average – 13.2% | Somewhat above average – 17.0% |
| | Well above average – 7.0% | Well above average – 9.2% | Well above average – 11.9% |
| | (n =139) | (n =152) | (n = 194) |

The Plan identified the following barriers related to practitioner satisfaction with the communication between primary care providers and specialists:

- Members not communicating between providers.
- PCPs are not aware of which specialists their assigned members are seeing.
- Specialists unaware of the need to communicate with the member's PCP.

The Plan will continue to work on the following opportunities associated with practitioner satisfaction with the communication between primary care providers and specialists:

- Provide member education about the importance of informing their PCP of specialists they are seeing.
- Educate PCPs on how to determine if a member is seeing a specialist.
- Educate specialty groups regarding the importance of communicating with the member's assigned PCP on a frequent and timely basis.

Continuity and Coordination of Care between Medical and Behavioral Healthcare

The Plan's Medical Management team demonstrates an integrated model with both Physical and Behavioral Health together. The Plan annually assesses areas of collaboration between medical and behavioral healthcare.

The following table demonstrates how the Plan specifically monitors the areas:

| Specific Area Monitored | Description of Monitor |
|--|--|
| Exchange of Information between behavioral health care and primary care practitioners and other relevant medical delivery system practitioners or providers | Rate of practitioner satisfaction with behavioral health practitioner communication as reported through the annual provider satisfaction survey. |
| Appropriate Diagnosis, Treatment and Referral of BH Disorders Commonly Seen in Primary Care | Antidepressant Medication Management (AMM) HEDIS Measure: Acute Phase & Continuation Phase |
| Appropriate Use of Psychotropic Medications | Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) |

| Specific Area Monitored | Description of Monitor |
|---|---|
| Management of treatment access and follow-up for patients with coexisting medical and behavioral disorders | Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD) HEDIS measure. |
| Implementation of a primary or secondary preventive behavioral health program | Number of members identified and screened for perinatal depression. |
| Special Needs of Members with Serious and Persistent Mental Illness | Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS measure. |

Exchange of Information between Behavioral Health and Primary Care

Sunflower collects data and identifies opportunities to improve the exchange of information through the annual provider satisfaction survey, which includes evaluation of satisfaction with communication between behavioral health practitioners and primary care practitioners and levels of primary care practitioner satisfaction with behavioral health practitioner communication.

In the standardized survey tool administered by SPH Analytics for Sunflower's 2019 Provider Satisfaction Survey, two questions measure the timeliness and the frequency of communication from behavioral health practitioners to primary care practitioners. Responses for the specific questions are noted in the table below for 2019. The response for question 4E demonstrated a decrease from 16.1% in 2018 to 15.7% for 2019. For question 4F, there was an increase from 24.1% in 2018 to 31.3% in 2019. These data points are noted in the table below.

| Provider Satisfaction Questions | 2019 Percent Satisfied | 2018 Percent Satisfied | 2017 Percent Satisfied | 2019 Responses Composite/Attribute |
|--|------------------------|------------------------|------------------------|---|
| 4E: Please rate the timeliness of exchange of information/communication/reports from the behavioral health providers? | 15.7% | 16.1% | 13.3% | Excellent – 3.9% Very Good – 11.8% Good – 52.3% Fair – 23.5% Poor – 8.5% (n=153) |
| 4F: How often do you receive verbal and/or written communication from behavioral health providers regarding your patients? | 31.3% | 24.1% | 25.4% | Always – 6.1% Usually – 25.1% Sometimes – 31.8% Often – 25.1% Rarely – 11.7% (n=179) |

Sunflower was unable to compare performance on the 2019 survey against a benchmark, as SPH Analytics does not provide Medicaid Book of Business benchmarks for the two relevant questions since these are custom questions. Similarly, the composite for the Network / Coordination of Care section of the survey does not include these custom questions so was not reviewed for this report. Sunflower identified these as opportunities for improvement and has demonstrated a decline in performance from 2018 to 2019 related to the question of timeliness of exchange of information from behavioral health providers. However, there was an improvement in 2019 in how often the behavioral health provider communicates. Plan's goal for the 2019 provider satisfaction survey was an increase of 5% on each survey question.

Sunflower met this goal for the question of how often the behavioral health provider communicates (4F) but failed to achieve the goal for the timeliness question (4E). Sunflower will continue to work on improvement.

Sunflower has an integrated behavioral health provider network and will continue to promote the exchange of information through completion of an assessment for each member upon discharge for a behavioral health inpatient admission. Sunflower identifies a member's PCP and faxes the discharge assessment, which includes information regarding discharge medications and behavioral health providers with whom the member has follow up care arranged. Discharge summaries containing protected health information related to HIV/AIDS or substance abuse treatment are not eligible for re-disclosure to the member's PCP unless the member provides specific written consent to release the information obtained by the Sunflower. Efforts are made to obtain this consent to allow the records to be provided to the PCP. Care managers and care coordinators also address this with members during initial or ongoing outreach, providing education to members regarding the importance of providing consent to allow the information to be shared with their PCP.

Sunflower's Behavioral Health staff have identified the following barriers related to the exchange of information between medical and behavioral healthcare providers while efforts continue to work to address these:

- Member knowledge deficit regarding importance of and process for providing consent to share treatment records that include HIV/AIDS or substance abuse treatment information.
- Physicians are unaware their patients are seeing behavioral health clinicians and/or who the behavioral health providers are.
- Behavioral health clinicians are not aware of the member's assigned PCP.
- Physical health inpatient facilities not sharing discharge clinical information.
- Members that move frequently or are homeless often times experience disruptions with their service providers.
- Members leaving acute inpatient for psychiatric care, self-perceive the stigma of mental illness and often do not want their other providers or support systems to know they were hospitalized for behavioral health issues.
- Members do not have an established relationship with a PCP.

