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June 4, 2024

Via Email and
FedEx Priority Overnight #: 275506650338

Kansas Department of Administration
Todd Herman, Director
Office of Procurement and Contracts
900 SW Jackson St., Room 451 South
Topeka, KS 66612
Email: todd.herman@ks.gov

Re: Bid Protest—KanCare Medicaid & CHIP Capitated Managed Care Request for Proposal No. EVT 0009267

Dear Mr. Herman:

The undersigned counsel represents CareSource Kansas, LLC ("CareSource") in the above-referenced matter. CareSource's address is 701 SW Jackson, Suite 220, Topeka, Kansas 66603. Pursuant to the Kansas Department of Administration's ("Department") Vendor Bid Protest Procedure, CareSource respectfully submits this written bid protest of the Department's May 7, 2024, award of contracts to Community Care Health Plan of Kansas, Inc. dba Healthy Blue, Sunflower State Health Plan, Inc., and United Healthcare of the Midwest, Inc. The challenged awards were made under the Kansas Medicaid and CHIP Capitated Managed Care Program ("KanCare") pursuant to the State of Kansas Request for Proposals No. EVT0005464 ("RFP").

I. Timeliness

Each of the contracts awarded by the Department indicated a May 7, 2024 "Date of Award." *See* Kansas Department of Administration website (https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award).

Section 1 of the Department's Vendor Bid Protest Procedure states that a protest of a procurement decision must be "received by … the Director of Purchases within **thirty (30) calendar days** after the date of the event which gives rise to the vendor's protest." This protest, being filed within 30 days of the Date of Award, is timely filed.

II. Stay Request

CareSource requests that any and all procurement or contract implementation related to the RFP immediately be stayed. The Department has discretion to enter such a stay, and should do so here because any alternative would be contrary to principles of equity and risks creating confusion among Kansas Medicaid enrollees. Section 3 of the Department's Vendor Bid Protest Procedure recognizes that a stay is appropriate to allow a protest to be resolved when a contract has not yet been finalized. Here, however, the contract awards were made on May 7, 2024, and the Recommendation for Award was submitted on May 8, 2024—but those who were not selected, including CareSource, were not notified until May 14, 2024, a week after the fact. At that time, the contracts were publicly announced and made available on the Department's procurement website. No notice of intent to award was released prior to the May 14 announcement. Thus, unsuccessful bidders were deliberately deprived of the opportunity to file a written protest before the award was made or invoke the stay provisions of the Vendor Bid Protest Procedure.

These actions circumvent the purpose of Section 3, which is to provide disappointed bidders with a fair chance at disputing contract awards they believe were improperly awarded. As such, CareSource contends a stay is equitably required to prevent it and others from irreparable harm caused by the Department proceeding with contract implementation while protests that call into question the validity of the contract awards remain pending. Accordingly, CareSource requests that the Department exercise its discretion to stay all further contracting or contract implementation activity.

III. Reservation of Rights Regarding Supplemental Protest

This protest is based on the information known and documents available to CareSource at this time. Pursuant to the Kansas Open Records Act ("KORA"), K.S.A., 45-215, *et seq*. CareSource made open records requests to the Department related to the RFP on May 14 and May 17, 2024. A complete response to these requests is outstanding, as the only production of records by the Department consists of limited records posted to the Department's procurement website. CareSource has followed up on multiple occasions, including by phone and email on May 23. On May 24, CareSource provided a more targeted list prioritizing 13 discrete items directly relevant to its analysis of potential grounds for protest, but has yet to receive any of the remaining requested documents. Moreover, CareSource lacks information as to the expected time frame for when additional documents will be available, because the Department has yet to provide a firm date by which it believes it will complete its response to the requests. True and accurate copies of CareSource's KORA requests and related correspondence are attached as Exhibit 1.

CareSource anticipates that upon the production of the remaining records responsive to CareSource's KORA requests, additional reasons for protest will likely be revealed, along with additional support for reasons already addressed herein. CareSource expressly reserves the right to amend or supplement this protest to assert additional reasons for protest and/or additional support for current reasons for protest based on any public records received in response to CareSource's KORA requests, review and analysis of relevant documents, or otherwise discovered or revealed information during the course of this proceeding.

IV. Statement of Specific Reasons for Protest

The State previously stated its intention to award three Medicaid MCO contracts. Two contracts were awarded to the top two scorers, Sunflower and UnitedHealthCare. The third-place score was a tie between Aetna and Healthy Blue, at 522 points, and CareSource was just 17.5 points behind those two. (Trailing distantly were Molina, with 397.50 points, and UCare, with 308.75 points.) *See* Technical Review and Recommendation for Award (May 8, 2024) ("Recommendation Memo") (attached as Exhibit 2), and Technical Proposal Evaluation Report and Procurement Negotiating Committee's Request for Cost Proposals (March 27, 2024) ("March 27 Report") (attached as Exhibit 3). The State ultimately selected Healthy Blue over Aetna. *See* Recommendation Memo, at pp. 21-22.

The award decisions in the Negotiated Procurement process are controlled by the concept of best value. *See* Kansas Office of Procurement and Contracts, Procurement Policies and Procedures Manual p. 5 (November 2023); RFP Section 6. In making a best value determination, the State may "consider many factors in the evaluation of bid responses beyond cost, including Vendor qualification, past performance, and service delivery methodology." Procurement Policies and Procedures Manual, pp. 36-7. Ultimately, however, the State is required to make the award to the vendors that bring the best value to the State of Kansas and its citizens, over those that bring a lesser value.

The purpose of competitive bidding for government contracts is to protect the public and guard against favoritism, improvidence, and corruption. *See Sutter Bros. Const. Co. v. City of Leavenworth*, 238 Kan. 85, 92, 708 P.2d 190, 196 (1985); *Topeka Bridge & Iron Co. v. Bd. of Com'rs of Labette County*, 98 Kan. 292, 158 P. 8, 11-12 (1916). A fundamental part of this protection is that the agency must not base its award on factors "not disclosed in the bid documents." *See Ritchie Paving, Inc. v. City of Deerfield*, 275 Kan. 631, 641, 67 P.3d 843, 849 (2003) (holding that City acted improperly when awarding contract based on "intangible factors" that were not disclosed by the City in the bid documents). Such action is arbitrary, capricious, and contrary to competitive bidding principles. *Id.* at 641. Moreover, a contract cannot be awarded where the agency materially deviates from the terms of the RFP. *See Topeka Bridge & Iron Co*., 98 Kan. at 12 (holding that a contract which made substantial changes in the requirements to other bidders was unlawful). In short, the terms of the RFP must be strictly followed. Failure to do so results in invalidation of the procurement.

An agency's action is improper where it is not supported by substantial evidence. *Bd. of Cherokee County Comm'rs v. Kansas Racing & Gaming Comm'n*, 306 Kan. 298, 393 P.3d 601, 620 (2017). Further, failing to comply with the requirements that vendors "be treated equally" and "know the terms of the competition" may be grounds for the reversal of an award. *Firstguard Health Plan Kan., Inc., v. Kan. Div. of Purchases*, No. 06-C-1518, 2006 WL 3721326, *9 (Kan. 3d Jud. Dist. Ct. Dec. 12, 2006).

As discussed in more detail below, the Department failed to comply with the RFP and Kansas procurement law, placing CareSource at a competitive disadvantage to successful vendors. Had these failures not occurred, CareSource would have been awarded the third contract award.

a. Healthy Blue Must Be Disqualified Because of an Irremediable Conflict of Interest

State officers or employees **are prohibited**, for a period of two years, from accepting employment with a business holding a contract with the State where the officer or employee was "substantially involved" in the contracting process. *See* K.S.A. 46-233(a)(1)-(2); *see also* Kansas Office of Procurement and Contracts, Procurement Policies and Procedures Manual at p. 24 (November 2023) ("In contracts in which a State officer or employee has been substantially involved, the State employee will not accept employment at the contracted business until two years after the contract is completed or two years after the State employee ends employment at the State, whichever is sooner," citing K.S.A. 46-233(a)(2)).

Here, former Kansas Medicaid Director Sarah Fertig was intimately involved throughout the first eight months of 2023 in the development of the RFP. These included two information sessions for association and advocacy groups on March 28, 2023, four information sessions for members and providers on April 11 and April 13, 2023, and an information session for payors and bidders on May 2, 2023. *See* KanCare 2025 RFP Public Comment, pg. 2 (June 7, 2023) (attached as Exhibit 4). A total of 437 people attended these meetings and "had the opportunity to share comments and questions." *Id.* Recordings of these April and May Public Input Meetings are available on KanCare's website. (https://www.kancare.ks.gov/about-kancare/kancare-2025-request-for-proposal-(rfp)).

In addition, Ms. Fertig, in her capacity as Kansas Medicaid Director, participated in individualized meetings with prospective bidders, including CareSource, prior to the issuance of the RFP. During those meetings, CareSource candidly shared its potential strategies for providing Medicaid services in Kansas with Ms. Fertig. *Id.* Presumably, other bidders also did so in their one-on-one meetings.

Undoubtedly, through her work as Medicaid Director in the months leading up to the release of the RFP, Ms. Fertig understood how the State was viewing "best value," and likely worked hand in hand with the State's outside procurement consultant Mercer Government Human Services Consulting (part of Mercer Health & Benefits LLC) ("Mercer") on the development of the evaluation process and rating scale to be used in scoring the proposals.

In August 2023, less than two months before the RFP was formally released, Ms. Fertig announced she would be leaving her position with the State. *See, e.g.,* Cooper, Brad, *State Medicaid Director Departing*, Sunflower State Journal (August 15, 2023) (available at https://sunflowerstatejournal.com/state-medicaid-director-departing/#:~:text=Sarah%20Fertig%20is%20leaving%20as,Fertig%20was%20leaving%20the%20agency). Upon information and belief, Ms. Fertig almost immediately became employed as Director of Government Relations for successful contract awardee Healthy Blue's minority owner, Blue Cross and Blue Shield of Kansas. Certainly, she was in place in that capacity no later than October 2023, as she registered as a lobbyist on behalf of Blue Cross and Blue Shield of Kansas that month. *See* Lobbyist Registration List attached as Exhibit 5.

On its face, Ms. Fertig's employment violates the two-year prohibition described above. Ms. Fertig was substantially involved in the creation and preparation of the RFP that resulted in a contract award to the company that next employed her. But even if one could argue around the statutory prohibition, there can be no question, given the circumstances, that Ms. Fertig had valuable inside information on the RFP as well as the approach to be taken by Healthy Blue's competitors. This gave Healthy Blue improper access to competitor information and an unfair advantage over other participants in the RFP. Even if Ms. Fertig has not worked specifically on the procurement process since joining Healthy Blue's parent, her employment creates an appearance of impropriety that calls into question the impartiality of the procurement. Importantly, this problem was of Healthy Blue's own making, and easily avoidable. Yet, Healthy Blue took the risk. As such, Healthy Blue should be disqualified and its contract award revoked.

b. Healthy Blue Cannot Fulfill The Contract It Has Been Awarded

The RFP sets forth the requirements winning bidders must meet. Significantly, Healthy Blue cannot fulfill the requirements of RFP Section 7.1.1(A)(2) mandating awardees to contract with the Centers for Medicare & Medicaid Services and the Kansas Department of Health and Environment to provide Medicare benefits to individuals eligible for both Medicare and Medicaid through a HIDE D-SNP plan. The RFP requires the D-SNP plan be in place upon implementation of the contract, but Healthy Blue will not be able to meet this requirement because it has yet to even apply to CMS for approval to offer such a plan and thus cannot offer one in 2025. CMS's Medicare Managed Care Manual ("Manual") requires that organizations seeking to offer a Medicare Advantage plan (such as a D-SNP) "must enter into a contract with CMS."[1] A Medicare Advantage applicant intending to start a plan as of January 1 must file a Notice of Intent to Apply ("NOIA") by January 19 of the preceding year.[2] "Organizations interested in offering a new MA product, expanding the service area of an existing MA product, or submitting a PFFS network transition application must complete [a] nonbinding NOIA. CMS **will not accept** applications from organizations that fail to submit a timely NOIA."[3] Subsequent to the NOIA, by February 14, of the preceding year, a certified application must be submitted and approved by CMS.[4]

Here, it is already June, and Healthy Blue did not meet either of these deadlines necessary for it to be ready to offer a D-SNP plan as of January 1, 2025. Indeed, Healthy Blue's proposal does not explain how it intends to comply with this contract requirement. (CareSource, in contrast, described its proposed D-SNP plan in detail in its proposal, and has already received its conditional approval for D-SNP implementation from CMS.) Since the D-SNP is a required program under the contract and Healthy Blue has shown no indication that it is even on a path to being able to offer it, Healthy Blue should not have been awarded the contract.

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[1] Manual, Chapter 11, § 20.1, https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c11.pdf.
[2] The 2025 Part C- Medicare Advantage Application, https://www.cms.gov/files/document/cy-2025-medicare-advantage-part-c-application.pdf, § 1.6 (p. 7) ("H Contract Application").
[3] Id. (emphasis added).
[4] Manual, Chapter 11, Section 20.1 & 2; *see also* H Contract Application §1.8 (p.10) and CMS' CY 2024 Medicare Parts C and D Annual Calendar.

c. The Procurement Negotiating Committee ("PNC") Violated the RFP When It Did Not Evaluate CareSource's Cost Proposal

The PNC was required under the terms of the RFP to consider CareSource's cost proposal fully and to schedule an individual meeting with CareSource to discuss it. The PNC failed to do so.

The evaluation process was divided into three phases: (1) review of mandatory requirements (which all of the bidders passed), (2) technical evaluation, and (3) review and negotiation of cost proposals. At the end of Phase 2, the technical evaluation report was to be shared with the PNC, and "[b]ased upon the review of information in the technical report, the PNC will select proposals that will advance to Phase 3, the review of cost proposals." RFP, Section 5.2. Section 5.3 furthers states:

> The cost proposals from bidders selected by the State to advance to Phase 3 **will be reviewed**.

RFP, Section 5.3(A) (emphasis added). Similarly, Section 5.3(B) provides as follows:

> The State **will schedule individual meetings with each bidder** and require the bidder to substantiate the bidder's initial capitation rate development methodology, explain the bidder's prospective business model, and allow the State and its actuary to request clarification on any component of the rate development methodology and/or the bidder's prospective business model.

RFP, Section 5.3(B) (emphasis added).

This language is mandatory, not optional. In other words, the PNC was ***required*** to review the cost proposals for those bidders selected to advance to Phase 3 and was ***required*** to schedule individual meetings with each such bidder.

At the end of the technical evaluation phase, the bidders scored as follows:

Rank	Offeror Name	Score
1	Sunflower	729.25
2	UnitedHealthCare	683.25
3	Aetna	522.00
4	Healthy Blue	522.00
5	CareSource	504.50
6	Molina	397.50
7	UCare	308.75

March 27 Report, at p. 9.

The PNC requested that the cost proposals for five bidders—Sunflower, UnitedHealthCare, Aetna, Healthy Blue, ***and CareSource Health Plan***—advance to Phase 3. *See* March 27 Report, at Section IV.

However, CareSource's cost proposal was never released, reviewed, or evaluated, contrary to the PNC's recommendation and the requirement that it advance CareSource to Phase 3. This is evident from the omission of CareSource from the Final Cost Proposals spreadsheet made available by the State[5], which indicates, "The State reviewed the cost proposal information for the **four** bidders above who were selected by the Procurement Negotiating Committee (PNC) to advance to Phase 3, Review of Cost Proposals, based upon the State's review of technical proposals."

Moreover, CareSource was not invited to schedule an individual meeting with the State as was required under the RFP and as the other bidders advancing to Phase 3 were. In these meetings, bidders had the opportunity to clarify their proposals and increase their value to the State beyond what was reflected in their initial proposals. None of the currently produced documents and communications reflect any explanation as to why CareSource was left out of Phase 3 in contravention of the PNC's initial recommendation.

Importantly, had CareSource's cost proposal been considered and had the State had an individual meeting with CareSource, it would have fared favorably—better than either Aetna or Healthy Blue. Consistent with the RFP, the State established a Rate Range against which to consider the bidders' cost proposals. This Rate Range included a Lower Bound, Upper Bound, and Minimum Offer Point based on analysis by the State's actuaries. The goal of any bidder should be to offer a cost proposal that falls within the Rate Range established by the State, because that reflects an appropriate balancing of cost and quality of care considerations: it is not in the best interest of the State to merely select a "low bidder" who will ultimately be forced to cut corners on substantive aspects of the RFP.

The following two charts illustrate that Aetna and Healthy Blue submitted inappropriately low bids significantly below the Rate Range, while CareSource was appropriately within the Rate Range and closest to the Offer Point without exceeding it:

[5] The agency initially posted the cost proposals spreadsheet on May 14, 2024, which reviewed the bids relative to the State's Initial Actuarially Sound Rate Range and provided a detailed analysis of compliance with RFP requirements. A copy of the May 14 version of the cost proposals spreadsheet is attached as Exhibit 6. However, this posting was removed and replaced without explanation on May 21, 2024, with a document that omitted this Rate Range and analysis. (A copy of the "revised" May 21 version of the cost proposals spreadsheet is attached as Exhibit 7.)

Lower Bound (LB)				
Bidder	**% from LB**	**PMPM from LB**	**Annual Underfunding**	**In Range?**
Aetna	-2.4%	$ (22.28)	$ (121,202,090)	No
Healthy Blue	-4.6%	$ (43.46)	$ (236,417,811)	No
CareSource	1.0%	$ 9.59	---	Yes

Offer Point (OP)				
Bidder	**% from OP**	**PMPM from OP**	**Annual Underfunding**	**In Range?**
Aetna	-3.8%	$ (36.31)	$ (197,531,728)	No
Healthy Blue	-6.1%	$ (57.49)	$ (312,747,448)	No
CareSource	-0.5%	$ (4.45)	---	Yes

To the extent the PNC, in selecting Healthy Blue (or had it selected Aetna), simply focused on the lowest bids, that was inappropriate, both under the RFP and under applicable CMS guidelines. It also does not reflect a correct consideration of "best value to the State."

The low bids submitted by Healthy Blue and Aetna reflect an underestimation of the cost of successfully operating as an MCO within the KanCare program that is not actuarially sound. As recognized in the RFP itself, CMS requirements recognize the inherent risk that this may occur, as they do not allow the State to accept a capitation rate that is not actuarially sound, regardless of the bidder's attestation that it can abide by its proposed rate. *See* RFP, Section 5.3(D). Accurately setting capitation rates is an extremely important process in ensuring the financial viability of the State's Medicaid program and the quality of care to be provided to Kansas Medicaid enrollees.

As shown above, the low bids submitted by Aetna and Healthy Blue would result in these bidders substantially underfunding the Kansas Medicaid program by hundreds of millions of dollars annually. The failure of Healthy Blue and Aetna to submit capitation rates that fall within the developed rate range shows they lack a full understanding of what it will take to successfully operate within the KanCare program. Healthy Blue's and Aetna's underfunded proposed rates increase the risk that those entities will be forced to cut corners, offering substandard services below the level of service contemplated by the RFP—or will wind up asking the State to increase capitation rates mid-contract. In contrast, CareSource's proposal was appropriately priced to ensure the delivery of high-quality services meeting or exceeding the requirements of the RFP (as evidenced by how closely CareSource's analysis matched the State's own actuarial analysis). These facts, together with the strength of CareSource's technical proposal, demonstrate that CareSource offered a better value to the State than either Healthy Blue or Aetna did. Additionally, the underfunded rates proposed by both plans increase the risk that they would ultimately pull out of the KanCare program due to solvency issues or pressure from shareholders. (Notably, Healthy Blue is 90% owned by public, for-profit insurer, Elevance/Amerigroup, and Aetna, likewise, is a public, for-profit entity. This is in contrast to CareSource, which is not publicly traded and whose majority owner is a non-profit, mission-driven entity focused on government programs, and which will therefore never face shareholder pressure to pull out of a contract mid-term.)

In short, CareSource passed the technical phase of the RFP, and was selected to advance to Phase 3. Therefore, the PNC was required to evaluate CareSource's cost proposal fully, extend CareSource an opportunity to meet with the PNC to provide any clarifications, address any

concerns and make any appropriate adjustments. Instead, CareSource was improperly and prematurely removed from Phase 3 consideration without any explanation. This violated not only the express terms of the RFP, but applicable Kansas procurement law stating that an agency's decision may not be arbitrary and must be supported by substantial evidence. CareSource was thus unfairly deprived of the opportunity awarded to its competitors to have its cost proposal fully evaluated. As noted herein, had the State followed its own stated process, CareSource would have been awarded a contract because the State would have concluded that CareSource presents a better value to the State than Healthy Blue (or Aetna).

d. The PNC Improperly Inserted A New Evaluation Step Into the Process

The PNC improperly added a step to the evaluation process that was not disclosed in the RFP, and apparently used that step wrongly to eliminate CareSource from further consideration for a contract award.

The RFP contains no provision allowing for the evaluation teams to ask bidders clarifying questions during the technical evaluation process (Phase 2). For those bidders that advance to Phase 3, the RFP provides that the State "will schedule individual meetings with each bidder…and allow the State and its actuary to request clarification on any component of the rate development methodology and/or the bidder's prospective business model." RFP, Section 5.3(B).

The RFP nowhere provides for the PNC to submit written questions to bidders seeking clarification on aspects of the bidder's ***technical*** proposal after the close of the technical evaluation phase and disconnected from an individual meeting regarding the cost proposal. Yet, that is precisely what the PNC did here.

The technical evaluation phase concluded with the issuance of the technical evaluation report on March 27, 2024. *See* Exhibit 2. As noted above, the March 27 Report recommended that CareSource advance to Phase 3 and that its cost proposal be evaluated.

On April 2, 2024, the State's procurement officer emailed CareSource and noted, that "[t]he bid submissions…are still under review," and stated, "During the review process, the **evaluation team** has compiled a list of additional questions for CareSource Kansas LLC to review and respond to for further clarification." *See* Exhibit 8 (emphasis added). The note gave CareSource until April 10 to respond. Upon information and belief, other bidders also received similar lists of questions.[6]

On April 10, 2024, CareSource submitted fulsome responses to the questions propounded by the State. *See* Exhibit 9 (providing more than 80 pages of additional detail). The questions and CareSource's responses specifically addressed what now appear to have been many of the "weaknesses" identified in the evaluation teams' review (as disclosed in the March 27 Report). For example, as discussed in more detail in the next section, the evaluators' March 27 Report identified purported weaknesses in CareSource's proposal as to integrated, whole-person care. In its April 10 response to Question 5, however, CareSource specifically addressed "the approach

[6] Neither the questions nor the responses have thus far been made available by the State in response to CareSource's KORA requests, so CareSource only has its own.

CareSource will utilize to advance integrated whole-person care" in a six-page, single-spaced response. Similarly, the March 27 Report identified weaknesses as to CareSource's responses to the provider network questions, including, specifically, as to CareSource's strategies to address the access gap in dental care in Kansas. The April 2 list of questions specifically asked about these in Questions 8 and 9, and CareSource provided more than a dozen pages of detail in response to these questions.

As discussed in the next section, these specific areas are areas in which (based on the strengths and weaknesses comments) CareSource has concluded it was wrongly underscored. Yet there is no evidence that the evaluators took into account the information provided in response to the April 2 questions in allowing those erroneous scores to stand.

After submitting its responses to the questions, CareSource heard nothing further, and, as discussed above, it appears that its cost proposal was ***not*** in fact evaluated, despite the PNC's recommendation to the contrary.

Thus, it appears that CareSource's responses may have resulted in a decision to drop CareSource from full consideration in Phase 3. Yet there was no provision in the RFP or in any governing statute permitting the evaluation team to propound such questions, either during or after its evaluation was complete, or use the responses to drop a bidder from further consideration. And, having requested and received the information, the State erred by failing to fully consider whether CareSource's responses should have resulted in revising CareSource's scores and "strengths and weaknesses."

The unauthorized use of these written questions by either the evaluation team or the PNC violates the express provisions of the RFP and Kansas procurement law. CareSource should be rescored taking into account its responses to the written questions, and/or, to the extent its responses were used to improperly drop it from Phase 3, CareSource's cost proposal should be fully considered.

e. The Technical Scoring Process Was Arbitrary and Capricious

i. The Evaluation Criteria Were Vague, Leading to Arbitrary Results

Just as it is fundamental that bidders know the terms of the competition, it is fundamental that evaluators understand the evaluation criteria and apply them objectively. The available information indicates that was not the case here. According to the March 27 Report, and as referenced in Section 5.2 of the RFP, the evaluation committees were instructed to use the evaluation criteria to assign a rating ranging from (1) to (5) to calculate the total number of points earned for each response, as follows:

Rating of 5 = 100% of available points for the question

Rating of 4 = 75% of the available points for the question

Rating of 3 = 50% of the available points for the question

> Rating of 2 = 25% of the available points for the question
>
> Rating of 1 = 0% of the available points for the question

However, the narrative provided to evaluators to purportedly guide them in selecting a "4" instead of a "5," or a "3" instead of a "4," was hopelessly subjective and vague. For example, to award a 5, the evaluators had to conclude as follows:

> The response is excellent. The response fully addresses the technical question and associated RFP requirements and demonstrates superior method of approach, capabilities, and/or experience, as applicable to the question.

Meanwhile, to award a 4, the evaluators had to find as follows:

> The response is very good. The response fully addresses the technical question and associated RFP requirements and demonstrates excellence in method of approach, capabilities, and/or experience, as applicable to the question.

And to award a 3, the standard was as follows:

> The response is good. The response fully or nearly fully addresses the technical question and associated RFP requirements and adequately demonstrates the method of approach, capabilities, and/or experience, as applicable to the question.

The additional "notes" accompanying this rating scale were similarly vague—for a 5, the response had to be "highly desirable" to the State, while for a 4, it had to be "desirable" and, for a 3, "desirable to the State" but with "adequate capabilities." No meaningful guidance was provided as to how to distinguish a "very good" answer from an "excellent" one, a "highly desirable" response from a "desirable" one, or a "desirable" response from an "adequate" one. There is no meaningful way to tell what the differences might be between a response that "fully addresses" the question and one that "fully or nearly fully addresses" it, or how to distinguish between a "good" and a "very good" response.

There is also no evidence that the evaluators were trained on how to apply the concepts in the scoring grid in an objective or consistent manner.[7] Nor is there any evidence that the evaluators shared a common understanding of how to assign a 5, versus a 4 or a 3 (and so on) to any given question or response. There is no evidence that any steps were taken to ensure that each proposal was given an equal amount of time for discussion and scoring, or that any steps were taken to mitigate against the possible effects of the same bidder routinely being considered first (or last), or certain evaluators consistently speaking first or dominating the discussion. And there is no

[7] Training documents were requested in CareSource's KORA requests, along with documents that would show what efforts, if any, were made to given equal consideration to each proposal or mitigate against the possible effect of a particular bidder's proposal consistently being considered first or last—but, again, these materials have not been provided by the State. *See* Exhibit 1.

evidence the evaluation teams "checked their work" on a question by question basis to satisfy themselves that, for example, the numerical scores they assigned the first proposal they reviewed were logically consistent with those they assigned the last proposal they reviewed. Likewise, although the RFP permitted the evaluators the opportunity to draw upon the expertise of designated subject matter experts ("SMEs") to assist them in applying this nebulous scoring framework, there is no evidence that the evaluators were trained or instructed on how or when to determine that the assistance of an SME might be warranted.

Notably, the narrative accompanying the 1-to-5 rating scale was not disclosed until after contract awards were announced, even though bidders had asked during the pre-submission "Question and Answer" phase for more detail around how the ratings would be applied. *See, e.g.,* Q&A Nos. 86 and 87. Although more detail around the actual scores assigned to each question is needed (these have been requested but not provided by the State to date), CareSource's initial analysis, discussed below, indicates that the 1-to-5 ratings were in fact ***not*** applied fairly or objectively, resulting in CareSource receiving a significantly lower score than it should have.

ii. CareSource Was Inexplicably and Improperly Scored Lower Than Aetna and Healthy Blue

As noted above, CareSource's technical evaluation score was only 17.5 points below that of the tied third-place bidders, Aetna and Healthy Blue. But even this difference is an optical illusion—because each question was assigned anywhere from 15 to 60 points, gaining or losing a ***single point on a single question*** on the "1-to-5" rating scale used by the evaluators could result in as much as a 12-point difference in the bidders' total scores. (In the analysis below, had CareSource earned a single additional point on each of just three questions, it would have been a contract awardee.)

Thus far, the State has not provided the consensus scoring worksheet or any other documentation showing how the evaluation teams scored each question, and CareSource reserves the right to expand upon this point once those materials are made available. However, based on CareSource's preliminary analysis from the available materials, it appears evident that the technical scoring was arbitrary and unsupported, to CareSource's detriment.

Provider Network Questions 22 and 24

The Provider Network area stands out because CareSource's scores here were an anomaly. In all the other subject areas, CareSource's scores were comparable to those of Aetna and Healthy Blue—indeed, CareSource scored equal to or higher than Healthy Blue as to Integrated Whole Person Care and Quality Assurance, and Case Scenarios, and higher than Aetna as to Member Experience and Case Scenarios. In every category other than Provider Network, CareSource earned more than 45% of the available points.

Despite this, CareSource inexplicably came in last among all the bidders in Provider Network, earning only 34% of the available points. A closer analysis of the specific questions in the Provider Network area reveals that CareSource's scores for several questions in this area were, without question, arbitrary, capricious, and/or simply erroneous.

Upon information and belief, one of the questions for which CareSource received a lower score than Healthy Blue or Aetna appears to be Question 24, which asked bidders to "[d]escribe the bidder's identification of network gaps in dental Providers in KanCare and the bidder's approach to ensuring KanCare Members have timely access to quality dental care in Urban, Rural, and frontier areas." In response, CareSource, Healthy Blue, and Aetna ***all*** identified SkyGen as the dental provider who would assist in addressing gaps in access to dental. But in the "strengths and weaknesses" comments[8], the evaluators criticized CareSource's response because it purportedly did not demonstrate a "comprehensive understanding of Kansas-specific network gaps" and "provided limited details on how the MCO would close identified dental network gaps…," while applauding Healthy Blue for offering strategies to "ensure timely access to quality dental care in all areas of the State, including rural and frontier areas." Since SkyGen was the ***exact same dental provider*** contracted with all three bidders, CareSource should have received the same score as its competitors as to this question. To the extent it did not, that is arbitrary, capricious, and/or erroneous—or, potentially, the product of bias in favor of incumbent Aetna or favoritism for the employer of the former Medicaid director, Healthy Blue.

Likewise, Question 22 asked for a description of the bidder's approach to developing, managing, and monitoring an adequate, qualified Provider Network, including how the bidder planned to address anticipated challenges and network gaps, including through the use of telehealth and other technologies. *See* RFP, Topic 6, Question 22 (p.29). CareSource's answer was fully responsive, providing a description of network gaps and discussing the use of telehealth. Yet the "strengths and weaknesses" comments summarized in the March 27 Report criticized CareSource for failing to recognize that telehealth would not be appropriate for all populations, and for not demonstrating a "comprehensive understanding of Kansas-specific network gaps."

To the extent CareSource earned anything less than a 3 on Question 22, that scoring was arbitrary, capricious, and/or erroneous—or, again, the product of bias and favoritism favoring those with closer ties to the agency and evaluators than CareSource had. This is especially apparent in light of the "strengths and weaknesses" comments: ***None*** of the top-scoring bidders clarified that telehealth would not be appropriate for all populations, yet CareSource was the only one singled out for that criticism. And CareSource ***did*** identify network specific gaps in Kansas, thus "fully or nearly fully" responding to the question and "adequately demonstrating" its proposed response. Even if the evaluators thought other bidders provided more detailed descriptions, that does not make CareSource's response less responsive or inadequate.

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[8] Notably, none of the materials provided so far provides an explanation as to how the documented "strengths and weaknesses" comments for each bidder relates, if at all, to the numerical scores. If there is no correlation between the two, then the evaluators failed to document the reasoning behind the numerical scores or point to "substantial evidence" supporting them. If there is meant to be a correlation between the comments and the scores, then the comments only further evidence the arbitrary and/or capricious nature of the numerical scores, because they illustrate—as in the Question 22 and 24 examples discussed above—that the various bidders and proposals were not treated equally: CareSource was called out for deficiencies that existed in other, higher-scoring proposals that contained the exact same deficiencies.

Notably, because of the weighting of the questions, if the consensus rating on just these two questions using the State's 1-to-5 scale were increased by just one point (*i.e.*, from a 2 to a 3 or a 3 to a 4), CareSource would have earned an additional 17.5 points towards its technical score points, bringing it to a tie with Healthy Blue and Aetna. At that point, the cost proposal analysis and one-on-one meetings would have confirmed that, of those three bidders, CareSource provided the best value to Kansas.

Integrated Whole Person Care Question 9

In addition to the provider network area, CareSource also believes, based on the limited information produced to date, that the evaluators arbitrarily, capriciously, and/or erroneously underscored its response to Question 9, which asked bidders to **describe** their **"top three (3) strategies** for advancing integrated, whole-person care for its KanCare Members and how the bidder will measure, monitor and evaluate the effectiveness of the strategies." In response, CareSource did exactly as this question asked, and **described three clear strategies** in detail, using all of the available space to do so. Yet the evaluator "strengths and weaknesses" comments criticized CareSource for purportedly providing "[l]imited information, detail, and examples of the MCO's approach to advancing integrated, whole-person care." Here, the vague and subjective nature of the 1-to-5 rating scale is clear: CareSource's answer to Question 9 was fully responsive, and to the extent CareSource received anything less than a 3, that clearly was an error, or, again, the product of bias and favoritism favoring Healthy Blue and Aetna over CareSource. And to the extent other bidders provided more than three examples, that was not what the question sought—but in any event should only have resulted in them earning a 4 or a 5, ***not*** a deduction from CareSource's score based on some sort of undisclosed comparison.

Again, the actual question-by-question scores have not yet been provided in response to CareSource's public records request, but if CareSource moved up just one point in the 1-to-5 rating scale for this question, that would have resulted in it earning an additional 5 points. Together with the 17.5 additional points for Questions 22 and 24, this would have catapulted CareSource into third-place. CareSource would have been deemed to be a better value to the State than Healthy Blue (or Aetna) and CareSource would have been awarded a contract.

* * *

Other "strengths and weaknesses" comments call into question the objectivity of CareSource's scores for other questions, including Questions 3, 21, and 37. If CareSource's score moved up just one point in the 1-to-5 rating scale for these three questions, its total score would increase by ***another*** 16 points. But without the question-by-question consensus scoring, it is impossible to determine what the evaluators actually did in this regard. Accordingly, CareSource again reserves the right to supplement this protest to challenge other aspects of the technical scoring.