Sunflower continues to work on the following opportunities, which were identified to address the barriers with regard to making impact on improving communication between behavioral health providers and primary care:

- Member education regarding providing consent for information to be shared to allow for communication of treatment including HIV/AIDS and substance abuse treatment for improved coordination of care
- Member education regarding importance of sharing information between providers.
- Education of medical providers regarding a member's behavioral health providers.
- Education of behavioral health providers regarding a member's PCP.
- Encourage providers to share the discharge clinical information.
- Member education regarding the importance of sharing contact information with providers.
- Member education regarding the impact of mental health on all areas of their health and quality of life.
- Member education regarding establishing services with a PCP

Appropriate Diagnosis, Treatment and Referral of Behavioral Disorders Commonly Seen in Primary Care

Sunflower collects and analyzes data regarding appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care, and appropriate use of psychotropic medications through assessment of the Antidepressant Medication Management (AMM) HEDIS measure. Practitioners from both primary care health and behavioral health treat members with depressive disorders and prescribe antidepressant medications. Sunflower's physical and behavioral health case management team members collaborate with each other to coordinate services the member needs.

The AMM HEDIS measure has two indicators:

- *Effective Acute Phase Treatment* - the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- *Effective Continuation Phase Treatment* - the percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Sunflower's results on the HEDIS measures for effective acute and continuation phase of treatment are noted in the following table.

| Antidepressant Medical Management | HEDIS 2017 Final Rate | HEDIS 2018 Final Rate | HEDIS 2019 Final Rate | Met/Exceeded NCQA Quality Compass 50th Percentile |
|--|-----------------------|-----------------------|-----------------------|---|
| Effective Acute Phase Treatment | 51.02% (952/1866) | 49.66% (876/1764) | 53.15% (945/1778) | Yes |
| Effective Continuation Phase Treatment | 33.76% (630/1866) | 32.03% (565/1764) | 34.14% (607/1778) | No |

Sunflower's HEDIS 2019 (measurement year 2018) rate for the *Effective Acute Phase Treatment* measure did meet the goal of reaching or exceeding the Quality Compass 50th percentile. The reported rate for HEDIS 2019 demonstrated an increase of 3.49 percentage points from the HEDIS 2018 rate. Sunflower's HEDIS 2019 rate for *Effective Continuation Phase Treatment* measure did not meet the goal of reaching or exceeding the Quality Compass 50th percentile. The reported rate for HEDIS 2019 demonstrated an increase of 2.11 percentage points from the HEDIS 2018 rate.

Sunflower provides Depression Disease Management (DM) to members with depression. Outreach is made to members identified with a diagnosis of depression to engage them in the DM program, and Sunflower staff make referrals. Adherence to treatment plans, including antidepressant medications, is a primary focus of the program. Sunflower also identified barriers and opportunities related to the appropriate diagnosis, treatment, and referral of behavioral disorders and the appropriate use of psychotropic medications.

The Disease Management program for depression and perinatal depression was modeled after the Evidence Based Practice, Impact Model created at the University of Washington. The program screens for depression via case managers, predictive modeling, claims reviews, and self-report. The program monitored symptomology via PHQ9 for depression cases and Edinburgh assessments for perinatal depression. Members gained insight of their condition via education about the condition itself and recommended treatments regarding current

symptomology. Members were offered care coordination to supplement existing services and to help maintain low symptomology as the symptoms decrease.

In Q3 of 2018, Sunflower decided to shift the DM program to incorporate elements of the program within Sunflower's existing medical management teams. Sunflower is adjusting the depression screening tool used for complex case management and for pregnant members. Members who have elevated depression scores will be offered case management supports with Sunflower's behavioral health case management team. Sunflower continued this process in 2019.

In Q1 and Q2 of 2019, Health Departments were sent lists of their non-compliant members for outreach. In Q4 of 2019, Provider Profiles were sent to prescribing providers, which will include their AMM adherence metrics.

Analysis of the data lead to the identification of the following barriers that were focused on with continued efforts:

- Treating provider not aware the member is not consistently taking prescribed medication.
- Member's knowledge deficit regarding the importance of adherence with antidepressant medication and ways to manage side effects.
- Treating providers not familiar with the depression clinical practice guideline.
- Maintaining staff knowledge on depression management treatment and best practices.

The opportunities identified to address the barriers are noted below and continue to be areas of focus:

- Utilize pharmacy data to identify members who are non-adherent in filling prescriptions and provide written notice to prescribers to inform of member non-adherence.
- Targeted outreach to members with a depression diagnosis and recently prescribed/fill of a new antidepressant medication.
- Educate providers about Sunflower's adopted clinical practice guidelines, including the depression guideline.
- All Behavioral Health Medical Management staff will participate in a Continuing Education course on diagnosis of depression and evidence-based practices for depression.

Appropriate Use of Psychotropic Medications

Sunflower Health Plan monitors the use of psychotropic medications by all Sunflower members. This is measured through the HEDIS measure *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* (APC). The APC measure looks at members 1-17 years of age who are on two or more concurrent antipsychotic medications for at least 90 consecutive days. In 2016, Sunflower identified this measure as an opportunity for growth. The table below shows Sunflower's three year trend along with the HEDIS 2019 goal. The goal identified for this measure is based on a target set by the State of Kansas.

| Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC) | | | | |
|--|--------------------|--------------------|--------------------|--|
| APC Indicator | HEDIS 2017 | HEDIS 2018 | HEDIS 2019 | Met/Exceeded NCQA Quality Compass 50th Percentile |
| Rate | 4.81% (90/1873) | 4.64% (78/1681) | 3.97% (61/1535) | No |

APC is an inverted rate, meaning a lower rate is considered to be a better rate. The intent is to reduce the membership that falls into the numerator and denominator. Again, in 2019, there was a decrease in the denominator by 146 members from HEDIS 2018 to HEDIS 2019, while the numerator decreased by 17 members from HEDIS 2018 to HEDIS 2019. This led to an improved rate of 3.97% in HEDIS 2019, which is a .67 percentage point drop in the APC HEDIS rate. However, Sunflower did not meet or exceed the NCQA Quality Compass 50th percentile.