The examples above, however, are sufficient to illustrate the disconnect between the noted strengths and weaknesses and objective scoring and demonstrate that CareSource offered a better value for the State than either Healthy Blue or Aetna, when evaluated objectively.

iii. Other Potential Problems Exist With the Technical Evaluation Phase

In its review of the materials made available to date, CareSource has identified several additional potential problems with the technical evaluation process. Recognizing the incompleteness of the State's document production to date and the need for additional information and analysis to validate these observations, CareSource notes them here:

Subject Matter Experts Were Not Utilized By The PNC. Section 5.2 of the RFP discusses the availability of Subject Matter Experts ("SMEs") to provide feedback to the evaluation committees when reviewing technical proposals. Indeed, the Technical Proposal Evaluation Report dated March 27, 2024, states SMEs "were available to the evaluation committees during the consensus evaluation sessions to review responses to specific RFP technical questions" and "to provide feedback." However, the Report concludes no SMEs were requested or used during the consensus evaluation sessions. Medicaid contract procurement is a complex, technical process that requires specific expertise. Without access to the evaluators' identities and training materials, it is far from a foregone conclusion that it was proper to forego the use of SMEs and thus CareSource asserts that the failure to use SMEs resulted in arbitrary and inconsistent scoring of the technical proposals contrary to the requirements of the RFP and the law.

Mercer's Influence. The March 27 Report indicates that outside consultant Mercer facilitated and documented the consensus evaluation process. March 27 Report at p.4. Mercer is a significant and influential consultant in the Medicaid space, and its website brags that it has supported procurement efforts in 45 states. It is unclear whether Mercer or its affiliates also provide consulting services to bidders. No conflict of interest disclosure has been provided to indicate whether Mercer disclosed any prior work it did for any bidders. In addition, Mercer's work on Medicaid procurements around the country has allowed its representatives to form impressions and opinions about the bidders here, many of whom have competed in other Mercer-facilitated procurements in recent years. Without more information about precisely how Mercer interacted with evaluators or "facilitated" the evaluation process, it remains unclear whether Mercer improperly allowed any of its own preferences to influence the process such that CareSource asserts this occurred.

Bias and Favoritism for Incumbents Over Newcomers. Despite the strength of CareSource's proposal, and despite Aetna's known problematic history in Kansas, CareSource inexplicably scored worse than Aetna. Moreover, CareSource was inexplicably excluded from the cost proposal Phase 3 analysis, despite the recommendation that it be included and despite its technical proposal receiving a similar score to Aetna's. In the absence of any evidence that evaluators were vetted or trained to avoid any bias or favoritism favoring incumbent bidders (including Aetna) over newcomers like CareSource, it remains unclear whether improper factors such as familiarity with Aetna's leadership and programs and Ms. Fertig's new role at Healthy Blue's parent influenced the outcome. There is ample evidence in the scientific literature that people have a natural tendency to stick with the familiar (even when the familiar is unsatisfactory), and/or defer to a strong leader in a group setting. These influences may have played an improper role in the process, which is improper.

Evaluator Training. No training materials have been provided that would indicate exactly how the evaluators were trained at the start of the technical evaluation phase. Thus, it is unclear whether evaluators were instructed to keep an open mind as to non-incumbent, non-Kansas-based bidders, for example. And, as noted above, it is not even clear that the evaluators were appropriately trained on how to apply the scoring framework in an objective and unbiased way and/or trained to spend the same or similar amounts of time evaluating each vendor's technical proposal. Without more information, it remains unclear whether bias or favoritism played a role in CareSource's improperly-lowered score here such that CareSource asserts that there was improper bias or favoritism in the procurement process.

Evaluator Conflicts of Interest. No conflict of interest forms have yet been provided. Apart from the Healthy Blue issued described above, in the absence of information about the identities of the evaluators or any actual or potential conflicts they may have disclosed, it cannot be determined whether any such conflicts or potential conflicts pose a concern such that CareSource asserts that such a concern exists.

f. CareSource Offers A Better Value than Aetna or Healthy Blue

As described above, CareSource should have scored higher than either Aetna or Healthy Blue in the technical phase, and even if this were not the case, a proper consideration of its cost proposal in conjunction with its technical proposal would also have demonstrated that its proposal provided a better value than either Aetna's or Healthy Blue's.

Even beyond those objective considerations, however, the Phase 3 analysis appears to have overlooked significant factors that the PNC, in an abuse of its discretion, failed to consider. For example, Aetna's tenure with the State of Kansas has been fraught with performance issues not adequately captured by the technical scoring process. Specifically, Aetna's performance over the past (existing) Kansas Medicaid contract was so weak it triggered legislative oversight hearings and a threat by the State that if Aetna could not substantially improve its performance, it was in jeopardy of losing its contract. *See, e.g.,* https://www.healthcaredive.com/news/after-airing-complaints-kansas-hospital-association-optimistic-aetna-can-f/561858/; https://kansasreflector.com/2024/05/22/incredibly-disappointed-provider-objects-after-being-left-out-of-new-kansas-medicaid-contracts/.

Healthy Blue's past is also concerning. Although it scored well for utilization management, in reality, Healthy Blue's minority owner, Blue Cross Blue Shield of Kansas, has come under Department of Insurance scrutiny for its handling of commercial claims. Its majority owner, Elevance/Amerigroup, has demonstrable past performance issues in Kansas: a 2021 Bethell Joint Committee Report indicated that Amerigroup still owed providers thousands of dollars in claims at that time, and Amerigroup Kansas imposed a 28% reduction in payments to an Overland Park rehabilitation services provider serving more than 120 people with traumatic brain injuries, thus jeopardizing their quality of care. Yet in choosing Healthy Blue over Aetna, the PNC considered none of these concerns.

In contrast, CareSource is well poised to begin serving Kansas Medicaid enrollees and address all of the areas left deficient by Healthy Blue and Aetna.

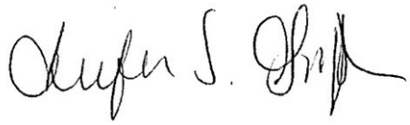
V. Conclusion and Relief Requested

The State's failure to follow the requirements and procedures set forth in its RFP and under Kansas procurement law led to a result that was erroneous, arbitrary, capricious, and contrary to the purposes of competitive bidding. For the reasons set forth above, CareSource's protest should be sustained. Accordingly, CareSource requests that the Department immediately:

1. Rescind its award notice and any contracts with the three current awardees;
2. Disqualify Healthy Blue from further consideration for a contract award in this procurement;
3. Stop any work being done towards implementation of any newly-awarded contracts;
4. Rescore the technical proposals using an objective measure and properly trained evaluators;
5. Fully consider and evaluate CareSource's cost proposal, including by meeting with CareSource as contemplated by the RFP;
6. Award such further relief as is just and appropriate, including an award of CareSource's costs of pursuing this protest, including its reasonable attorney fees, to the extent permitted by law.

Respectfully submitted,

LATHROP GPM LLP



Jennifer S. Griffin
Partner

Attachments: Exhibits 1 - 9

Lathrop GPM

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EXHIBIT
1

May 14, 2024

VIA ELECTRONIC MAIL

Kansas Department of Administration
Office of Chief Counsel
Attn: KORA Request
CSOB, Suite 500, 1000 SW Jackson
Topeka, KS 66612
DOA_KORA@ks.gov

Re: Kansas Open Records Act (Under K.S.A. 45-215 *et seq.*) – KanCare Medicaid & CHIP Capitated Managed Care Services Request For Proposal No. EVT000967 (the "RFP")

Dear Records Custodian,

I represent CareSource Kansas, LLC ("CareSource"). Under the Kansas Open Records Act, Chapter 45 of the Kansas Statutes Annotated, I, on behalf of CareSource, respectfully request copies of the following public records in the possession of the Kansas Department of Administration ("KDA"):

1. All submissions made to KDA by anyone under the protest procedures set forth in Section 3.2.8 of the RFP, including any submissions related to a protest of the RFP specifications or a protest of an award determination, and all communications relating to such submissions.

2. All Proposals submitted to KDA pursuant to the RFP ("Proposals").

3. All communications with any Bidder who submitted a Proposal about the RFP, the Bidder's Proposal, or the outcome of the RFP.

4. The "Review of Mandatory Requirements" conducted of the Proposals under Section 5.1 of the RFP, and any internal Communications about the Review of Mandatory Requirements.

5. Documents sufficient to identify any Proposals that were rejected under Section 5.1 of the RFP for failure to satisfy one or more of the RFP's mandatory requirements.

6. Documents—including drafts and internal communications—concerning the answers or proposed answers to questions submitted pursuant to Section 3.2.3 of the RFP (the "RFP Questions").

7. Documents sufficient to identify the members of the Procurement Negotiation Committee referenced in Section 3.2.6 of the (the "PNC") as well as documents sufficient to identify training received by the PNC in order to carry out their duties under the RFP.

8. Communications among the members of the PNC, or between any member of the PNC and anyone else, about the RFP, any Proposals, the evaluation process, or the outcome of the RFP.

9. Documents sufficient to identify the members of the evaluation committees referenced in Section 5.2 of the (the "Evaluation Team") as well as documents sufficient to identify training received by the Evaluation Team in order to carry out their duties under the RFP.

10. Communications among the members of the Evaluation Team, or between any member of the Evaluation Team and anyone else, about the RFP, any Proposals, the evaluation process, or the outcome of the RFP.

11. Documents sufficient to identify any subject matter expert used by the Evaluation Team to review any portion of Proposals.

12. Communications between the Evaluation Team or PNC and any such subject matter expert about any of the Proposals.

13. The review, evaluation, analysis, scoring or ranking (individually or by the Evaluation Team) of each Technical Proposal submitted in response to the RFP, including the Technical Evaluation Report shared with the PNC under Section 5.2 of RFP.

14. Documents sufficient to show the point totals, and the calculation of point totals, for each Technical Proposal considered by the Evaluation Team.

15. Documents showing the advancement considerations of the PNC in selecting the Proposals, as described in Section 5.2 of the RFP, to advance to Phase 3, the review of cost proposals.

16. The criteria, methodology, worksheets, checklists, tabulations, scoring rubrics or other guidance used in evaluating, reviewing, scoring, or ranking the Proposals submitted in response to the RFP;

17. Recordings, notes, evaluation, analysis, scoring or ranking of any interviews, demonstrations, or oral presentations conducted as described in Section 5.3 of the RFP.

18. Documents or communications reflecting any negotiations conducted with Bidders who submitted Proposals.

19. Documents showing the review, evaluation, and analysis of the cost proposals in concert with the evaluation of technical proposals by the PNC, as described in Section 6 of the RFP, including additional documents submitted during any negotiations.

To the extent any of the above requests would call for the production of materials marked as "proprietary" by any Bidder pursuant to Section 3.3.7 of the RFP, and for which the Bidder wishes to continue to seek protection, I am not seeking such proprietary materials at this time, although we reserve the right to do so later.

Given the time constraints on the filing of bid protests and the volume of documents requested, I respectfully ask that the requested records be produced to us by May 17, 2024, and in an electronic format, if at all possible. To the extent some records are easier to retrieve or collect than others, we request that they be provided on a rolling basis.

I hereby certify that I will not:

(A) use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or

(B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. K.S.A. 45-220(c)(2).

If you have any questions, please contact me.

Very truly yours,

/s/ Jennifer S. Griffin

Jennifer S. Griffin

Lathrop GPM

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Jennifer S. Griffin
Partner
jennifer.griffin@lathropgpm.com
573.761.5006

May 17, 2024

VIA ELECTRONIC MAIL

Kansas Department of Administration
Office of Chief Counsel
Attn: KORA Request
CSOB, Suite 500, 1000 SW Jackson
Topeka, KS 66612
DOA_KORA@ks.gov

Re: Second Request Kansas Open Records Act (Under K.S.A. 45-215 *et seq.*) – KanCare Medicaid & CHIP Capitated Managed Care Services Request For Proposal No. EVT0009267 (the "RFP")

Dear Records Custodian,

I represent CareSource Kansas, LLC ("CareSource"). Under the Kansas Open Records Act, Chapter 45 of the Kansas Statutes Annotated, I, on behalf of CareSource, respectfully request copies of the following public records in the possession of the Kansas Department of Administration ("KDA"). I note that this is my second request for these records. KDA denied my first request on the basis that some responsive documents would be posted on its website.

1. All submissions made to KDA by anyone under the protest procedures set forth in Section 3.2.8 of the RFP, including any submissions related to a protest of the RFP specifications or a protest of an award determination, and all communications relating to such submissions.

2. All Proposals submitted to KDA pursuant to the RFP ("Proposals"). KDA has posted the Technical Proposals it received, but not the Cost Proposals. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all Cost Proposals.

3. All communications with any Bidder who submitted a Proposal about the RFP, the Bidder's Proposal, or the outcome of the RFP. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

4. Documents—including drafts and internal communications—concerning the answers or proposed answers to questions submitted pursuant to Section 3.2.3 of the RFP (the "RFP Questions"). The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

5. Documents sufficient to identify the members of the Procurement Negotiation Committee referenced in Section 3.2.6 of the (the "PNC") as well as documents reflecting training received by the PNC in order to carry out their duties under the RFP and any forms signed by members of the PNC.

6. Communications among the members of the PNC, or between any member of the PNC and anyone else, about the RFP, any Proposals, the evaluation process, or the outcome of the RFP. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

7. Documents sufficient to identify the members of the evaluation committees referenced in Section 5.2 of the (the "Evaluation Team") as well as documents reflecting training received by the Evaluation Team in order to carry out their duties under the RFP and any forms signed by members of the Evaluation Team.

8. Communications among the members of the Evaluation Team, or between any member of the Evaluation Team and anyone else, about the RFP, any Proposals, the evaluation process, or the outcome of the RFP. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

9. Documents sufficient to identify any subject matter expert used by the Evaluation Team to review any portion of Proposals.

10. Communications between the Evaluation Team or PNC and any such subject matter expert about any of the Proposals. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

11. The review, evaluation, analysis, scoring or ranking (individually and by the Evaluation Team) of each question/criteria/component of each Technical Proposal submitted in response to the RFP, including the Technical Evaluation Report shared with the PNC under Section 5.2 of RFP. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

12. Documents sufficient to show the point totals, and the calculation of point totals, for each question/criteria/component of each Technical Proposal considered both by the individual members of the Evaluation Team and the Evaluation Team's consensus. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

13. Documents showing the advancement considerations of the PNC in selecting the Proposals, as described in Section 5.2 of the RFP, to advance to Phase 3, the review of cost proposals. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

14. The criteria, methodology, worksheets, checklists, tabulations, scoring rubrics or other guidance used in evaluating, reviewing, scoring, or ranking the Proposals submitted in response to the RFP. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

15. Recordings, notes, evaluation, analysis, scoring or ranking of any interviews, demonstrations, or oral presentations conducted as described in Section 5.3 of the RFP. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide copies of all responsive documents that are not available online.

16. Documents or communications reflecting any negotiations conducted with Bidders who submitted Proposals. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be

fully responsive to this request. Please provide copies of all responsive documents that are not available online.

17. Documents showing the review, evaluation, and analysis of the cost proposals in concert with the evaluation of technical proposals by the PNC, as described in Section 6 of the RFP, including additional documents submitted during any negotiations. The documents posted at https://admin.ks.gov/offices/procurement-contracts/bidding--contracts/contracts/important-awardscontracts/kancare-award do not appear to be fully responsive to this request. Please provide all responsive documents.

To the extent any of the above requests would call for the production of materials marked as "proprietary" by any Bidder pursuant to Section 3.3.7 of the RFP, and for which the Bidder wishes to continue to seek protection, I am not seeking such proprietary materials at this time, although I reserve the right to do so later.

Given that this is my second request for the same records and the stringent time constraints on the filing of bid protests, I respectfully ask that the requested records be produced to me by the close of business today, May 17, 2024 as originally requested, and in an electronic format, if at all possible. To the extent some records are easier to retrieve or collect than others, I request that they be provided on a rolling basis. In your response, please indicate for each numbered category in my request whether all responsive documents have been posted online or produced and when any remaining documents will be posted online or produced. If you decline to produce any documents, please identify the documents withheld and state the reason for withholding these documents.

I hereby certify that I will not:

(A) use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or

(B) sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed. K.S.A. 45-220(c)(2).

If you have any questions, please contact me.

Very truly yours,

/s/ Jennifer S. Griffin

Jennifer S. Griffin

From: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Sent: Friday, May 24, 2024 12:20 PM
To: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Cc: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Subject: RE: Kansas Open Records Request - KanCare Medicaid & CHIP Capitated Managed Care Services Request for Proposal No. EVT0009267
Importance: High

Mr. Hansen,

After I sent the email below yesterday, I called you to discuss my records request. As indicated in my message, given the time constraints for reviewing the procurement process and determining whether to proceed with a bid protest it is extremely important that the requested documents be produced immediately. While I understand that the search for responsive documents is likely ongoing, the documents posted online indicate that multiple responsive documents exist which can readily be produced now, including the following:

1. List of the 5 evaluators on each of the four evaluation committees.
2. Copies of the executed Non-Disclosure - Conflict of Interest Agreements for each individual involved in the evaluation process, and a copy of the mitigation plan for any individual who identified a conflict.
3. Evaluator training PowerPoint deck and/or other evaluator training documents.
4. All individual scoring sheets from each evaluator for each bidder, which include information such as the preliminary rating, strengths, weaknesses, and notes for each bidder's response to each question assigned to the evaluator.
5. The consensus scoring sheets for each question for each bidder, and supporting notes documented by Mercer in the Master Kancare RFP Consensus Review Evaluation Guides
6. Recordings of the consensus scoring sessions, with any chats or other electronic communications, and a document showing whether these sessions were conducted in person or remotely.
7. Documents typed/prepared by the facilitator during the consensus scoring sessions with ratings, strengths, weaknesses, and other notes.
8. Forms or documents reflecting Mercer's randomly assigned order in which evaluators were to independently evaluate each bidder's responses to the RFP technical questions and time allotted for the consideration of each bidder's responses to technical questions.
9. Forms or documents reflecting any randomly assigned order of review of each bidder's responses to technical questions during consensus evaluation sessions and time allotted for the consideration of each bidder's responses to technical questions (Also any forms or documents showing any assigned order for evaluators to speak during the consensus sessions).
10. All post-bid submission questions and answers or clarifications.
11. Minutes from the one-on-one meetings with bidders to discuss their respective cost proposals.
12. All negotiations communications with bidders, including clarifications sought and providing and questions and answers during one-on-one meetings.
13. Recordings of the one-on-one meetings with bidders.

I ask that these documents be produced today and that all additional responsive documents be produced on a rolling basis. Absent production, I understand my recourse to be an action under K.S.A. 45-222. I would prefer to work with your office to facilitate a rapid production of the requested records. Thanks very much for any assistance you can provide.

Best,

Jennifer

Jennifer Griffin
Partner
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Kansas City, MO 64108-2618
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From: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Sent: Thursday, May 23, 2024 4:08 PM
To: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Cc: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Subject: RE: Kansas Open Records Request - KanCare Medicaid & CHIP Capitated Managed Care Services Request for Proposal No. EVT0009267

Mr. Hansen,

Good afternoon. Can you please provide an update on the status of my request? When can I expect to receive responsive documents? Thank you.

Jennifer

Jennifer Griffin
Partner
Lathrop GPM LLP
2345 Grand Blvd., Suite 2200
Kansas City, MO 64108-2618
Direct: 573.761.5006
Mobile: 573.619.1629
jennifer.griffin@lathropgpm.com
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From: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Sent: Monday, May 20, 2024 11:20 AM
To: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>; DOA_KORA [DACC] <DOA_KORA@ks.gov>

Subject: RE: Kansas Open Records Request - KanCare Medicaid & CHIP Capitated Managed Care Services Request for Proposal No. EVT0009267

Good morning Ms. Griffin:

The Kansas Department of Administration has received your second written request. Please be advised that your first request was responded to, you can find that in the e-mail chain attached in case you did not receive it. In accordance with K.S.A. 45-218(d), we have begun the process of determining if we possess any public records meeting the terms of your request and, as soon as possible hereafter, we will provide you with one or more of the following:

1. Copies of the requested public records;

2. A statement concerning our inability to locate any public records meeting the terms of your request;

3. A request for clarification concerning the types of records or information you are seeking;

4. Record requests that can be provided with less than one hour of staff time or less than 100 pages will be provided at no charge. If we determine that our office possesses the public records you request, but are voluminous, difficult to locate, and/or contain information that may be include open and closed information, we will provide you with a written estimate of the fees that we will require be pre-paid in order to pay for the actual costs associated with (a) locating and/or retrieving the public records from storage, (b) staff time spent in assisting with making copies of the records, including attorney time spent examining the records for possible closure and/or redaction, and (c) copying and mailing the requested public records;

For requests that exceed one hour of staff time or more than 100 pages amount, the following rates shall apply.

• Copies, 25¢ per page; Mailing, 50¢ for first 5 pages, 25¢ for additional 5 page increments; FAX, 65¢ per 10 page fax. 5 cent additions per 5 cents up to 15 after that at discretion.

• Regarding staff time, there will be charged at the rate of pay for each person(s) whose time is used in order to assist and/or respond to a specific request. This may include the time spent to access records maintained on computer facilities, review records to determine whether closure exceptions apply and/or to redact open from closed information. Attorney time will be charged at $60 per hour. Clerical time will be charged at $18 per hour. Information Technology (IT) services will be charged at $38 per hour.

• Additional fees may be assessed if any other costs are incurred by the Department of Administration in connection with complying with a record request may be assessed to the requester. The agency will provide an estimate of the fees which shall be paid prior to the agency gathering the records. However, in order to assure payment, the final cost of providing access to or furnishing copies must be paid before the records are provided. If the final cost is less than the estimate, the requestor will be reimbursed for the difference.

5. If we determine that we do possess the records, but that the records are closed by law, we will provide you with that information together with a written citation to the laws allowing or requiring that type of public record to be closed.

We will contact you again, as soon as possible, concerning this matter and your record request. Please feel free to contact me if you have any questions.

Sincerely,

Jake A. Hansen
Attorney
Kansas Department of Administration
Office of Chief Counsel
1000 SW Jackson, Suite 500 | Topeka, KS 66612
Office: 785-296-8575 | Cell: 785-221-1051 |785-296-2702 Fascimile
Jake.Hansen@ks.gov | www.admin.ks.gov/offices/chief-counsel

Kansas
Department of Administration

From: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Sent: Friday, May 17, 2024 3:32 PM
To: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Cc: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Subject: Kansas Open Records Request - KanCare Medicaid & CHIP Capitated Managed Care Services Request for Proposal No. EVT0009267

Dear Records Custodian,

Attached please find a second request for copies of public records made under the Kansas Open Records Act, Chapter 45 of the Kansas Statutes Annotated. Please let me know if you have any questions. Thanks!

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From: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Sent: Friday, May 24, 2024 1:57 PM
To: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>; DOA_KORA [DACC] <DOA_KORA@ks.gov>
Subject: RE: Kansas Open Records Request - KanCare Medicaid & CHIP Capitated Managed Care Services Request for Proposal No. EVT0009267

Ms. Griffin,

The Kansas Department of Administration is still processing your request pursuant to K.S.A. 45-218(d). We anticipate that our response will be provided sometime in the middle to end of next week and should there be any cause for additional time needed to respond I will let you know. We are working expeditiously to fulfill your request.

Sincerely,

Jake A. Hansen
Attorney
Kansas Department of Administration
Office of Chief Counsel
1000 SW Jackson, Suite 500 | Topeka, KS 66612
Office: 785-296-8575 | Cell: 785-221-1051 |785-296-2702 Fascimile
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From: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Sent: Friday, May 24, 2024 12:20 PM
To: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Cc: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Subject: RE: Kansas Open Records Request - KanCare Medicaid & CHIP Capitated Managed Care Services Request for Proposal No. EVT0009267
Importance: High

Mr. Hansen,

After I sent the email below yesterday, I called you to discuss my records request. As indicated in my message, given the time constraints for reviewing the procurement process and determining whether to proceed with a bid protest it is extremely important that the requested documents be produced immediately. While I understand that the search for responsive documents is likely ongoing, the documents posted online indicate that multiple responsive documents exist which can readily be produced now, including the following:

1. List of the 5 evaluators on each of the four evaluation committees.
2. Copies of the executed Non-Disclosure - Conflict of Interest Agreements for each individual involved in the evaluation process, and a copy of the mitigation plan for any individual who identified a conflict.
3. Evaluator training PowerPoint deck and/or other evaluator training documents.
4. All individual scoring sheets from each evaluator for each bidder, which include information such as the preliminary rating, strengths, weaknesses, and notes for each bidder's response to each question assigned to the evaluator.
5. The consensus scoring sheets for each question for each bidder, and supporting notes documented by Mercer in the Master Kancare RFP Consensus Review Evaluation Guides
6. Recordings of the consensus scoring sessions, with any chats or other electronic communications, and a document showing whether these sessions were conducted in person or remotely.
7. Documents typed/prepared by the facilitator during the consensus scoring sessions with ratings, strengths, weaknesses, and other notes.
8. Forms or documents reflecting Mercer's randomly assigned order in which evaluators were to independently evaluate each bidder's responses to the RFP technical questions and time allotted for the consideration of each bidder's responses to technical questions.
9. Forms or documents reflecting any randomly assigned order of review of each bidder's responses to technical questions during consensus evaluation sessions and time allotted for the consideration of each bidder's responses to technical questions (Also any forms or documents showing any assigned order for evaluators to speak during the consensus sessions).
10. All post-bid submission questions and answers or clarifications.
11. Minutes from the one-on-one meetings with bidders to discuss their respective cost proposals.
12. All negotiations communications with bidders, including clarifications sought and providing and questions and answers during one-on-one meetings.
13. Recordings of the one-on-one meetings with bidders.

I ask that these documents be produced today and that all additional responsive documents be produced on a rolling basis. Absent production, I understand my recourse to be an action under K.S.A. 45-222. I would prefer to work with your office to facilitate a rapid production of the requested records. Thanks very much for any assistance you can provide.

Best,

Jennifer

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From: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
Sent: Thursday, May 23, 2024 4:08 PM
To: DOA_KORA [DACC] <DOA_KORA@ks.gov>
Cc: Griffin, Jennifer S. <jennifer.griffin@lathropgpm.com>
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EXHIBIT
2

State of Kansas

KANCARE MEDICAID & CHIP CAPITATED MANAGED CARE

REQUEST FOR PROPOSAL (RFP)

RFP # EVT0009267

Technical Proposal Evaluation Report and Procurement Negotiating Committee's Request for Cost Proposals

March 27, 2024

Table of Contents

I. Background

On October 2, 2023, the State of Kansas (State) released a Request for Proposal (RFP), RFP number EVT0009267, to procure managed care organizations (MCOs) to provide statewide managed care for the Kansas Medicaid program and Children's Health Insurance Program (CHIP), collectively referred to as "KanCare".

The State intends to contract with three (3) MCOs to provide high quality, integrated, well-coordinated, and cost-effective services to improve the health outcomes of the populations currently covered by Medicaid and CHIP. Services included in the KanCare RFP are physical health services, behavioral health services, and long-term services and supports (LTSS), including nursing facility care and home- and community based services (HCBS). These services will be provided statewide and include Medicaid funded inpatient and outpatient mental health and substance use disorder (SUD) services and seven (7) Section 1915(c) HCBS waiver programs.

Through the KanCare RFP, the State is seeking to select MCOs that will improve upon an already recognized, innovative managed care program. The State recognizes that bidders will bring a variety of strengths, experiences, innovations, and added value to the KanCare program, all of which will be considered in the selection process. The State is interested in developing a vibrant business relationship with its MCOs to help identify, define, and implement a continuing series of market reforms that lead to optimal care quality and outcomes. These interests are reflected in the State's vision for KanCare — "Partnering together to support Medicaid members in achieving health, wellness, and independence for a healthier Kansas." To advance this vision, the State identified the following KanCare goals:

A. Improve member experience and satisfaction.

   1. Educate, engage, and empower members to personally define their health and wellness goals.

   2. Proactively solicit feedback from members and their families to improve the health care delivery system and member satisfaction.

B. Improve health outcomes by providing holistic care to members that is integrated, evidence-based, and well-coordinated, and that recognizes the impact of social determinants of health (SDOH).

   1. Provide integrated, whole-person health care, including physical health services, behavioral health services, LTSS, and promote independence and wellness.

   2. Utilize and expand the use of strategies that address the SDOH in Medicaid to further improve beneficiary health outcomes, reduce health disparities, and lower overall costs in Medicaid and CHIP.

   3. Expand the use of evidence-based practices and services shown to result in optimal health outcomes.

   4. Provide appropriate levels of person and family-centered care coordination to ensure timely access to necessary services, continuity of care, and effectiveness of services.

C. Reduce health care disparities.

1. Provide services in a manner that is responsive to the linguistic and cultural needs and preferences of members.
2. Ensure members with disabilities have equitable access to quality services.
3. Identify and remediate disparities in member health outcomes.

D. Expand provider network and direct care workforce capacity and skill sets.

1. Recruit and retain providers to ensure access to all provider types.
2. Improve member access to services in rural and frontier areas of the State of Kansas.
3. Increase the availability of telehealth and other technology to expand service access.
4. Expand the capacity and the skill sets of the direct care workforce.

E. Improve provider experience and encourage provider participation in Medicaid.

1. Reduce administrative burden for providers, including expanding standardization of certain provider requirements across KanCare MCOs.
2. Proactively solicit feedback from providers to understand provider challenges and barriers and collaborate to improve the health care delivery system.
3. Ensure timely and accurate payment to providers.
4. Expeditiously resolve provider concerns and issues.

F. Increase the use of cost-effective strategies to improve health outcomes and the service delivery system.

1. Encourage and incentivize member engagement in wellness and prevention services to adopt and maintain healthy behaviors and prevent more serious health care conditions.
2. Advance the strategic use of payment models, community reinvestments, and incentives to improve health outcomes, service delivery efficiency, member experience, and contain the cost of health care.

G. Leverage data to promote continuous quality improvement to achieve the goals of the KanCare program.

1. Consistently and frequently examine quantitative and qualitative data and information obtained through a variety of sources (e.g., members, providers, and other stakeholders) to evaluate the effectiveness of the strategies employed to achieve program goals, identify opportunities for improvement, and adjust the strategies to incorporate results and lessons learned.

Through the KanCare RFP, the State seeks to select MCOs that demonstrate and provide the expertise, experience, innovative strategies, methods of approach, and capabilities necessary to advance the State's vision and goals for KanCare. Contract awards will be based upon the best interests of the State.

The consulting firm Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, under contract with the Kansas Department of Health and Environment (KDHE), provided support to the State throughout the KanCare procurement, including in the evaluation process to facilitate and document the consensus evaluation process. Mercer's supportive role in the evaluation process did not include the evaluation of the bidders' proposals (i.e., including whether proposals met mandatory requirements, the review and rating/scoring of technical proposals, and the review and evaluation of cost proposals). Mercer did not review or have access to any of the bidders' proposals.

II. KanCare RFP Evaluation of Technical Proposals

Consistent with RFP Section 5, Evaluation Process, the State evaluated technical proposals using the following phased approach.

Phase 1 — Review of Mandatory Requirements

Proposals were received by the State on or before the RFP proposal submission deadline (2:00 pm CT, January 4, 2024) from the following seven (7) bidders:

- Aetna Better Health of Kansas, Inc. (also referred to herein as "Aetna")
- CareSource Kansas LLC (also referred to herein as "CareSource")
- Community Care Health Plan of Kansas, Inc. d/b/a Healthy Blue (also referred to herein as "Healthy Blue")
- Molina Healthcare of Kansas, Inc. (also referred to herein as "Molina")
- Sunflower State Health Plan, Inc. (also referred to herein as "Sunflower")
- UCare Kansas, Inc. (also referred to herein as "UCare")
- UnitedHealthCare of the Midwest, Inc. (also referred to herein as "UnitedHealthCare")

Proposals were reviewed by the State to ensure that mandatory requirements were met. No points were awarded for meeting mandatory requirements; mandatory requirements were evaluated on a pass/fail basis, meaning that failure to meet one or more of the mandatory requirements would eliminate a proposal from further consideration.

All seven (7) bidders met the mandatory requirements and all bidders' proposals were advanced to Phase 2, the review of technical proposals.

Phase 2 — Review of Technical Proposals

Evaluation Committees

The State established four (4) evaluation committees responsible for reviewing and evaluating bidders' responses to the KanCare RFP technical questions. Each evaluation committee was composed of five (5) individuals that collectively offered experience and expertise related to the subject matter covered in the RFP technical questions reviewed by that committee. The evaluation committees were comprised of staff from KDHE and the Kansas Department for Aging and Disability Services (KDADS) appointed by the State to evaluate and rate the bidders' responses to technical questions. All individuals involved in the evaluation process signed a Non-Disclosure — Conflict of Interest Agreement agreeing that they would ensure the confidentiality of the process and attesting that they had no real nor apparent conflict of interest regarding the RFP.

The four (4) evaluation committees (referred to as "teams" below) were as follows:

- Team 1: Care Coordination/Clinical
- Team 2: Quality/Health Equity
- Team 3: Provider Network/Operations
- Team 4: Case Scenarios

Evaluation Criteria

As specified in RFP Section 5.2.B, the evaluation of the response to each RFP technical question focused on one (1) or more of the following evaluation criteria:

- The bidder's method of approach
- The bidder's experience
- The bidder's capability

Rating Scale and Definitions

As referenced in RFP Section 5.2.C, the State established a rating scale ranging from one (1), the lowest, to five (5), the highest, to rate the response to each RFP technical question (see Attachment 1, KanCare RFP Rating Scale and Definitions). The KanCare RFP Rating Scale and Definitions was used to promote consistency within and between evaluation teams. As described below under Scoring Methodology, the consensus rating assigned to each response by the applicable evaluation team was used to calculate the total number of points earned for that response.

Scoring Methodology

Before publishing the RFP, the State developed a scoring methodology for bidders' responses to the RFP technical questions. The State determined the maximum number of points available for each technical question. The maximum available points and the consensus rating assigned to a particular question determined the points given for that response, as follows:

- Rating of 5 = 100% of available points for the question
- Rating of 4 = 75% of the available points for the question
- Rating of 3 = 50% of the available points for the question
- Rating of 2 = 25% of the available points for the question
- Rating of 1 = 0% of the available points for the question

For example, if the maximum number of potential points available for a technical question was 50 points and a bidder received a consensus rating of a four (4) for its response to the question, the bidder received 75% of 50 points, or 37.5 points for that technical question. If the bidder's response received a consensus rating of a three (3), the bidder received 50% of 50 points, or 25 points for that technical question.

A bidder's total score for its responses to RFP technical questions was the sum of the points given to each of the bidder's responses to questions. The maximum possible technical proposal score for this RFP was 1,000 points.

The State established that the scores, strengths and weaknesses of the bidders' responses to RFP technical questions were to be considered by the PNC, but would not, in and of themselves, be

determinative of the PNC's recommendations to advance proposals to Phase 3 – Review of Cost Proposals nor be determinative of the PNC's recommendation of KanCare MCOs selected for award. In accordance with RFP Section 6, as a negotiated procurement pursuant to K.S.A. 75-37,102, selection and award of KanCare MCOs must be based upon the best interests of the State of Kansas.