In 2019, Sunflower implemented a process through LifeShare using a pharmacy data report that identifies members and date who are prescribed 2 or more antipsychotics and/or members who are prescribed one antipsychotic but 2 different dosing parameters. LifeShare is a program that provides clinical review of complex member needs and can work directly with members, family and providers to offer support in identifying best practices for these members. The report is reviewed by the LifeShare team. This team conducts internal chart reviews, works with the internal Sunflower Health Plan case managers to identify care gaps and completes outreach to the member/guardian to offer resources and referrals for additional services.

Sunflower provides on-going training for case management and utilization management staff on the APC measure. Reminders are sent requesting staff to monitor their caseloads for members who are newly prescribed one antipsychotic medication and if a member is prescribed a second antipsychotic medication. Staff are trained to work with the member/guardian to provide education and referrals. Additionally, they are instructed to refer those prescribed the second antipsychotic medication to the LifeShare program.

In 2019, Sunflower continued to utilize the Psychotropic Medication Utilization Review (PMUR) process as a general medication monitoring process; that includes a parameter for when members are prescribed 2 or more antipsychotics in a 60 day period. The clinical PMUR staff conduct screenings/reviews of claims and medical records, along with providing peer to peer consultation and education. PMUR staff request additional information or records if needed and determine if the prescribing patterns are outside of typical prescribing patterns. In those cases a peer to peer consult may be suggested. It is important to note, the goal of the PMUR process is to ensure best care and prescribing within utilization parameters. The Sunflower staff may refer a member to PMUR for review and request suggestion, next steps and a consultation.

The following barriers were identified, regarding the appropriate use of psychotropic medications:

- Early identification of members placed on one antipsychotic medication.
- Early identification of members placed on two or more antipsychotics.
- Member utilization of appropriate levels of outpatient or community-based services along with or prior to engaging in the use of multiple antipsychotics

- Members who utilize inpatient or residential services have multiple prescribers of medications.

Opportunities identified to address barriers associated with the appropriate use of psychotropic medications are listed below:

- Identify members placed on one new antipsychotic within the age range of 1-17.
- Referral of members to the LifeShare team for further review. Early referral to maximize review.
- Review member referrals for members who are recently prescribed a second antipsychotic.
- Identify prescriber trends for practitioner/provider education.

Management of Treatment Access and Follow-up for Members with Coexisting Medical and Behavioral Disorders

Sunflower collects data on challenges surrounding coordination and continuity of care for members with serious and persistent mental illness through assessment of the HEDIS *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD)* measure. The SSD measure assesses the percentage of members 18-64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Use of this measure as a monitor for coordination of care is key to ensuring members with high acuity special healthcare needs are receiving the proper monitoring and service coordination for both their behavioral and physical health conditions.

A primary case manager is assigned to a member, who can be a behavioral health or physical health case manager. The member’s needs are assessed to determine who the primary case owner will be. A secondary case manager/owner may be assigned if the member has both physical and behavioral health needs. The secondary case owner consults with the primary case owner and provides outreach services to the member as needed. Integrated rounds also increases communication regarding shared members.

The development of a shared care plan results in increased communication and a more collaborative approach. This approach allows both medical and behavioral health team members to employ and update a shared plan of member-driven goals. Additionally, this model also allows the case management teams to provide cohesive education and resources to members for their medical and behavioral health needs.

Sunflower’s data trends for the past three years can be seen in the table below. The goal was to achieve a 5% improvement over the previous year. The HEDIS 2019 reported rate did not meet the goal with a rate of 79.85%, which is a decrease of 0.81 percentage points from HEDIS 2018. Sunflower did not meet or exceed the NCQA Quality Compass 50th percentile. The table below demonstrates the results of the SSD HEDIS measure.

| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | Rate | Met/Exceeded NCQA Quality Compass 50th Percentile |
|---|-----------------------|--|
| HEDIS 2017 Final Rate | 76.10% (1261/1657) | No |

| Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) | Rate | Met/Exceeded NCQA Quality Compass 50th Percentile |
|---|-----------------------|--|
| HEDIS 2018 Final Rate | 80.66% (1305/1618) | No |
| HEDIS 2019 Final Rate | 79.85% (1248/1563) | No |

A barrier analysis was performed and Sunflower recognized the following barriers to coordination of care for members with coexisting medical and behavioral disorders:

- Members not understanding the importance of having regular diabetic screenings while on antipsychotic medications.
- Members not communicating to PCP that they are seeing a BH provider.
- Prescribers not ordering diabetic screenings for members they prescribe antipsychotic medications.
- Members reluctant to engage with providers or with Health Plan representatives regarding healthcare.
- Staff knowledge regarding correlation between diabetes and the use of antipsychotic medications.

Sunflower identified opportunities to overcome barriers associated with coordination of care for members with coexisting medical and behavioral disorders, which are listed below:

- Member education about importance of regular screenings.
- Educate members regarding importance of notifying providers of services they receive from other providers.
- Provider education to increase knowledge of importance of ordering diabetic screenings.
- Development of partnership with the community mental health centers to engage members.
- Staff education/training regarding diabetes and the use of antipsychotic medications.

Primary or Secondary Preventive Behavioral Healthcare Program

Sunflower provides a preventive behavioral health program targeting early identification of pregnant members at risk for depression as a means to assure treatment access and follow-up for the members with coexisting conditions. The program, through collaboration between behavioral health case management and disease management teams, provides early co-management of cases where a member may be experiencing depression along with their pregnancy.

The Perinatal Depression Screening Program starts with Sunflower identifying all pregnant members and members who recently delivered. Members identified in their prenatal period receive a Start Smart member mailing. Start Smart promotes education and care management techniques designed to reduce the risk of pregnancy complications, premature delivery, and infant disease which can result from high-risk pregnancies. The program offers support for pregnant women and their babies through the first year of life by providing educational materials as well as incentives for going to prenatal, postpartum, and well child visits.

The program also identifies those who have delivered, which allows screening for the presence of, or risk for, post-partum depression. A referral is made for additional support to the

behavioral health case management or disease management teams if a member self-reports struggling with depression or has a high score on the Start Smart OB assessment.

The prenatal and the postpartum activities provide members with information regarding depression in pregnancy, an Edinburgh Depression Scale, and a self-addressed stamped envelope for mailing the completed survey to Sunflower. Practitioners are advised of the Perinatal Depression Screening Program through the provider newsletter, through the Provider Manual, and on the Sunflower website.

Returned screenings/surveys are scored and assigned as high, moderate, or low risk; outreach is performed for each member regardless of their score. Results for the measurement period, Q3 2018 – Q2 2019, are stratified by prenatal and post-partum periods. Of the 81 surveys returned 19 were scored at moderate or high risk of depression, tables below.

| The Perinatal Depression Screening Program | | | | | | | |
|--|-------------|-----------------|----------------|------------|--------------|-----------|--------------|
| Q3 2018 – Q2 2019 | Number Sent | Number Received | Response Rate | Number Low | Rate Low | Moderate | Rate |
| Prenatal | 2586 | 67 | 2.5% | 53 | 79.1% | 14 | 20.9% |
| Post-Partum | 2996 | 14 | 0.0046% | 9 | 64.2% | 5 | 35.8% |
| Total | 5582 | 81 | 2.5046% | 62 | 76.5% | 19 | 23.5% |

| The Perinatal Depression Surveys Completed | | | | | |
|--|--------------------|-------------------------------|-------------------------------|----------------------------|--------------------------|
| Q3 2018 – Q2 2019 | Number of Mod/High | Number of Successful Outreach | Rate with Successful Outreach | Number with Paid BH Claims | Rate with Paid BH Claims |
| Prenatal | 14 | 11 | 78.5% | 8 | 57.1% |
| Post-Partum | 5 | 2 | 40% | 4 | 80% |
| Total | 19 | 13 | 68.4% | 12 | 63% |

| The Perinatal Depression Surveys Comparison | | | |
|---|------------------------------------|-------|-----------|
| Measurement Period | % of Members Accessing BH Services | Goal | Goal Met? |
| Q3 2015 - Q2 2016 | 25.9% (14/54) | 38% | No |
| Q3 2016 - Q2 2017 | 18.8% (6/32) | 30.9% | No |
| Q3 2017 – Q2 2018 | 21.9% (9/41) | 30.9% | No |
| Q3 2018 – Q2 2019 | 63.1% (12/19) | 30.9% | Yes |

The Behavioral Health team is notified of all moderate or high risk members within one business day of receipt of completed surveys and outreach to the members within 24 hours. Of the 19 prenatal members scored as moderate or high risk, 68.4% had successful outreach. The current percent of members accessing behavioral health services almost tripled from the previous measurement period, from 21.9% in Q3 2017 – Q2 2018, to 63.1% in Q3 2018 – Q2 2019. The behavioral health and care management team struggled to engage the members in case management due to incorrect demographics and decreased interest. The added focus

on provider education explains the increase in the behavioral health claims data, in spite of the low case management involvement.

The following barriers were identified regarding management of members with coexisting medical and behavioral health disorders and Perinatal Depression Screening program:

- Underreporting of pregnancy leads to lack of timely outreach to pregnant members.
- Undiagnosed Perinatal depression.
- Member knowledge deficit about the Start Smart program and benefits of the program (i.e. depression screening).
- Provider knowledge deficit regarding services Sunflower can provide to members with perinatal depression.

Sunflower is working on the opportunities listed below, regarding coexisting medical and behavioral health disorders and Perinatal Depression Screening program:

- Improving Notice of Pregnancy reporting.
- Identifying members at risk for perinatal depression.
- Member education regarding Start Smart program benefits.
- Provider education about plan services regarding perinatal depression.

Coordinating Special Needs of Members with Serious & Persistent Mental Illness

Sunflower collects and analyzes data related to the coordination of special needs for members with serious and persistent mental illnesses through the use of the Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS measure. This measure looks at members 1-17 years of age who have received two or more antipsychotic prescriptions during the calendar year. APM measures how many of these members have had metabolic testing. To meet measure requirements a member must have had a glucose test or HbA1c and a test for LDL-C or cholesterol. The table below shows Sunflower's three year trend on this measure.

| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | | | | |
|--|----------------------|----------------------|----------------------|--|
| APM Indicator | HEDIS 2017 | HEDIS 2018 | HEDIS 2019 | Met/Exceeded NCQA Quality Compass 50th Percentile |
| Rate | 38.00% (836/2200) | 47.18% (954/2022) | 48.91% (921/1883) | Yes |

Sunflower's population size for this measure continues to decrease from HEDIS 2017 to HEDIS 2019 with 1,883 members in HEDIS 2019, compared to 2,022 members in HEDIS 2018 and 2,200 members in HEDIS 2017. This indicates there were fewer members in HEDIS year over year who received two or more prescriptions for an antipsychotic medication. While the denominator size fell, the metabolic testing rate increased from 38.00% in HEDIS 2017 to 47.18% in HEDIS 2018 and 48.91% in HEDIS 2019. From HEDIS 2017 to HEDIS 2019 Sunflower's rate increased 10.91 percentage points. Sunflower met the goal of meeting or exceeding the NCQA Quality Compass 50th percentile.

Sunflower case management staff review all cases referred to them for care alerts within Sunflower's medical records system. Sunflower's Impact Pro and Interpreta systems provide the case management staff with a care alert for members who fall within the APM measure and need metabolic monitoring. Care management staff use this information to guide discussions with members/guardians about care needs the member may have. This

discussion includes the member's ability to access available services. If there are any barriers, the care management staff will provide support to the member in researching options to overcoming those barriers. The care management team can provide ongoing coordination and communication to members/guardians and providers.