Evaluator Training

Mercer provided evaluator training to the evaluation committee members prior to their evaluations of the responses to RFP technical questions. The training was focused on preparing evaluation committee members to understand and conduct their roles and responsibilities during the evaluation process, including the use of evaluation tools available to evaluators to guide their evaluation.

Evaluation Process for RFP Technical Questions

The State used a consensus review process to evaluate and rate each bidder's responses to RFP technical questions.

Independent Review

In preparation for participating in the consensus evaluation sessions, members of the evaluation committees independently evaluated and preliminarily rated responses to RFP technical questions assigned to their evaluation committee.

Mercer, on behalf of the State, randomly assigned the order in which evaluators were to independently evaluate each bidder's responses to the RFP technical questions. From January 18, 2024, to February 12, 2024, each evaluator independently read, evaluated, and rated responses to their assigned technical questions in the order specified by Mercer. Each evaluator documented their evaluation (i.e., preliminary rating, strengths, weaknesses, and notes) of the response to each question in a working draft of the evaluation guide for the applicable bidder in preparation for consensus evaluation sessions. All evaluators completed their independent review of all bidders' responses assigned to them prior to beginning the consensus review process.

Consensus Review

From February 12, 2024, to February 28, 2024, each evaluation committee participated in a consensus review facilitated by Mercer. The order of review of each bidder's responses to technical questions during consensus evaluation sessions was randomly assigned by Mercer on behalf of the State. During the consensus reviews, evaluators used their individual preliminary ratings and notes documented in their draft evaluation guides to discuss and evaluate responses. Prior to finalizing a consensus rating, all members of the respective evaluation committee agreed to the final rating and documentation. The result was one consensus rating per question, per bidder, and supporting notes, documented by Mercer in the Master KanCare RFP Consensus Review Evaluation Guides.

Use of Subject Matter Experts as Advisors

Subject matter experts (SMEs) were available to the evaluation committees during the consensus evaluation sessions to review responses to specific RFP technical questions, in part or in whole, and to provide feedback for the evaluation committee's consideration.

The evaluation committees were advised as part of the evaluator training about the availability of SMEs during the consensus evaluation sessions, that SMEs could be requested by asking the facilitator of the consensus evaluation session, and the limited role of SMEs (i.e., advisory only; the role of SMEs did not include rating or scoring responses). No SMEs were requested or used during the consensus evaluation sessions.

III. Technical Proposal Review Results

KanCare RFP Total Technical Scores

The maximum possible technical proposal score for this RFP was 1,000 points. The following table shows each bidder's total score for its responses to KanCare RFP technical questions in rank order by point total, starting with the highest total points/score.

Rank	Offeror Name	Score
1	Sunflower	729.25
2	UnitedHealthCare	683.25
3	Aetna	522.00
4	Healthy Blue	522.00
5	CareSource	504.50
6	Molina	397.50
7	UCare	308.75

KanCare RFP Technical Scores by Topic Areas

The following table shows each bidder's technical proposal scores by topic area. Cells shaded in green represent the bidder(s) with the highest points in each topic area; cells shaded in yellow represent the bidder(s) with the lowest points in each topic area.

Topic Area	Sunflower	United Health Care	Aetna	Healthy Blue	Care Source	Molina	UCare	Total Available Points
Experience and Qualifications	69.25	59.50	54.50	59.50	49.50	23.75	23.75	95.00
Member Experience	60.00	60.00	41.25	47.50	46.25	33.75	20.00	80.00
Integrated, Whole Person Care	107.50	118.75	93.75	73.75	73.75	80.00	60.00	160.00
Utilization Management and Services	93.75	76.25	68.75	77.50	65.00	52.50	30.00	120.00
Quality Assurance	75.00	75.00	75.00	51.25	57.50	60.00	36.25	120.00
Provider Network	98.75	90.00	80.00	102.50	48.75	56.25	77.50	145.00
Case Scenarios	225.00	203.75	108.75	110.00	163.75	91.25	61.25	280.00
Total Available Points								**1,000.00**

KanCare RFP Summary of Ratings of Responses

A summary of the consensus ratings of responses to thirty-six technical questions (technical question number 18 was not rated/scored) for each bidder is captured below. Cells shaded in green represent the number of responses rated higher than a 3; cells shaded in grey represent the number of responses rated a 3; and cells shaded in yellow represent the number of responses rated lower than a 3.

For reference, as defined in Attachment 1, KanCare RFP Rating Scale and Definitions, a rating of 3 was awarded when the consensus evaluation team identified that the response was good, meaning that the response fully or nearly fully addressed the technical question and associated RFP requirements and adequately demonstrated the method of approach, capabilities and/or experience, as applicable to the question.

Bidder	Number of Responses by Consensus Rating				
	5	4	3	2	1
Sunflower	7	18	11	0	0
UnitedHealthCare	4	20	11	1	0
Aetna	0	12	15	8	1
Healthy Blue	0	11	18	7	0
CareSource	2	9	14	11	0
Molina	0	3	17	13	3
UCare	0	1	7	27	1

Examples of Technical Proposal Strengths and Weaknesses

Examples of technical proposal strengths and weaknesses, described in more detail in the Master KanCare RFP Consensus Review Evaluation Guides for each bidder, are captured below. Examples of proposal strengths correspond to technical question responses that were rated above a 3 by the applicable consensus committee while examples of weaknesses correspond to responses rated below a 3. The examples of strengths and weaknesses are listed in the order of the RFP technical questions.

Sunflower State Health Plan, Inc.

Strengths

- Relevant Medicaid managed care experience in multiple states.
- Strategies for being an effective partner to the State and other stakeholders, including providers and other MCOs, to achieve the State's vision and goals.
- Approach to encouraging and engaging members to actively participate in their health care, including examples of interventions and related improved outcomes.

- Multiple strategies to soliciting feedback from members/families and using that feedback to improve member/family experience and the KanCare program.
- Strategies for improving the provider directory, including information included in the directory beyond the required fields, stakeholder-informed processes for maintaining the accuracy of the information, enhancing the usability of the online directory through several features, and strategies to reduce provider burden associated with providing information.
- MCO staffed care coordination model approach and capabilities, including statewide staff distribution to meet member needs and providing actionable data and information to care coordinators.
- Multiple approaches to screening, identifying, and using a closed-loop referral system to meet members' SDOH needs.
- Strategies for identifying and addressing health disparities that included a strategy for using data and an understanding of the limitations of the data.
- Approaches to ensuring appropriate utilization of services while reducing provider administrative burden.
- Strategies for ensuring compliance of the MCO's utilization management (UM) program with the Mental Health Parity and Addiction Equity Act (MHPAEA).
- Multiple examples of how the MCO has and will participate and collaborate with the State on pharmaceutical initiatives and best practices, including clinical initiatives, sharing data with the State to inform policy making, and programs to reduce the administrative burden for providers.
- Multiple strategies for ensuring member access to non-emergency medical transportation (NEMT), including use of the member advisory committee and member focus groups to determine a vendor and examples of active vendor oversight.
- Strategies for providing and evaluating the effectiveness of the MCO's behavioral health crisis services, including partnering with stakeholders, use of grant funding to promote access to crisis services, and use of predictive modeling.
- MCO's quality management program approach to drive a program-wide culture of continuous quality improvement, including a focus on quality in rural and frontier areas, LTSS, and behavioral health.
- Multiple strategies for developing, managing, and monitoring an adequate, qualified provider network, including a provider incentive program, multiple telemedicine methods, and mobile service delivery.
- Multiple strategies and partnerships for addressing workforce development challenges for home and community-based services (HCBS) and behavioral health services, including financial incentives and career growth opportunities for direct care workers, telehealth options, and MCO commitments to the certified community behavioral health clinic (CCBHC) model.
- Experience and approach to developing and implementing multiple value-based purchasing (VBP) arrangements, including a well-defined list of priority areas and examples of performance outcomes.
- Approach to identifying, addressing, and coordinating member/family care needs for the case scenarios involving the postpartum member, pregnant

member with behavioral health needs, incarcerated member, child member in foster care, child member with intellectual/developmental disability (IDD) and behavioral health needs, child member at risk for autism, and dual eligible member.
- Approaches to address the hospital executive's concern about psychiatric boarding, including the use of care coordination, stakeholder partnerships to develop strategies, and use of data and analytics.

Weaknesses

- While minor weaknesses were identified in some responses, no responses were determined to be minimally acceptable or poor.

UnitedHealthCare of the Midwest, Inc.

Strengths

- Innovative approaches and examples of initiatives resulting in measurable improvements in completing member health screens.
- Strategies for being an effective partner with the State and other stakeholders, including providers and other MCOs, and experience relevant to effectively partnering to achieve identified program goals.
- Relevant experience and approaches to encouraging and engaging members to actively participate in their health care, including the use of incentives and health portal/health applications.
- Approach to soliciting feedback from members/families, including multiple avenues for member engagement to provide feedback and using feedback to improve member/family experience and the KanCare program.
- Strategies for improving the provider directory, including providing information in the directory beyond required fields, multiple processes for maintaining the accuracy of the information, enhancing the usability of the online directory through different features, and using strategies to reduce provider burden associated with providing information.
- Strategies and capabilities that support the proposed MCO staffed care coordination model for KanCare, including care coordination staffing, systems, and member engagement methods.
- Use of community health workers (CHWs) and community health representatives (CHRs), including current and planned staffing, measuring and monitoring activities, and a commitment to support CHWs.
- Multiple strategies for advancing integrated, whole-person care, including the use of training, data analytics, and tools.
- Capabilities and strategies related to screening, identifying, and using a closed-loop referral system to meet members' social determinants of health (SDOH) needs, including the use of information systems, training, and a variety of tools.
- Approach to collaborating with the State on pharmaceutical initiatives and best practices, including multiple tools and examples of relevant experience.

- Strategies for providing and evaluating the effectiveness of the MCO's behavioral health crisis services, including partnering with schools, development of behavioral health programs, and use of technology/platform designed to reduce emergency department (ED) visits.
- Strategies, particularly those used at initial stage of member engagement, to increase the provision of tobacco screening and cessation.
- MCO's quality management program approach to driving a program-wide culture of continuous quality improvement, including the use of data, tools, and committee structures.
- Multiple strategies for ensuring timely access to quality dental care in all areas of the State.
- Multiple strategies for encouraging provider network participation, improving provider experience, and reducing administrative burden.
- Strategies and experience relevant to developing and implementing multiple types of VBP and alternative payment model (APM) arrangements to achieve program goals, such as reducing unnecessary ED utilization and hospital readmissions.
- Approach to identifying, addressing, and coordinating member/family care needs to address the case scenarios involving the postpartum member, pregnant member with behavioral health needs, child member in foster care, member with IDD and behavioral health needs, child member at risk for autism, dual eligible member, and American Indian member.
- Strategies, including root cause analysis and employing a collaborative approach with stakeholders, to understand and effectively address hospital executive's concern about psychiatric boarding in the ED.

Weaknesses

- Approach to identifying, addressing, and coordinating the member's needs in the case scenario involving the incarcerated member, including failing to provide adequate person-centered planning and timely care coordination following the member's release from incarceration.

Aetna Better Health of Kansas, Inc.

Strengths

- Multiple strategies and new initiatives for improving the timely completion of member health screens.
- Approach to encouraging and engaging members to actively participate in their health care, including the use of a variety of member communication channels and strategies and providing members with rewards for engagement.
- Approach to advancing integrated, whole-person care, including provider incentives like VBP and embedding providers in key service locations.
- Multiple strategies for screening, identifying, and meeting members' SDOH needs, including hiring individuals with lived experience, relationships with

community benefit organizations, and a closed-loop referral system.
- Approach to ensuring appropriate utilization of services while reducing provider administrative burden, including minimizing a number of prior authorization requirements, data analysis and reporting, and methods for driving desirable member actions.
- Approach to ensuring compliance of the MCO's UM program with MHPAEA, including analyzing benefit changes, regular parity committee meetings, and using evidence-based medical necessity criteria.
- Experience with and approach to collaborating with the State on pharmaceutical initiatives and best practices, including moving toward a single pharmacy benefits manager (PBM), partnering with the independent pharmacy enhanced services network, and installing health screen kiosks in pharmacies.
- Quality management program approach and capabilities to drive a program-wide culture of continuous quality improvement.
- Multiple strategies for encouraging provider network participation, improving provider experience, and reducing administrative burden.
- Approach to developing and implementing VBP arrangements, including multiple examples targeted at different types of providers.
- Approach to addressing the hospital executive's call to provider services about psychiatric boarding concerns, including the use of community partnerships and collaboration for short-term and long-term solutions.
- Approach to identifying, addressing, and coordinating the needs of and offering choices to the member in the case scenario involving the American Indian member in a culturally appropriate manner.

Weaknesses

- Did not adequately describe how the MCO would improve the provider directory, including limited information on the strategies and timeline for improving the accuracy of the information and the usability of the online directory and on strategies to reduce provider burden associated with providing information.
- Did not fully describe strategies for ensuring member access to NEMT.
- Did not fully describe strategies for ensuring timely access to quality dental care in all areas of the State.
- Did not provide sufficient detail to determine whether the presenting needs of the member/family were fully identified and addressed in the case scenarios involving the pregnant member, adult member on the IDD HCBS waiver, member with traumatic brain injury (TBI), child member in foster care, and child member with IDD and behavioral health needs.
- Did not provide sufficient detail to determine whether the needs of the member were fully identified and addressed in the case scenario involving the incarcerated member, and in some areas reflected an approach that is not consistent with RFP requirements/expectations.

Community Care Health Plan of Kansas, Inc. d/b/a Healthy Blue

Strengths

- Approach to improving timely completion of member health screens, including examples of strong member engagement techniques, mobile screening van for rural areas, and use of data mining to locate members.
- Detailed strategies and examples demonstrating the MCO's approach to becoming an effective partner with the State and other stakeholders to achieve the State's vision and goals.
- Wide variety of member-focused services, such as communication channels and use of data, to encourage and engage members to actively participate in their health care.
- Detailed strategy for using CHWs and CHRs, including the MCO's CHW/CHR training plan, engagement strategy, and approach to member education.
- Approach to ensuring compliance of the MCO's UM program with MHPAEA, including continuous monitoring and providing a detailed plan on the use of a parity governance committee.
- Multiple strategies and experience related to collaborating with the State on pharmaceutical initiatives and best practices, including reducing opioid use, detailed monitoring plans, and leveraging work in other markets.
- Comprehensive strategies to ensure member access to NEMT, including technology to assist members with transportation needs, driver incentives for performance, and enhanced reimbursement for NEMT driver coverage in rural and frontier areas.
- Strategies for developing, managing, and monitoring an adequate, qualified provider network, including the use of mobile clinics in rural and frontier areas, telehealth approaches, and data sources to monitor the network.
- Multiple strategies to ensure timely access to quality dental care in all areas of the State, including rural and frontier areas.
- A number of innovative strategies to encourage provider network participation, improve experience, and reduce administrative burden, including dashboards, incentives, and outreach efforts.
- Experience and approach to developing and implementing multiple VBP arrangements, including detailed approaches for priority areas that support KanCare goals.

Weaknesses

- Did not provide adequate detail in several parts of the response related to the MCO staffed care coordination model for KanCare, including descriptions of care coordination roles and responsibilities.
- Did not adequately describe the MCO's approach to addressing service gaps, particularly in rural and frontier areas of the State.
- Lacked detail and did not fully address identifying, coordinating, and addressing

member/family needs in response to the case scenarios involving the incarcerated member, child member at risk for autism, dual eligible member, and American Indian member.
- Lacked detail and did not provide actionable solutions to address the hospital executive's concern about psychiatric boarding in the case scenario.

CareSource Kansas LLC

Strengths

- Approach to improving timely completion of member health screens, including member incentives, innovative communication platforms, and strategies to address health disparities.
- Approach to soliciting feedback from members/families and using feedback to improve member/family experience and the KanCare program, including establishment of diverse committees, surveys, and use of data.
- Approach to ensuring compliance of the MCO's UM program with MHPAEA, including training, audits, and policies and procedures.
- Approach to collaborating with the State on pharmaceutical initiatives and best practices, including collaborative initiatives, use of an advisory board, and use of a third-party auditor to monitor the MCO's PBM.
- Approach to increasing the provision of tobacco screening and cessation, including tobacco screening for youth, member/provider incentives, and inclusion of all forms of tobacco in screening efforts.
- Approach to improving performance on health care effectiveness data and information set (HEDIS) measures, including specific approaches for each HEDIS metric in the question, multiple member engagement techniques, and collaboration strategies.
- Approach to identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the postpartum member, pregnant member, incarcerated member, child member in foster care, and dual eligible member.

Weaknesses

- Very limited information and details regarding the MCO's approach to being an effective partner with the State and other stakeholders to achieve the State's vision and goals.
- Limited information, detail, and examples of the MCO's approach to advancing integrated, whole -person care.
- Did not fully describe and explain how the MCO would ensure appropriate utilization of services while reducing provider administrative burden.
- Lacked detail on how the MCO would meet NEMT access and service delivery standards.
- Did not provide sufficient detail to demonstrate how the MCO would identify and address HCBS service gaps.