Sunflower believes that the initiative to decrease the number of members, aged 1-17, in the HEDIS measure *Use of Multiple Concurrent Antipsychotics in Children and Adolescents* (APC) population has had a favorable impact on the APM measure.

Below are the list of barriers identified for coordinating special needs of members with serious and persistent mental illness:

- Low member understanding about the importance of having regular screenings while on antipsychotic medications.
- Prescribers not aware of status of diabetic screenings for youth on antipsychotics.

The following opportunities were identified for coordinating special needs of members with serious and persistent mental illness:

- Review of member predictive modeling report to educate identified members.
- Provider education on using the portal to determine care gaps.

Health Plan UM Program Evaluation - 2019

UM Program Introduction

The purpose of this evaluation is to provide a systematic analysis of Sunflower Health Plan's performance of the Utilization Management (UM) activities and to evaluate the overall effectiveness of the program. The UM Department has established reporting UM activities as outlined in the UM Work Plan. This evaluation is focused on activities and interventions completed during the period of January 1, 2019 - December 31, 2019. The UM Program Description, UM Work Plan and UM Program Evaluation are reviewed and approved at least annually by the Utilization Management Committee (UMC) and the Sunflower's Board of Directors (BOD).

Purpose

The purpose of the Utilization Management (UM) Program Description is to define the structures and processes utilized within the Medical Management Department for both physical and behavioral health, including assignment of responsibility to appropriate individuals, in order to promote fair, impartial and consistent utilization decisions and coordination of medical and behavioral care for the health plan members.

Scope

The scope of the Utilization Management Program (UM Program) is comprehensive and applies to all eligible members across all product types, age categories and range of diagnoses. The UM Program incorporates all care settings including preventive care, emergency care, primary care, specialty care, acute care, behavioral health care, community based services, short-term care, long term care and ancillary care services. The scope of activities include screening, intake, assessment, utilization management, discharge planning and aftercare, case management, crisis management, referrals, collaboration with providers/practitioners, disease management, preventative health activities and psychiatric medication utilization review.

Goals

The goals of the UM Program are to optimize members' health status focusing on recovery and a sense of well-being, productivity, and access to quality health care, while at the same time actively managing cost trends. The UM Program aims to provide quality services that are a covered benefit, medically necessary, appropriate to the patient's condition, rendered in the appropriate setting and meet professionally recognized standards of care. This program focuses on individualized treatment strategies that promote resiliency and recovery using evidence-based practices.

Implementation

The UM Program seeks to advocate the appropriate utilization of resources, utilizing the following program components: 24-hr nurse triage, authorization/precertification, second opinion, ambulatory review, and retrospective for medical health care services, case management, disease management when applicable, maternity management, preventive care management and discharge planning activities. Additional program components implemented to achieve the program's goals include tracking utilization of services to guard against over- and under-utilization of services and interactive relationships with practitioners to promote appropriate practice standards. The Primary Care Physician (PCP) is responsible for assuring appropriate utilization of services along the continuum of care.

Authority

The Plan Board of Directors (BOD) has ultimate authority and accountability for the oversight of the quality of care and services provided to members. The BOD oversees development, implementation and evaluation of the Quality Improvement Program. The Plan BOD delegates the daily oversight and operating authority of the utilization management (UM) activities to the Sunflower's Quality Improvement Committee (QIC), which, in turn, delegates responsibility for the UM Program to the UM Committee (UMC), including the review and appropriate approval of medical necessity criteria and protocols and utilization management policies and procedures. The UMC is responsible for reviewing all utilization management issues and related information and making recommendations to the Sunflower's QIC, which reports to the BOD. The UM Program is reviewed and approved by the Sunflower's BOD on an annual basis.

The Chief Medical Director has operational responsibility for and provides support to the Sunflower's UM Program. The Plan Chief Medical Director, Vice President of Medical Management (VPMM) and/or any designee as assigned by the Plan President and CEO are the senior executives responsible for implementing the UM program including cost containment, medical quality improvement, medical review activities pertaining to utilization review, quality improvement, complex, controversial or experimental services, and successful operation of the UMC. A board certified psychiatrist and licensed behavioral health practitioners are involved in the implementation, monitoring and directing of behavioral health aspects of the UM Program, and a dentist is involved in the implementation, monitoring and directing of dental health aspects of the UM program. A pharmacist oversees the implementation, monitoring and directing of pharmacy services. In addition to the Chief Medical Director, the Plan may have one or more Medical and/or associate Medical Directors.

The Chief Medical Director's responsibilities include, but are not limited to coordination and oversight of the following activities:

- Assists in the development/revision of UM policies and procedures as necessary to meet state statutes and regulations
- Monitors compliance with the UM Program

- Provides clinical support to the UM staff in the performance of their UM responsibilities
- Assures that the Medical Necessity criteria used in the UM process are appropriate and reviewed by physicians and other practitioners according to policy

Program Integration

The UM Program, Pharmacy and Therapeutics (P&T) Program, Quality Improvement (QI), Credentialing, and the Fraud and Abuse Programs are closely linked in function and process. The UM process utilizes quality indicators as a part of the review process and provides the results to the Sunflower's QI department. As case managers perform the functions of utilization management, member quality of care measures indicators prescribed by the Plan as part of the patient safety plan, are identified. Additionally as the quality department is made aware of issues, they work directly with members of the Medical Management team to discuss and follow up with the member to ensure safety and immediate remediation as needed. All required information is documented and forwarded to the QI department for review and resolution. As a result, the utilization of services is interrelated with the quality and outcome of the services.