- Did not demonstrate a comprehensive understanding of Kansas-specific network gaps, did not clarify that using telehealth would not be appropriate for all populations, and did not provide sufficient information regarding the timeline for provider recruiting and contracting.
- Lacked detail and did not provide detailed solutions for HCBS and behavioral health workforce issues in rural and frontier areas.
- Did not demonstrate a comprehensive understanding of Kansas-specific network gaps and provided limited details on how the MCO would close identified dental network gaps to ensure timely access to quality dental care.
- Lacked detail and did not fully address identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the adult member on the IDD HCBS waiver and the American Indian member.
- Lacked detail and did not sufficiently address the case scenario involving the hospital executive's concern about psychiatric boarding.

Molina Healthcare of Kansas, Inc.

Strengths

- Strategies for expanding the use of CHWs and CHRs, including outreach to members, incentives to integrate CHWs in provider offices, and moving CHW training into a college credit program.
- Multiple strategies for ensuring appropriate utilization of services while reducing provider administrative burden, including incorporating providers in the MCO's UM committee and offering a strong provider portal.
- Experience with and approach to developing and implementing VBP arrangements, including strategies for assessing providers for readiness to participate in such arrangements.
- Approach to identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the postpartum member and pregnant member.

Weaknesses

- Limited experience providing services similar to KanCare; only a few plans referenced in the response offer all services that are available in KanCare. Multiple instances of noncompliance and protected health information (PHI) breaches, some resulting in large fines, with minimal information provided about the corrective action taken.
- Limited response and detail about the MCO's approach to improving timely completion of member health screens.
- Limited response and detail describing the MCO's approach to being an effective partner with the State and other stakeholders to achieve the State's vision and goals.
- Lacked sufficient detail about the MCO's approach to soliciting feedback from members/families and using feedback to improve member/family experience

and the KanCare program.
- Did not sufficiently describe approaches to advancing integrated, whole-person care, including a lack of information about how the MCO will evaluate and monitor integration strategies.
- Did not address rural and frontier NEMT service access strategies and lacked detail regarding member ability to access NEMT services.
- Lacked detail regarding the method of approach to evaluating the effectiveness of the MCO's behavioral health crisis services, ensuring comprehensive member access to services, and describing the MCO's role in stakeholder partnerships.
- Lacked information about the MCO's approach to network development, including a lack of detail on provider recruitment and contracting for all provider types, contracting and credentialing timing and sequencing, and network capacity of HCBS providers.
- Lacked sufficient detail and raised areas of concern about the MCO's approach to addressing workforce development and challenges for HCBS and behavioral health services, including reliance on subcontractors, viability of virtual clinical supervision, and lack of strategies to improve the behavioral health workforce in rural and frontier areas.
- Lacked sufficient detail on encouraging provider network participation, improving provider experience, reducing administrative burden, and addressing recruitment in rural and frontier areas.
- Lacked detail and did not fully address the MCO's approach to identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the adult member on the IDD HCBS waiver, member with traumatic brain injury, incarcerated member, child member with IDD and behavioral health needs, and dual eligible member.
- Lacked detail and did not fully address the case scenario involving the hospital executive's concern about psychiatric boarding.

UCare Kansas, Inc.

Strengths

- Strong approach to encouraging provider network participation, including provider outreach, contracting, and multiple strategies to reduce provider administrative burden.

Weaknesses

- Limited (one example) Medicaid managed care experience in providing similar services to services provided in the KanCare program.
- Limited information about the MCO's approach to improving timely completion of member health screens, including a lack of detail regarding member contact and engagement, use of incentives, and how the MCO's screening will improve the program.

- Lacked sufficient detail on the MCO's approach to serving as an effective partner with the State and other stakeholders and provided limited information on how to resolve common provider issues.
- Lacked detail to sufficiently describe approach to encouraging and engaging members to actively participate in their health care.
- Did not sufficiently describe the MCO's approach to soliciting feedback from members/families and using feedback to improve member/family experience and the KanCare program.
- Lacked detailed strategies for updating and maintaining the provider directory, ensuring directory accuracy, and addressing provider burden regarding directory information.
- Did not sufficiently describe the MCO's approach to building capacity or using CHWs and CHRs, nor how the MCO will evaluate the CHWs/CHRs effectiveness in fulfilling their roles.
- Did not provide sufficient detail about the MCO's approach to advancing and monitoring integrated, whole-person care.
- Did not provide sufficient detail describing the MCO's capabilities and approach to screening, identifying, and using a closed-loop referral system to meet members' SDOH needs.
- Did not sufficiently describe the MCO's approach to ensuring appropriate utilization of services while reducing provider administrative burden.
- Did not sufficiently describe the MCO's approach to ensuring compliance of the MCO's UM program with MHPAEA.
- Lacked detail regarding the MCO's approach to collaborating with the State on pharmaceutical initiatives and best practices, including the role of the pharmacy director and information regarding fraud, waste, and abuse prevention.
- Provided minimal information about member access and availability of NEMT services.
- Lacked details on the MCO's capability and approach to providing and evaluating the effectiveness of the MCO's behavioral health crisis services.
- Did not include sufficient detail to demonstrate the MCO's approach and experience related to increasing the provision of tobacco screening and cessation.
- Did not provide sufficient information or description of the MCO's approach to developing a quality management program that drives a program-wide culture of continuous quality improvement.
- Did not include sufficient details on identifying and addressing HCBS service gaps, including providing limited to no detail on monitoring gaps.
- Lacked detail and did not fully address approach to identifying, coordinating, and addressing member/family needs in response to all member-specific case scenarios.
- Did not provide sufficient detail on the MCO's approach to the case scenario regarding the hospital executive's concerns about psychiatric boarding, including the lack of an identified timeframe for follow-up activities.

IV. PNC Request for Release of Cost Proposals

Consistent with RFP Section 5.2 F, as a result of the PNC's review of the information in the technical evaluation report, the PNC requests OPC to release the cost proposals for Sunflower, United HealthCare, Aetna, Healthy Blue and CareSource Health Plan.

Attachment 1: KanCare RFP Rating Scale and Definitions

Rating Scale	Definition	Notes	% of Points
5	The response is excellent. The response fully addresses the technical question and associated RFP requirements and demonstrates superior method of approach, capabilities, and/or experience, as applicable to the question.	To support a five (5) rating, the evaluator must document that the response demonstrates: • A method of approach that is highly desirable to the State and represents best practice or innovation in many areas of the response. The description is detailed enough to determine that the approach is viable, geographically appropriate (when necessary) and describes how the Bidder will meet or exceed the requirements in the RFP; and/or • Highly desirable capabilities that are either currently in place or that will be implemented in accordance with a detailed and viable description of how the Bidder will develop the capabilities. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, information technology (IT) systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet or exceed the requirements in the RFP; and/or • Extensive experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and • The response has no significant weaknesses.	100%
4	The response is very good. The response fully addresses the technical question and associated RFP requirements and demonstrates excellence in method of approach, capabilities and/or experience, as applicable to the question.	To support a four (4) rating, the evaluator must document that the response demonstrates: • A method of approach that is desirable to the State and represents best practice or innovation in some areas of the response. The description is detailed enough to determine that the approach is viable, geographically appropriate (when necessary) and describes how the Bidder will meet or exceed the requirements in the RFP; and/or	75%

Rating Scale	Definition	Notes	% of Points
		• Desirable capabilities that are either currently in place or that will be implemented in accordance with a detailed and viable description of how the Bidder will develop the capabilities. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet or exceed the requirements in the RFP; and/or • Relevant experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and • The response has no significant weaknesses.	
3	The response is good. The response fully or nearly fully addresses the technical question and associated RFP requirements and adequately demonstrates the method of approach, capabilities and/or experience, as applicable to the questions.	To support a three (3) rating, the evaluator must document that the response demonstrates: • A method of approach that is desirable to the State and includes a description with enough detail to determine that the approach is viable and geographically appropriate (when necessary) and describes how the Bidder will meet the requirements in the RFP; and/or • Adequate capabilities are either currently in place or that will be implemented in accordance with a detailed and viable description of how the Bidder will develop the capabilities. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet the requirements in the RFP; and/or • Some experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and • The response has no significant weaknesses but may have minor weaknesses that can be reasonably overcome.	50%

Rating Scale	Definition	Notes	% of Points
2	The response is minimally acceptable. The response does not fully address the technical question and/or associated RFP requirements, or does not sufficiently demonstrate the method of approach, capabilities, and/or experience, as applicable to the question.	To support a two (2) rating, the evaluator must document that the response demonstrates: • A method of approach that is not desirable to the State, lacks enough detail to determine that the approach is viable and geographically appropriate (when necessary), and/or does not describe how the Bidder will meet the requirements in the RFP; and/or • Some capabilities offered are insufficient, do not appear to be viable; or the response lacked sufficient detail to describe how the Bidder will develop the capabilities to meet the requirements of the RFP. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet the requirements in the RFP; and/or • Some, but limited, experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and/or • The response has a significant weakness or a number of weaknesses and/or a number of minor weaknesses that will be difficult to overcome.	25%

Rating Scale	Definition	Notes	% of Points
1	The response is poor or unacceptable. The response fails to address most elements of the technical question and/or associated RFP requirements, fails to demonstrate the method of approach, capabilities, and/or experience as applicable to the question, or no response was provided.	To support a one (1) rating, the evaluator must document that the response demonstrates: • A method of approach that lacks enough detail to evaluate how the Bidder will meet the requirements in the RFP and/or that violates the requirements in the RFP; and/or • Most or all capabilities offered are insufficient or do not appear to be viable and/or the response lacks enough detail to evaluate how the Bidder will develop the capabilities to meet the requirements in the RFP. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet the requirements in the RFP; and/or • A lack of relevant experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and/or • The response has significant weakness that cannot be overcome and/or a large number of minor weaknesses; and/or • The Bidder did not provide a response to the question.	0%

EXHIBIT
3

State of Kansas

KANCARE MEDICAID & CHIP CAPITATED MANAGED CARE

REQUEST FOR PROPOSAL (RFP)

RFP # EVT0009267

Technical Review and Recommendation for Award

May 8, 2024

Table of Contents

I. Background

On October 2, 2023, the State of Kansas (State) released a Request for Proposal (RFP), RFP number EVT0009267, to procure managed care organizations (MCOs) to provide statewide managed care for the Kansas Medicaid program and Children's Health Insurance Program (CHIP), collectively referred to as "KanCare".

The State intends to contract with three (3) MCOs to provide high quality, integrated, well-coordinated, and cost-effective services to improve the health outcomes of the populations currently covered by Medicaid and CHIP. Services included in the KanCare RFP are physical health services, behavioral health services, and long-term services and supports (LTSS), including nursing facility care and home- and community-based services (HCBS). These services will be provided statewide and include Medicaid funded inpatient and outpatient mental health and substance use disorder (SUD) services and seven (7) Section 1915(c) HCBS waiver programs.

Through the KanCare RFP, the State is seeking to select MCOs that will improve upon an already recognized, innovative managed care program. The State recognizes that bidders will bring a variety of strengths, experiences, innovations, and added value to the KanCare program, all of which will be considered in the selection process. The State is interested in developing a vibrant business relationship with its MCOs to help identify, define, and implement a continuing series of market reforms that lead to optimal care quality and outcomes. These interests are reflected in the State's vision for KanCare — "Partnering together to support Medicaid members in achieving health, wellness, and independence for a healthier Kansas." To advance this vision, the State identified the following KanCare goals:

A. Improve member experience and satisfaction.

   1. Educate, engage, and empower members to personally define their health and wellness goals.

   2. Proactively solicit feedback from members and their families to improve the health care delivery system and member satisfaction.

B. Improve health outcomes by providing holistic care to members that is integrated, evidence-based, and well-coordinated, and that recognizes the impact of social determinants of health (SDOH).

   1. Provide integrated, whole-person health care, including physical health services, behavioral health services, LTSS, and promote independence and wellness.

   2. Utilize and expand the use of strategies that address the SDOH in Medicaid to further improve beneficiary health outcomes, reduce health disparities, and lower overall costs in Medicaid and CHIP.

   3. Expand the use of evidence-based practices and services shown to result in optimal health outcomes.

   4. Provide appropriate levels of person and family-centered care coordination to ensure timely access to necessary services, continuity of care, and effectiveness of services.

C. Reduce health care disparities.

1. Provide services in a manner that is responsive to the linguistic and cultural needs and preferences of members.
2. Ensure members with disabilities have equitable access to quality services.
3. Identify and remediate disparities in member health outcomes.

D. Expand provider network and direct care workforce capacity and skill sets.

1. Recruit and retain providers to ensure access to all provider types.
2. Improve member access to services in rural and frontier areas of the State of Kansas.
3. Increase the availability of telehealth and other technology to expand service access.
4. Expand the capacity and the skill sets of the direct care workforce.

E. Improve provider experience and encourage provider participation in Medicaid.

1. Reduce administrative burden for providers, including expanding standardization of certain provider requirements across KanCare MCOs.
2. Proactively solicit feedback from providers to understand provider challenges and barriers and collaborate to improve the health care delivery system.
3. Ensure timely and accurate payment to providers.
4. Expeditiously resolve provider concerns and issues.

F. Increase the use of cost-effective strategies to improve health outcomes and the service delivery system.

1. Encourage and incentivize member engagement in wellness and prevention services to adopt and maintain healthy behaviors and prevent more serious health care conditions.
2. Advance the strategic use of payment models, community reinvestments, and incentives to improve health outcomes, service delivery efficiency, member experience, and contain the cost of health care.

G. Leverage data to promote continuous quality improvement to achieve the goals of the KanCare program.

1. Consistently and frequently examine quantitative and qualitative data and information obtained through a variety of sources (e.g., members, providers, and other stakeholders) to evaluate the effectiveness of the strategies employed to achieve program goals, identify opportunities for improvement, and adjust the strategies to incorporate results and lessons learned.

Through the KanCare RFP, the State seeks to select MCOs that demonstrate and provide the expertise, experience, innovative strategies, methods of approach, and capabilities necessary to advance the State's vision and goals for KanCare. Contract awards will be based upon the best interests of the State.

The consulting firm Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, under contract with the Kansas Department of Health and Environment (KDHE), provided support to the State throughout the KanCare procurement, including in the evaluation process to facilitate and document the consensus evaluation process. Mercer's supportive role in the evaluation process did not include the evaluation of the bidders' proposals (i.e., including whether proposals met mandatory requirements, the review and rating/scoring of technical proposals, and the review and evaluation of cost proposals). Mercer did not review or have access to any of the bidders' proposals.

II. KanCare RFP Evaluation of Technical Proposals

Consistent with RFP Section 5, Evaluation Process, the State evaluated technical proposals using the following phased approach.

Phase 1 — Review of Mandatory Requirements

Proposals were received by the State on or before the RFP proposal submission deadline (2:00 pm CT, January 4, 2024) from the following seven (7) bidders:

- Aetna Better Health of Kansas, Inc. (also referred to herein as "Aetna")
- CareSource Kansas LLC (also referred to herein as "CareSource")
- Community Care Health Plan of Kansas, Inc. d/b/a Healthy Blue (also referred to herein as "Healthy Blue")
- Molina Healthcare of Kansas, Inc. (also referred to herein as "Molina")
- Sunflower State Health Plan, Inc. (also referred to herein as "Sunflower")
- UCare Kansas, Inc. (also referred to herein as "UCare")
- UnitedHealthCare of the Midwest, Inc. (also referred to herein as "UnitedHealthCare")

Proposals were reviewed by the State to ensure that mandatory requirements were met. No points were awarded for meeting mandatory requirements; mandatory requirements were evaluated on a pass/fail basis, meaning that failure to meet one or more of the mandatory requirements would eliminate a proposal from further consideration.

All seven (7) bidders met the mandatory requirements and all bidders' proposals were advanced to Phase 2, the review of technical proposals.

Phase 2 — Review of Technical Proposals

Evaluation Committees

The State established four (4) evaluation committees responsible for reviewing and evaluating bidders' responses to the KanCare RFP technical questions. Each evaluation committee was composed of five (5) individuals that collectively offered experience and expertise related to the subject matter covered in the RFP technical questions reviewed by that committee. The evaluation committees were comprised of staff from KDHE, and the Kansas Department for Aging and Disability Services (KDADS) appointed by the State to evaluate and rate the bidders' responses to technical questions. All individuals involved in the evaluation process signed a Non-Disclosure — Conflict of Interest Agreement agreeing that they would ensure the confidentiality of the process and attesting that they had no real nor apparent conflict of interest regarding the RFP.

The four (4) evaluation committees (referred to as "teams" below) were as follows:

- Team 1: Care Coordination/Clinical
- Team 2: Quality/Health Equity
- Team 3: Provider Network/Operations
- Team 4: Case Scenarios

Evaluation Criteria

As specified in RFP Section 5.2.B, the evaluation of the response to each RFP technical question focused on one (1) or more of the following evaluation criteria:

- The bidder's method of approach
- The bidder's experience
- The bidder's capability

Rating Scale and Definitions

As referenced in RFP Section 5.2.C, the State established a rating scale ranging from one (1), the lowest, to five (5), the highest, to rate the response to each RFP technical question (see Attachment 1, KanCare RFP Rating Scale and Definitions). The KanCare RFP Rating Scale and Definitions was used to promote consistency within and between evaluation teams. As described below under Scoring Methodology, the consensus rating assigned to each response by the applicable evaluation team was used to calculate the total number of points earned for that response.

Scoring Methodology

Before publishing the RFP, the State developed a scoring methodology for bidders' responses to the RFP technical questions. The State determined the maximum number of points available for each technical question. The maximum available points and the consensus rating assigned to a particular question determined the points given for that response, as follows:

- Rating of 5 = 100% of available points for the question
- Rating of 4 = 75% of the available points for the question
- Rating of 3 = 50% of the available points for the question
- Rating of 2 = 25% of the available points for the question
- Rating of 1 = 0% of the available points for the question

For example, if the maximum number of potential points available for a technical question was 50 points and a bidder received a consensus rating of a four (4) for its response to the question, the bidder received 75% of 50 points, or 37.5 points for that technical question. If the bidder's response received a consensus rating of a three (3), the bidder received 50% of 50 points, or 25 points for that technical question.