Any adverse information that is gathered through interaction between the UM staff and the practitioner or facility staff is also vital to the re-credentialing process. Such information may relate, for example, to specific case management decisions, discharge-planning, precertification of non-covered benefits, etc. The information is forwarded to the QI Department in the format prescribed by Sunflower for review and resolution as needed. For providers prescribed to use the KDADS AIRS (Adverse Incident Reporting System), Sunflower will process information as required for AIRS. The Chief Medical Director or Medical Director determines if the information warrants additional review by the Plan Peer Review or Credentialing Committee. If committee review is not warranted, the information is documented and may be used for provider trending and/or reviewed at the time of the provider's re-credentialing process.

UM policies and processes serve as integral components in preventing, detecting, and responding to Fraud and Abuse among practitioners and members. The Medical Management Department will work closely with the Compliance Officer and Centene's Special Investigations Unit to resolve any potential issues that may be identified.

In addition, Sunflower coordinates utilization/care management and education activities with local community providers for activities that include, but are not limited to:

- Early childhood intervention.
- State protective and regulatory services.
- Women, Infant and Children Services (WIC).
- EPSDT Health Check outreach.
- Substance Abuse Screenings.
- Juvenile Justice.
- Foster Care agencies.
- Services provided by the local community mental health centers and substance abuse providers.
- Services provided by local public health departments.

Complex Case/Care Management

Care management/coordination of care is a collaborative process of assessment, planning, prioritizing, coordinating, and ongoing monitoring and re-evaluation of the services required to meet the members' individual needs. Care management, focuses on development of member specific plans of care that focus on organizing, securing, integrating, and modifying the

resources necessary to maximize and support the wellness and autonomy of the member. This is accomplished through advocacy, communication, education, identification of services resources and service facilitation. The goal of case management is to provide quality health care along a continuum, decrease the fragmentation of care across settings, emphasize prevention, enhance the member's quality of life and ensure efficient utilization of patient care resources.

Special Efforts are made to identify members who have catastrophic or other high-risk conditions to ensure timely access, continuity and coordinated integration of care. This includes, but is not limited to, those members classified as children or adults with special health care needs; those with catastrophic, high-cost, high-risk, or co-morbid conditions; those who have been non-adherent in less intensive programs; or those that are frail, elderly, disabled, or at the end of life. Members are identified through multiple avenues such as, claims and data reviews, direct referrals from health providers, hospital staff, health plan staff, member, family and caregivers, community programs and supports. Once members are identified who will potentially benefit from care management they are assigned a case manager. The care manager may be either a registered nurse or social worker, or sometimes both working as an integrated team, dependent on the needs identified during the assessment with the member. The care manager will complete an assessment, develop a care plan with the member and work with the member and the member's identified care and support team to obtain the necessary services and supports for the member. In order to optimize the outcome for all concerned, care management services are best offered in a climate that allows direct communication between the care manager, the member, and appropriate service personnel, while maintaining the member's privacy, confidentiality, health, and safety through advocacy and adherence to ethical, legal, accreditation, certification, and regulatory standards or guidelines. The care plan is developed with consideration of the member and/or caregiver's goals, preferences, and stated level of involvement in the care management plan of care.

Care plans for members include all of the elements below at a minimum:

- Identifying barriers to adherence to the care plan and recommended solutions for each barrier. Barriers may include but are not limited to issues such as:
 - Language or literacy issues, include general literacy limitations and health literacy
 - Visual or hearing impairment
 - Psychological/mental impairment
 - Financial and/or health insurance coverage limitations
 - Transportation
 - Cultural and/or spiritual preferences or values
 - Limited knowledge of condition(s)
 - Low motivation or ambivalence toward implementing change
 - Lack of, or limited, social or care giver support
 - Environmental factors
- Prioritized goals, which consider member and caregiver strengths, needs and preferences. Goals will be prioritized in numerical order or based on high, medium, or low priority. Goals will be designed to be achievable and help the member make changes towards the most optimal recovery possible.
- Interventions based on the member's risk factors, problems and/or needs, agreed upon goals, and personal preferences.
- Timeframe for measuring progress on meeting care plan goals and reevaluation of the plan.
- Self-management plans to assist members in managing their own condition. The member must acknowledge understanding and agreement to the specific activities

identified in the self-management plan and this agreement must be included in the Centene Documentation System (CDS). Care management activities involved in developing and communicating a member's self-management plan include:

- Education provided to members, their family/guardian, or other caregivers to help manage the member's condition(s). This may include written educational materials or verbal instructions provided by the care manager.
- The specific information/materials and how the information was provided to the member (i.e. verbally, letter, pamphlet, etc.) are noted in the CDS.
- When possible, self-management activities that can affect biometric data and be charted, such as weight and blood pressure, are documented in the CDS.
- Follow up by the care manager to assess whether self-management activities have been completed.
- Documenting the plan of care in the CDS.

The care manager monitors the member's progress against care management plans/goals by contacting the member at the defined intervals according to the acuity level and plan of care, and/or the member's individual need or preference, as agreed upon by the member/family and the care manager.

The following table demonstrates the frequency of contact based on acuity level:

| Acuity | Needs | Recommended Frequency of Contact |
|---------------|--|---|
| Critical/High | Multiple co-morbidities, more than one chronic condition, presence of co-morbid, behavioral and/or mental health issues, and/or episode of serious illness or injury; discharge planning, and outpatient coordination of service needs; complex or chronic condition, symptomatic and at risk for admission or readmission. | Minimum of weekly contact until stable. Once stable, Q 2 weeks until complications are stabilized, barriers removed, and/or needed services are in place. Monthly contact unless condition deteriorates |
| Moderate | Complex condition with many health care needs; condition is mostly stable with adequate caregiver support. If member assigned as high acuity previously, member is compliant with the care plan and making progress toward meeting care plan goals. | Weekly, biweekly or monthly |
| Low | Primarily psychosocial needs; no current unmet need for health care services but may have a history of condition that places the member at risk for potential problems or complications. If member assigned to a higher acuity level previously, member is compliant with the care plan, has met some goals, and making significant progress toward meeting remaining care plan goals. | One or two contacts and evaluation for care coordination discharge as appropriate |