A bidder's total score for its responses to RFP technical questions was the sum of the points given to each of the bidder's responses to questions. The maximum possible technical proposal score for this RFP was 1,000 points.

The State established that the scores, strengths and weaknesses of the bidders' responses to RFP technical questions were to be considered by the PNC, but would not, in and of themselves, be

determinative of the PNC's recommendations to advance proposals to Phase 3 – Review of Cost Proposals nor be determinative of the PNC's recommendation of KanCare MCOs selected for award. In accordance with RFP Section 6, as a negotiated procurement pursuant to K.S.A. 75-37,102, selection and award of KanCare MCOs must be based upon the best interests of the State of Kansas.

Evaluator Training

Mercer provided evaluator training to the evaluation committee members prior to their evaluations of the responses to RFP technical questions. The training was focused on preparing evaluation committee members to understand and conduct their roles and responsibilities during the evaluation process, including the use of evaluation tools available to evaluators to guide their evaluation.

Evaluation Process for RFP Technical Questions

The State used a consensus review process to evaluate and rate each bidder's responses to RFP technical questions.

Independent Review

In preparation for participating in the consensus evaluation sessions, members of the evaluation committees independently evaluated and preliminarily rated responses to RFP technical questions assigned to their evaluation committee.

Mercer, on behalf of the State, randomly assigned the order in which evaluators were to independently evaluate each bidder's responses to the RFP technical questions. From January 18, 2024, to February 12, 2024, each evaluator independently read, evaluated, and rated responses to their assigned technical questions in the order specified by Mercer. Each evaluator documented their evaluation (i.e., preliminary rating, strengths, weaknesses, and notes) of the response to each question in a working draft of the evaluation guide for the applicable bidder in preparation for consensus evaluation sessions. All evaluators completed their independent review of all bidders' responses assigned to them prior to beginning the consensus review process.

Consensus Review

From February 12, 2024, to February 28, 2024, each evaluation committee participated in a consensus review facilitated by Mercer. The order of review of each bidder's responses to technical questions during consensus evaluation sessions was randomly assigned by Mercer on behalf of the State. During the consensus reviews, evaluators used their individual preliminary ratings and notes documented in their draft evaluation guides to discuss and evaluate responses. Prior to finalizing a consensus rating, all members of the respective evaluation committee agreed to the final rating and documentation. The result was one consensus rating per question, per bidder, and supporting notes, documented by Mercer in the Master KanCare RFP Consensus Review Evaluation Guides.

Use of Subject Matter Experts as Advisors

Subject matter experts (SMEs) were available to the evaluation committees during the consensus evaluation sessions to review responses to specific RFP technical questions, in part or in whole, and to provide feedback for the evaluation committee's consideration.

The evaluation committees were advised as part of the evaluator training about the availability of SMEs during the consensus evaluation sessions, that SMEs could be requested by asking the facilitator of the consensus evaluation session, and the limited role of SMEs (i.e., advisory only; the role of SMEs did not include rating or scoring responses). No SMEs were requested or used during the consensus evaluation sessions.

III. Technical Proposal Review Results

KanCare RFP Total Technical Scores

The maximum possible technical proposal score for this RFP was 1,000 points. The following table shows each bidder's total score for its responses to KanCare RFP technical questions in rank order by point total, starting with the highest total points/score.

Rank	Offeror Name	Score
1	Sunflower	729.25
2	UnitedHealthCare	683.25
3	Aetna	522.00
4	Healthy Blue	522.00
5	CareSource	504.50
6	Molina	397.50
7	UCare	308.75

KanCare RFP Technical Scores by Topic Areas

The following table shows each bidder's technical proposal scores by topic area. Cells shaded in green represent the bidder(s) with the highest points in each topic area; cells shaded in yellow represent the bidder(s) with the lowest points in each topic area.

Topic Area	Sunflower	United Health Care	Aetna	Healthy Blue	Care Source	Molina	UCare	Total Available Points
Experience and Qualifications	69.25	59.50	54.50	59.50	49.50	23.75	23.75	95.00
Member Experience	60.00	60.00	41.25	47.50	46.25	33.75	20.00	80.00
Integrated, Whole Person Care	107.50	118.75	93.75	73.75	73.75	80.00	60.00	160.00
Utilization Management and Services	93.75	76.25	68.75	77.50	65.00	52.50	30.00	120.00
Quality Assurance	75.00	75.00	75.00	51.25	57.50	60.00	36.25	120.00
Provider Network	98.75	90.00	80.00	102.50	48.75	56.25	77.50	145.00
Case Scenarios	225.00	203.75	108.75	110.00	163.75	91.25	61.25	280.00
Total Available Points								**1,000.00**

KanCare RFP Summary of Ratings of Responses

A summary of the consensus ratings of responses to thirty-six technical questions (technical question number 18 was not rated/scored) for each bidder is captured below. Cells shaded in green represent the number of responses rated higher than a 3; cells shaded in grey represent the number of responses rated a 3; and cells shaded in yellow represent the number of responses rated lower than a 3.

For reference, as defined in Attachment 1, KanCare RFP Rating Scale and Definitions, a rating of 3 was awarded when the consensus evaluation team identified that the response was good, meaning that the response fully or nearly fully addressed the technical question and associated RFP requirements and adequately demonstrated the method of approach, capabilities and/or experience, as applicable to the question.

Bidder	Number of Responses by Consensus Rating				
	5	4	3	2	1
Sunflower	7	18	11	0	0
UnitedHealthCare	4	20	11	1	0
Aetna	0	12	15	8	1
Healthy Blue	0	11	18	7	0
CareSource	2	9	14	11	0
Molina	0	3	17	13	3
UCare	0	1	7	27	1

Examples of Technical Proposal Strengths and Weaknesses

Examples of technical proposal strengths and weaknesses, described in more detail in the Master KanCare RFP Consensus Review Evaluation Guides for each bidder, are captured below. Examples of proposal strengths correspond to technical question responses that were rated above a 3 by the applicable consensus committee while examples of weaknesses correspond to responses rated below a 3. The examples of strengths and weaknesses are listed in the order of the RFP technical questions.

Sunflower State Health Plan, Inc.

Strengths

- Relevant Medicaid managed care experience in multiple states.
- Strategies for being an effective partner to the State and other stakeholders, including providers and other MCOs, to achieve the State's vision and goals.
- Approach to encouraging and engaging members to actively participate in their health care, including examples of interventions and related improved outcomes.

- Multiple strategies to soliciting feedback from members/families and using that feedback to improve member/family experience and the KanCare program.
- Strategies for improving the provider directory, including information included in the directory beyond the required fields, stakeholder-informed processes for maintaining the accuracy of the information, enhancing the usability of the online directory through several features, and strategies to reduce provider burden associated with providing information.
- MCO staffed care coordination model approach and capabilities, including statewide staff distribution to meet member needs and providing actionable data and information to care coordinators.
- Multiple approaches to screening, identifying, and using a closed-loop referral system to meet members' SDOH needs.
- Strategies for identifying and addressing health disparities that included a strategy for using data and an understanding of the limitations of the data.
- Approaches to ensuring appropriate utilization of services while reducing provider administrative burden.
- Strategies for ensuring compliance of the MCO's utilization management (UM) program with the Mental Health Parity and Addiction Equity Act (MHPAEA).
- Multiple examples of how the MCO has and will participate and collaborate with the State on pharmaceutical initiatives and best practices, including clinical initiatives, sharing data with the State to inform policy making, and programs to reduce the administrative burden for providers.
- Multiple strategies for ensuring member access to non-emergency medical transportation (NEMT), including use of the member advisory committee and member focus groups to determine a vendor and examples of active vendor oversight.
- Strategies for providing and evaluating the effectiveness of the MCO's behavioral health crisis services, including partnering with stakeholders, use of grant funding to promote access to crisis services, and use of predictive modeling.
- MCO's quality management program approach to drive a program-wide culture of continuous quality improvement, including a focus on quality in rural and frontier areas, LTSS, and behavioral health.
- Multiple strategies for developing, managing, and monitoring an adequate, qualified provider network, including a provider incentive program, multiple telemedicine methods, and mobile service delivery.
- Multiple strategies and partnerships for addressing workforce development challenges for home and community-based services (HCBS) and behavioral health services, including financial incentives and career growth opportunities for direct care workers, telehealth options, and MCO commitments to the certified community behavioral health clinic (CCBHC) model.
- Experience and approach to developing and implementing multiple value-based purchasing (VBP) arrangements, including a well-defined list of priority areas and examples of performance outcomes.
- Approach to identifying, addressing, and coordinating member/family care needs for the case scenarios involving the postpartum member, pregnant

member with behavioral health needs, incarcerated member, child member in foster care, child member with intellectual/developmental disability (IDD) and behavioral health needs, child member at risk for autism, and dual eligible member.
- Approaches to address the hospital executive's concern about psychiatric boarding, including the use of care coordination, stakeholder partnerships to develop strategies, and use of data and analytics.

Weaknesses

- While minor weaknesses were identified in some responses, no responses were determined to be minimally acceptable or poor.

UnitedHealthCare of the Midwest, Inc.

Strengths

- Innovative approaches and examples of initiatives resulting in measurable improvements in completing member health screens.
- Strategies for being an effective partner with the State and other stakeholders, including providers and other MCOs, and experience relevant to effectively partnering to achieve identified program goals.
- Relevant experience and approaches to encouraging and engaging members to actively participate in their health care, including the use of incentives and health portal/health applications.
- Approach to soliciting feedback from members/families, including multiple avenues for member engagement to provide feedback and using feedback to improve member/family experience and the KanCare program.
- Strategies for improving the provider directory, including providing information in the directory beyond required fields, multiple processes for maintaining the accuracy of the information, enhancing the usability of the online directory through different features, and using strategies to reduce provider burden associated with providing information.
- Strategies and capabilities that support the proposed MCO staffed care coordination model for KanCare, including care coordination staffing, systems, and member engagement methods.
- Use of community health workers (CHWs) and community health representatives (CHRs), including current and planned staffing, measuring and monitoring activities, and a commitment to support CHWs.
- Multiple strategies for advancing integrated, whole-person care, including the use of training, data analytics, and tools.
- Capabilities and strategies related to screening, identifying, and using a closed-loop referral system to meet members' social determinants of health (SDOH) needs, including the use of information systems, training, and a variety of tools.
- Approach to collaborating with the State on pharmaceutical initiatives and best practices, including multiple tools and examples of relevant experience.

- Strategies for providing and evaluating the effectiveness of the MCO's behavioral health crisis services, including partnering with schools, development of behavioral health programs, and use of technology/platform designed to reduce emergency department (ED) visits.
- Strategies, particularly those used at initial stage of member engagement, to increase the provision of tobacco screening and cessation.
- MCO's quality management program approach to driving a program-wide culture of continuous quality improvement, including the use of data, tools, and committee structures.
- Multiple strategies for ensuring timely access to quality dental care in all areas of the State.
- Multiple strategies for encouraging provider network participation, improving provider experience, and reducing administrative burden.
- Strategies and experience relevant to developing and implementing multiple types of VBP and alternative payment model (APM) arrangements to achieve program goals, such as reducing unnecessary ED utilization and hospital readmissions.
- Approach to identifying, addressing, and coordinating member/family care needs to address the case scenarios involving the postpartum member, pregnant member with behavioral health needs, child member in foster care, member with IDD and behavioral health needs, child member at risk for autism, dual eligible member, and American Indian member.
- Strategies, including root cause analysis and employing a collaborative approach with stakeholders, to understand and effectively address hospital executive's concern about psychiatric boarding in the ED.

Weaknesses

- Approach to identifying, addressing, and coordinating the member's needs in the case scenario involving the incarcerated member, including failing to provide adequate person-centered planning and timely care coordination following the member's release from incarceration.

Aetna Better Health of Kansas, Inc.

Strengths

- Multiple strategies and new initiatives for improving the timely completion of member health screens.
- Approach to encouraging and engaging members to actively participate in their health care, including the use of a variety of member communication channels and strategies and providing members with rewards for engagement.
- Approach to advancing integrated, whole-person care, including provider incentives like VBP and embedding providers in key service locations.
- Multiple strategies for screening, identifying, and meeting members' SDOH needs, including hiring individuals with lived experience, relationships with

community benefit organizations, and a closed-loop referral system.
- Approach to ensuring appropriate utilization of services while reducing provider administrative burden, including minimizing a number of prior authorization requirements, data analysis and reporting, and methods for driving desirable member actions.
- Approach to ensuring compliance of the MCO's UM program with MHPAEA, including analyzing benefit changes, regular parity committee meetings, and using evidence-based medical necessity criteria.
- Experience with and approach to collaborating with the State on pharmaceutical initiatives and best practices, including moving toward a single pharmacy benefits manager (PBM), partnering with the independent pharmacy enhanced services network, and installing health screen kiosks in pharmacies.
- Quality management program approach and capabilities to drive a program-wide culture of continuous quality improvement.
- Multiple strategies for encouraging provider network participation, improving provider experience, and reducing administrative burden.
- Approach to developing and implementing VBP arrangements, including multiple examples targeted at different types of providers.
- Approach to addressing the hospital executive's call to provider services about psychiatric boarding concerns, including the use of community partnerships and collaboration for short-term and long-term solutions.
- Approach to identifying, addressing, and coordinating the needs of and offering choices to the member in the case scenario involving the American Indian member in a culturally appropriate manner.

Weaknesses

- Did not adequately describe how the MCO would improve the provider directory, including limited information on the strategies and timeline for improving the accuracy of the information and the usability of the online directory and on strategies to reduce provider burden associated with providing information.
- Did not fully describe strategies for ensuring member access to NEMT.
- Did not fully describe strategies for ensuring timely access to quality dental care in all areas of the State.
- Did not provide sufficient detail to determine whether the presenting needs of the member/family were fully identified and addressed in the case scenarios involving the pregnant member, adult member on the IDD HCBS waiver, member with traumatic brain injury (TBI), child member in foster care, and child member with IDD and behavioral health needs.
- Did not provide sufficient detail to determine whether the needs of the member were fully identified and addressed in the case scenario involving the incarcerated member, and in some areas reflected an approach that is not consistent with RFP requirements/expectations.

Community Care Health Plan of Kansas, Inc. d/b/a Healthy Blue

Strengths

- Approach to improving timely completion of member health screens, including examples of strong member engagement techniques, mobile screening van for rural areas, and use of data mining to locate members.
- Detailed strategies and examples demonstrating the MCO's approach to becoming an effective partner with the State and other stakeholders to achieve the State's vision and goals.
- Wide variety of member-focused services, such as communication channels and use of data, to encourage and engage members to actively participate in their health care.
- Detailed strategy for using CHWs and CHRs, including the MCO's CHW/CHR training plan, engagement strategy, and approach to member education.
- Approach to ensuring compliance of the MCO's UM program with MHPAEA, including continuous monitoring and providing a detailed plan on the use of a parity governance committee.
- Multiple strategies and experience related to collaborating with the State on pharmaceutical initiatives and best practices, including reducing opioid use, detailed monitoring plans, and leveraging work in other markets.
- Comprehensive strategies to ensure member access to NEMT, including technology to assist members with transportation needs, driver incentives for performance, and enhanced reimbursement for NEMT driver coverage in rural and frontier areas.
- Strategies for developing, managing, and monitoring an adequate, qualified provider network, including the use of mobile clinics in rural and frontier areas, telehealth approaches, and data sources to monitor the network.
- Multiple strategies to ensure timely access to quality dental care in all areas of the State, including rural and frontier areas.
- A number of innovative strategies to encourage provider network participation, improve experience, and reduce administrative burden, including dashboards, incentives, and outreach efforts.
- Experience and approach to developing and implementing multiple VBP arrangements, including detailed approaches for priority areas that support KanCare goals.

Weaknesses

- Did not provide adequate detail in several parts of the response related to the MCO staffed care coordination model for KanCare, including descriptions of care coordination roles and responsibilities.
- Did not adequately describe the MCO's approach to addressing service gaps, particularly in rural and frontier areas of the State.
- Lacked detail and did not fully address identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the

incarcerated member, child member at risk for autism, dual eligible member, and American Indian member.
- Lacked detail and did not provide actionable solutions to address the hospital executive's concern about psychiatric boarding in the case scenario.

CareSource Kansas LLC

Strengths

- Approach to improving timely completion of member health screens, including member incentives, innovative communication platforms, and strategies to address health disparities.
- Approach to soliciting feedback from members/families and using feedback to improve member/family experience and the KanCare program, including establishment of diverse committees, surveys, and use of data.
- Approach to ensuring compliance of the MCO's UM program with MHPAEA, including training, audits, and policies and procedures.
- Approach to collaborating with the State on pharmaceutical initiatives and best practices, including collaborative initiatives, use of an advisory board, and use of a third-party auditor to monitor the MCO's PBM.
- Approach to increasing the provision of tobacco screening and cessation, including tobacco screening for youth, member/provider incentives, and inclusion of all forms of tobacco in screening efforts.
- Approach to improving performance on health care effectiveness data and information set (HEDIS) measures, including specific approaches for each HEDIS metric in the question, multiple member engagement techniques, and collaboration strategies.
- Approach to identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the postpartum member, pregnant member, incarcerated member, child member in foster care, and dual eligible member.