The care manager reassigns a member's contact frequency during the course of care management and monitors implementation of the plan of care and progress toward desired outcomes. When the frequency of contact is changed, the member/caregiver is informed and their verbal agreement to the change in frequency of contact is noted in the CDS. The care

manager may also contact the member's PCP, other treating providers, and other individuals such as a behavioral health care manager, school nurse or personnel, community care manager, medical home care manager, and/or representatives of community organizations or resources to which the member has been referred for input regarding progress against the care plan. Ongoing assessments of the members progress includes:

- Change in the member's medical or behavioral status.
- Change in the member's family situation or social stability.
- Change in the member's functional capability and mobility.
- The progress made in reaching the defined goals.
- The member's adherence to the established plan of care.
- Member's acquisition of self-management skills.
- Changes in member/family satisfaction with care management activities.
- The member's quality of life.
- Benefit limitations.

The care manager will also monitor for appropriate discharge from case management. The care manager may receive input from the PCP, member, family/guardian, and other caregivers or health care providers involved in the member's plan of care, to determine the appropriateness of closing a case. The care manager may refer the member to another program with lower intensity of services, such as care coordination or disease management, determined by ongoing or anticipated needs.

The following criteria are used to determine when discharge from care management should occur:

- The member terminates with the Sunflower.
- The member and/or family/guardian refuses to participate or requests to opt out of the Care Management Program.
- The member reaches the maximum medical improvement or established goals regarding improvement or medical stability (which may include preventing further decline in their condition when improvement is not medically possible).
- The care manager or designee has been unsuccessful at contacting the member after following the unable to contact protocol.
- The member expires.

Once the member is identified as eligible for discharge from care management services, the care manager ensures appropriate notification is provided. The care manager discusses the impending discharge from care management with the member and/or family/guardian as appropriate. The care manager explains to a member who wishes to decline care management, how it can be of help to them and encourages them to use care management services. Community resources may also be presented as an option. The care manager contacts the member's PCP and other providers when appropriate, regarding the impending discharge. Lastly, a letter discharging the member from the care management program is generated through the CDS and sent to the member and the PCP, documenting the reason for discharge and a reminder to contact the care manager in the future, if medical concerns arise. A Member Satisfaction Survey may be sent with the member's closure letter, per Health Plan policy. See P&P CM.08 *Care Management Member Satisfaction Survey*.

Sunflower determined the care management identification criterion being utilized was adequately identifying the population at risk. The data reviewed in this population assessment

does not indicate a need for any fundamental changes in the care management program at this time, Sunflower's protocol for complex care management will remain essentially the same in 2019 as no material changes in the membership relative to product line, age/gender, language, and race and ethnicity were identified. Sources of the data includes but are not limited to:

- Claim or encounter data
- Predictive modeling software
- Hospital discharge data
- Pharmacy data
- UM data - e.g. hospital admission data, NICU reports, inpatient census, precertification/prior authorization data, concurrent review data
- Emergency Department (ED) Utilization reports
- Laboratory data
- Readmission reports
- State/CMS Enrollment Process and other State/CMS supplied data
- State defined groups such as Children with Special Health Care Needs and Aged, Blind, and Disabled (ABD/SSI)
- Information provided by members or their care givers, such as data gathered from Health Risk Assessments
- Information provided by practitioners, such as Notification of Pregnancy (NOP) forms

Although it was determined that a fundamental change in the program is not warranted at this time, there continue to be changes made to the overall care management services provided by Plan as the health plan strives for continuous improvement over the years. Some of the improvements include:

- Establishing a dedicated team to assist in transitions of care between nursing facility and community.
- Establishing a dedicated outreach team to assist with identifying and engaging members for case management.
- Continuation of dedicated Transplant Care Manager Nurses to assist transplant members.
- Continuation of a Sickle Cell Care Management Program to assess and educate all sickle cell members, assists with resources, coordinates care between providers, and any other functions necessary.
- Continuation of focused efforts on TANF and CHIP members; Sunflower has instituted efforts to assist new mothers to obtain four well-child visits within the first 6 months of life to ensure babies are receiving timely immunizations and meeting appropriate developmental milestones.
- Ongoing efforts to increase the percentage of Notice of Pregnancy forms completed on pregnant women to identify the high-risk pregnancies and offer Start Smart Case Management, which includes identifying any mother at risk for pre-term deliver and working with the physician and the member to consider 17P injections to reduce the risk of a pre-term birth.
- A continued close partnership with Utilization Management staff to arrange safe discharges for NICU babies.
- Continuation of an Integrated Case Management training program for staff as well as a Sunflower based internal study group to further encourage/assist CM team members in preparing for and obtaining their CCM certification through CMSA.
- Continued strengthening of coordination of care between departments. Sunflower continues weekly rounds on inpatient members. Sunflower also continues integration

with Complex Case Management Rounds, Long Term Service and Supports (LTSS) rounds, behavioral health and physical health integrated rounds to discuss, coordinate care/services with contracting providers and vendors.

- Plan has a wide range of educational materials for members. This includes materials on various disease states and life events. The materials are brightly colored and easy to read and provide many talking points for care managers during contact with members.
- Plan continues to use the Krames Patient Education materials database, which contains patient education materials for thousands of diagnoses, medications, and medical procedures.
- Focused outreach and efforts surrounding Opioid utilization. With this epidemic being complex in nature an IDT team has been developed to work with members and providers impacted by this. Plan feels this is best accomplished with an interdepartmental approach including pharmacy, provider relations, care management, both physical and behavioral, and medical affairs. In depth, training will be provided to the staff so that they may better support our members. In addition, there will be focused outreach to providers to address the matters regarding prescribing practices.

Credentialing and Recredentialing

Structure and Resources

The Credentialing Department is responsible for ensuring all practitioners are appropriately licensed and experienced in their field. This is accomplished through applying rigorous standards that verifies practitioner’s license, education, training, experience, certification, malpractice history, work history, and quality of care attributes. To become a participating provider in the Sunflower network, each practitioner must meet the minimum qualifications as outlined by the State of Kansas and the National Committee for Quality Assurance (NCQA). The Credentialing Department is housed at Centene’s corporate offices.

Statistics

Sunflower’s number of practitioners in network for 2019 was 17,917, which included that which is delegated for dental and vision providers. In 2019, 1,499 Sunflower practitioners completed the re-credentialing process. Of those re-credentialed, 99.90% of those were re-credentialed successfully and timely. The number of those re-credentialed in 36-month timeframe was 1,285. Provider credentialing turnaround time averaged 9 days from application completion to committee. The table below reflects the 2019 Credentialing report for Sunflower.

| 2019 Credentialing Statistics As of 12/31/2019 | |
|---|---------|
| Total number of practitioners in network (includes delegated providers) | 17,917* |
| Initial Credentialing (excludes delegated) | |
| Number initial practitioners credentialed | 1,366 |
| Average Credentialing TAT from Complete Application to Committee (Days) | 9 days |
| Re-credentialing | |
| Number of practitioners re-credentialed | 1,499 |
| Number of practitioners re-credentialed within a 36 month timeline | 1,285 |
| % re-credentialed timely | 99.90% |

| | |
|-------------------|---|
| | |
| Number with cause | 0 |
| Number denied | 1 |

* Includes Medicaid, Envolve Vision and Dental

Member Rights and Responsibilities

Member's Rights and Responsibilities are available upon member enrollment with the Plan in the Member Handbook. The handbook provides a description of both the Case Management and Disease Management programs, the types of diseases managed and the telephone number to obtain more information. Members receive an updated Member Handbook annually. Member Rights and Responsibilities are a part of the training curriculum for all new Customer Service Representatives.

Delegation Oversight

The Plan selected delegated vendors to oversee certain activities to ensure quality of care for its members. The Plan retains accountability for delegated services and monitors their performance through annual audits and by requiring monthly performance measures reporting. These measures include, but are not limited to, the following:

- Timely submission of grievance and appeals data for vendors contracted for those services
- Prior authorizations by service type
- Provider network
- Claims and encounter data

The following is a listing of the delegated vendors for 2019. The first five vendors are wholly owned subsidiaries of Centene:

1. Envolve Vision - Plan's vision care provider. Envolve Vision provides utilization management, network development and maintenance, credentialing of their network, and claims payment data.
2. Envolve Pharmacy Solutions - Plan's pharmacy benefits manager. US Script provide information for prior authorizations, utilization management, verification of active licenses for all participating pharmacies, and claims payment data.
3. Envolve People Care (EPC, formerly Nurtur and NurseWise) - Plan's disease management provider, after-hours call center and nurse advice line. EPC provides disease management as noted in the table above under Disease Management section. The after-hours call center and nurse advice line provides bilingual care with registered nurses, which complete health screenings, and after hours nurse advice.
4. Envolve Dental – Plan's dental benefit manager. They provide prior authorizations, utilization management, network development and maintenance and claim payment information.
5. National Imaging Associates (NIA) - Plan's high-tech radiological imaging provider. NIA provides prior authorizations, credentialing of their network and first level appeals. Provides post-service audits related to therapy services for speech, physical and occupations therapies for appropriate utilization. NIA also is the vendor for post-service utilization review of speech, physical and occupational therapies.
6. Eliza – Vendor who provides health maintenance reminders via Interactive Voice

Response system and is a nationally contracted vendor.

7. Logisticare – Plan’s transportation vendor.

Quarterly meetings occur with each vendor to review and monitor performance metrics and address any issues. Centene Corporation completes the annual vendor oversight audits on behalf of the Plan and includes any Kansas specific requirements in the audit, as well as conducting applicable file reviews of members. In conjunction with Centene Corporate and the other Centene health plans, the Plan reviews the vendor evaluation results. As needed, the Quality Improvement Director reviews the results with the Vendor Manager and the Compliance Manager to identify any necessary interventions. All potential interventions are discussed with a multi-disciplinary Plan team and ultimately with the Quality Improvement Committee as needed. Regular meetings with (occur related to the specific projects that they work on for the Plan. As necessary, action plan implementation occurs to allow for monitoring and demonstration of improvement desired.

The Plan evaluates each delegated entity’s capacity to perform the proposed delegated activities prior to the executing of a delegation agreement. The Plan retains accountability for any functions and services delegated. Therefore the Plan monitors the performance of the delegated entity through annual approval of the delegated programs (Credentialing, UM, QI, etc.), routine reporting of key performance metrics and annual or more frequent evaluation to determine whether the delegated activities are being carried out according to the contract, accreditation standards and program requirements. The Plan retains the right to reclaim the responsibility for performance of delegated functions, at any time, if the delegate is not performing adequately.

Review and Approval

Annually, the Plan aggregates data, intervention details, HEDIS, appeals, grievance, and various survey data to compile the annual evaluation demonstrating the progress made in the preceding year on improving the quality of care and services members receive to form the Quality Assessment and Performance Improvement Program Evaluation. Upon completion of this evaluation, submission to the QIC for review and approval occurs. Following review and approval by QIC, submission to the BOD for review and approval then occurs.

Approval

The Quality and Utilization Program Evaluation for 2019 has been reviewed and approved as follows:

Submitted By: Trisa Hosford, QI Manager Date: 4/16/2020

QIC Chair Approval: Susan Beaman, QI VP Date of QIC: 4/16/2020

UM Committee Chair Approval: Vanessa Johnson, UM VP Date: 4/20/2019

Board Chair Approval: Michael Stephens, CEO Date: 5/21/2020