Weaknesses

- Very limited information and details regarding the MCO's approach to being an effective partner with the State and other stakeholders to achieve the State's vision and goals.
- Limited information, detail, and examples of the MCO's approach to advancing integrated, whole -person care.
- Did not fully describe and explain how the MCO would ensure appropriate utilization of services while reducing provider administrative burden.
- Lacked detail on how the MCO would meet NEMT access and service delivery standards.
- Did not provide sufficient detail to demonstrate how the MCO would identify and address HCBS service gaps.
- Did not demonstrate a comprehensive understanding of Kansas-specific network

gaps, did not clarify that using telehealth would not be appropriate for all populations, and did not provide sufficient information regarding the timeline for provider recruiting and contracting.
- Lacked detail and did not provide detailed solutions for HCBS and behavioral health workforce issues in rural and frontier areas.
- Did not demonstrate a comprehensive understanding of Kansas-specific network gaps and provided limited details on how the MCO would close identified dental network gaps to ensure timely access to quality dental care.
- Lacked detail and did not fully address identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the adult member on the IDD HCBS waiver and the American Indian member.
- Lacked detail and did not sufficiently address the case scenario involving the hospital executive's concern about psychiatric boarding.

Molina Healthcare of Kansas, Inc.

Strengths

- Strategies for expanding the use of CHWs and CHRs, including outreach to members, incentives to integrate CHWs in provider offices, and moving CHW training into a college credit program.
- Multiple strategies for ensuring appropriate utilization of services while reducing provider administrative burden, including incorporating providers in the MCO's UM committee and offering a strong provider portal.
- Experience with and approach to developing and implementing VBP arrangements, including strategies for assessing providers for readiness to participate in such arrangements.
- Approach to identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the postpartum member and pregnant member.

Weaknesses

- Limited experience providing services similar to KanCare; only a few plans referenced in the response offer all services that are available in KanCare. Multiple instances of noncompliance and protected health information (PHI) breaches, some resulting in large fines, with minimal information provided about the corrective action taken.
- Limited response and detail about the MCO's approach to improving timely completion of member health screens.
- Limited response and detail describing the MCO's approach to being an effective partner with the State and other stakeholders to achieve the State's vision and goals.
- Lacked sufficient detail about the MCO's approach to soliciting feedback from members/families and using feedback to improve member/family experience and the KanCare program.

- Did not sufficiently describe approaches to advancing integrated, whole-person care, including a lack of information about how the MCO will evaluate and monitor integration strategies.
- Did not address rural and frontier NEMT service access strategies and lacked detail regarding member ability to access NEMT services.
- Lacked detail regarding the method of approach to evaluating the effectiveness of the MCO's behavioral health crisis services, ensuring comprehensive member access to services, and describing the MCO's role in stakeholder partnerships.
- Lacked information about the MCO's approach to network development, including a lack of detail on provider recruitment and contracting for all provider types, contracting and credentialing timing and sequencing, and network capacity of HCBS providers.
- Lacked sufficient detail and raised areas of concern about the MCO's approach to addressing workforce development and challenges for HCBS and behavioral health services, including reliance on subcontractors, viability of virtual clinical supervision, and lack of strategies to improve the behavioral health workforce in rural and frontier areas.
- Lacked sufficient detail on encouraging provider network participation, improving provider experience, reducing administrative burden, and addressing recruitment in rural and frontier areas.
- Lacked detail and did not fully address the MCO's approach to identifying, coordinating, and addressing member/family needs in response to the case scenarios involving the adult member on the IDD HCBS waiver, member with traumatic brain injury, incarcerated member, child member with IDD and behavioral health needs, and dual eligible member.
- Lacked detail and did not fully address the case scenario involving the hospital executive's concern about psychiatric boarding.

UCare Kansas, Inc.

Strengths

- Strong approach to encouraging provider network participation, including provider outreach, contracting, and multiple strategies to reduce provider administrative burden.

Weaknesses

- Limited (one example) Medicaid managed care experience in providing similar services to services provided in the KanCare program.
- Limited information about the MCO's approach to improving timely completion of member health screens, including a lack of detail regarding member contact and engagement, use of incentives, and how the MCO's screening will improve the program.
- Lacked sufficient detail on the MCO's approach to serving as an effective partner

with the State and other stakeholders and provided limited information on how to resolve common provider issues.
- Lacked detail to sufficiently describe approach to encouraging and engaging members to actively participate in their health care.
- Did not sufficiently describe the MCO's approach to soliciting feedback from members/families and using feedback to improve member/family experience and the KanCare program.
- Lacked detailed strategies for updating and maintaining the provider directory, ensuring directory accuracy, and addressing provider burden regarding directory information.
- Did not sufficiently describe the MCO's approach to building capacity or using CHWs and CHRs, nor how the MCO will evaluate the CHWs/CHRs effectiveness in fulfilling their roles.
- Did not provide sufficient detail about the MCO's approach to advancing and monitoring integrated, whole-person care.
- Did not provide sufficient detail describing the MCO's capabilities and approach to screening, identifying, and using a closed-loop referral system to meet members' SDOH needs.
- Did not sufficiently describe the MCO's approach to ensuring appropriate utilization of services while reducing provider administrative burden.
- Did not sufficiently describe the MCO's approach to ensuring compliance of the MCO's UM program with MHPAEA.
- Lacked detail regarding the MCO's approach to collaborating with the State on pharmaceutical initiatives and best practices, including the role of the pharmacy director and information regarding fraud, waste, and abuse prevention.
- Provided minimal information about member access and availability of NEMT services.
- Lacked details on the MCO's capability and approach to providing and evaluating the effectiveness of the MCO's behavioral health crisis services.
- Did not include sufficient detail to demonstrate the MCO's approach and experience related to increasing the provision of tobacco screening and cessation.
- Did not provide sufficient information or description of the MCO's approach to developing a quality management program that drives a program-wide culture of continuous quality improvement.
- Did not include sufficient details on identifying and addressing HCBS service gaps, including providing limited to no detail on monitoring gaps.
- Lacked detail and did not fully address approach to identifying, coordinating, and addressing member/family needs in response to all member-specific case scenarios.
- Did not provide sufficient detail on the MCO's approach to the case scenario regarding the hospital executive's concerns about psychiatric boarding, including the lack of an identified timeframe for follow-up activities.

IV. PNC Request for Release of Cost Proposals

Consistent with RFP Section 5.2 F, as a result of the PNC's review of the information in the technical evaluation report, the PNC requests OPC to release the cost proposals for Sunflower, United HealthCare, Aetna, Healthy Blue and CareSource Health Plan.

V. PNC Award Recommendation

In accordance with RFP Section 6, a negotiated procurement pursuant to K.S.A. 75-37,102, selection and award of the KanCare MCOs must be based upon the best interests of the State of Kansas. In keeping with this guiding principle, the PNC recommends Sunflower State Health Plan, Inc., (Sunflower); UnitedHealthCare of the Midwest, Inc., (United); and Community Care Health Plan of Kansas, Inc. d/b/a Healthy Blue be awarded the KanCare MCO contracts effective January 1, 2025.

Section III of this evaluation (located on page 9) details the ranking and scores of the bidders. Sunflower and United were the top bidders; the cumulative scores of Aetna and Healthy Blue were tied.

Although Aetna's and Healthy Blue's cumulative scores were tied, there were important differences. In the seven (7) major topic areas (also located on page 9), Healthy Blue scored higher than Aetna in five (5) of the seven (7) areas that were being evaluated. These five (5) areas were:

- Experience and Qualifications
- Member Experience
- Utilization Management and Services
- Provider Network
- Case Scenarios

Comparatively, of the same seven (7) major topic areas, Aetna scored higher than Healthy Blue in only two (2). These two (2) areas were:

- Integrated, Whole Person Care
- Quality Assurance

Comparing Aetna and Healthy Blue on consensus rating, Aetna had eight (8) responses rated two (2) (which is 25% of the available points) and one (1) response rated one (1) (which is 0% of the available points). Conversely, Healthy Blue had seven (7) responses rated two (2) and no responses rated one (1). See Attachment 1 for further explanation of the consensus rating.

Provider Network

The Provider Network metric is one of the most complex and recipient-critical criteria on which the RFP applicants were evaluated. It involves tightly written regulations from CMS with which KanCare must comply to guide delivery of services and assurance of provider and consumer satisfaction. Responses from Healthy Blue and Aetna were important in clarifying the final recommendation for the KanCare MCO contract.

Healthy Blue presented the strongest provider network response and ranked first in scoring for the provider network. This score is supported by their RFP response:

- An assurance of member access to non-emergency medical transportation and the impact of NEMT on SODH;
- The strong response on developing, managing and monitoring an adequate qualified network with a tool modeled on CMS audit criteria;
- Ensured timely access to dental care across the state.
- Demonstrated an understanding of the care team model in the Medicaid program and emphasized in the RFP, of the Community Health Worker
    - In follow up question Healthy Blue committed to:
        - the hiring of twenty Community Health Workers (CHW)and or Community Health Representatives (CHR)
        - Maintaining a ratio of (1) CHW/CHR to 10,000 members with an immediate assessment of the need to expand prior to Go-Live and monthly assessment thereafter
        - engaging with currently employed CHWs across the state in FQHCs, CMHCs
        - working with the CHRs in the four recognized tribal nations in KS.

Aetna ranked fourth in its technical scores for provider network:

- Minimally acceptable responses to ensure member access to non-emergency medical transportation
- How to ensure timely access to quality dental care dental care in all areas of the state was not fully described
- Scored minimally acceptable for dental and on NEMT for special needs patients;
- No information on how feedback would be obtained from members on NEMT or on monitoring the effectiveness.
- Has a history of having unresolved issues (corrective actions) for extended periods of time
- Had a lack of detail on backup plans for caregivers for the LTSS population
- Weak response on recruiting Medicaid Providers
- Responses related to provider directory were minimally acceptable; lacked detail in specificity in this area
- Responded the weakest on the use of Community Health Workers
    - In a follow up question Aetna committed to:
        - Expanding their network of (4) CHWs to 10 by January 1, 2025
        - Develop partnerships with tribal nations to utilize CHRs

Attachment 1: KanCare RFP Rating Scale and Definitions

Rating Scale	Definition	Notes	% of Points
5	The response is excellent. The response fully addresses the technical question and associated RFP requirements and demonstrates superior method of approach, capabilities, and/or experience, as applicable to the question.	To support a five (5) rating, the evaluator must document that the response demonstrates: • A method of approach that is highly desirable to the State and represents best practice or innovation in many areas of the response. The description is detailed enough to determine that the approach is viable, geographically appropriate (when necessary) and describes how the Bidder will meet or exceed the requirements in the RFP; and/or • Highly desirable capabilities that are either currently in place or that will be implemented in accordance with a detailed and viable description of how the Bidder will develop the capabilities. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, information technology (IT) systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet or exceed the requirements in the RFP; and/or • Extensive experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and • The response has no significant weaknesses.	100%
4	The response is very good. The response fully addresses the technical question and associated RFP requirements and demonstrates excellence in method of approach, capabilities and/or experience, as applicable to the question.	To support a four (4) rating, the evaluator must document that the response demonstrates: • A method of approach that is desirable to the State and represents best practice or innovation in some areas of the response. The description is detailed enough to determine that the approach is viable, geographically appropriate (when necessary) and describes how the Bidder will meet or exceed the requirements in the RFP; and/or	75%

Rating Scale	Definition	Notes	% of Points
		• Desirable capabilities that are either currently in place or that will be implemented in accordance with a detailed and viable description of how the Bidder will develop the capabilities. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet or exceed the requirements in the RFP; and/or • Relevant experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and • The response has no significant weaknesses.	
3	The response is good. The response fully or nearly fully addresses the technical question and associated RFP requirements and adequately demonstrates the method of approach, capabilities and/or experience, as applicable to the questions.	To support a three (3) rating, the evaluator must document that the response demonstrates: • A method of approach that is desirable to the State and includes a description with enough detail to determine that the approach is viable and geographically appropriate (when necessary) and describes how the Bidder will meet the requirements in the RFP; and/or • Adequate capabilities are either currently in place or that will be implemented in accordance with a detailed and viable description of how the Bidder will develop the capabilities. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet the requirements in the RFP; and/or • Some experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and • The response has no significant weaknesses but may have minor weaknesses that can be reasonably overcome.	50%

Rating Scale	Definition	Notes	% of Points
2	The response is minimally acceptable. The response does not fully address the technical question and/or associated RFP requirements, or does not sufficiently demonstrate the method of approach, capabilities, and/or experience, as applicable to the question.	To support a two (2) rating, the evaluator must document that the response demonstrates: • A method of approach that is not desirable to the State, lacks enough detail to determine that the approach is viable and geographically appropriate (when necessary), and/or does not describe how the Bidder will meet the requirements in the RFP; and/or • Some capabilities offered are insufficient, do not appear to be viable; or the response lacked sufficient detail to describe how the Bidder will develop the capabilities to meet the requirements of the RFP. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet the requirements in the RFP; and/or • Some, but limited, experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and/or • The response has a significant weakness or a number of weaknesses and/or a number of minor weaknesses that will be difficult to overcome.	25%

Rating Scale	Definition	Notes	% of Points
1	The response is poor or unacceptable. The response fails to address most elements of the technical question and/or associated RFP requirements, fails to demonstrate the method of approach, capabilities, and/or experience as applicable to the question, or no response was provided.	To support a one (1) rating, the evaluator must document that the response demonstrates: • A method of approach that lacks enough detail to evaluate how the Bidder will meet the requirements in the RFP and/or that violates the requirements in the RFP; and/or • Most or all capabilities offered are insufficient or do not appear to be viable and/or the response lacks enough detail to evaluate how the Bidder will develop the capabilities to meet the requirements in the RFP. Capabilities include organizational infrastructure and resources such as staffing resources, established protocols, IT systems and system capabilities, organizational structure, technology, operational infrastructure necessary to meet the requirements in the RFP; and/or • A lack of relevant experience performing similar work to that required in the RFP and with similar populations, program size, and covered services; and/or • The response has significant weakness that cannot be overcome and/or a large number of minor weaknesses; and/or • The Bidder did not provide a response to the question.	0%

EXHIBIT
4

Kansas
Department of Health and Environment

KanCare 2025 RFP Public Comment

June 7, 2023

Report prepared by

The Center for Organizational Development

COMMUNITY ENGAGEMENT INSTITUTE

WICHITA STATE UNIVERSITY

Introduction

The state of Kansas is preparing to develop a request for proposal (RFP) for the 2025 managed care organizations' (MCO) contracts. To gather input from members and stakeholders, the State held two information sessions for association and advocacy groups on March 28, four information sessions for members and providers on April 11 and 13, and an information session for payors and bidders on May 2. In total, 437 people attended these virtual meetings and had the opportunity to share comments and questions.

Kansas notified stakeholders of the public input sessions and ways to provide input via social media, press release, KanCare website publication, listserv email, text messaging, provider bulletins, and during standing and ongoing stakeholder meetings. Virtual public meetings were facilitated by the WSU Community Engagement Institute Center for Organizational Development. Meeting materials were available in braille, large print, and Spanish. American Sign Language interpreters and Spanish interpreters were present at each session. The materials presented in the meetings and recordings of the meetings are posted on the KanCare website.

Technical Note

Stakeholders' questions and comments were recorded during the public input sessions. Basic transcription rules were utilized to eliminate filler words and statements, false starts, and repetitions. Non-verbal nuances are noted where appropriate and names are eliminated or enhanced to provide appropriate reference. When the commenter provided feedback on multiple topics in one statement, if possible, the statement is segmented and categorized into different thematic areas. When the statement is unable to be segmented, it is themed in the category that it overwhelmingly represents. Some comments overlap multiple thematic areas and are not repeated in both to keep the report concise. A summary of public comment themes is presented at the beginning of this document starting on page 4. All comments received in the public meetings begin on page 8.

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Themed Comments

Access to Care

Do you have access to the services you need when you need it?

There were no responses to this question.

What barriers have you encountered when trying to get the health services you need?

There were 65 responses to this question. Six themes emerged: **travel times and distance to providers** to access services, **issues with timeliness in DME processes** to get equipment, **providers stopping or not accepting Medicaid** to start services, **workforce issues and limited number of workers** to provide services, finding **inaccurate and outdated provider directories** when looking for providers, and challenges finding providers for approved **dental and vision services**.

What should the MCOs be doing to help kids stay healthy?

There were seven responses to this question. One theme emerged suggesting MCOs can help kids stay healthy by **increasing supports to families to help them navigate systems and processes**.

Care and Service Coordination

How well has your MCO care coordinator helped you obtain services?

There were three responses to this question. No themes, please see page 12 for responses.

What do you want to improve about care and service coordination? What other feedback do you have about care and service coordination?

There were 21 responses to the first question and 15 responses to the second question that complement each other. Comments indicated necessary improvements are to **reduce turnover** for care coordinators to avoid loss of knowledge in the position, have the position be a **more supportive role to families**, place a **cap on caseloads** to reduce burnout and be more helpful to their members, allow members to **choose their care coordinators**, require more **in-person visits** so care coordinators know their members better, and look at the **conflict of interest** in determining access to services.

Value-Added Services

Which extra services have been or would be most helpful to you?

There were two responses to this question. No themes, please see page 14 for responses.

Which extra services would help you reach your health goals?

There were 26 responses to this question. Out of many different suggestions, two themes emerged: increase availability of **respite care services** to be more accessible and provide **pet care services** to help people obtain and maintain pets and service animals.

What other feedback do you have about value-added services?

There were nine responses to this question. One theme emerged about ensuring value-added services are **accessible to members**.

General

What else do you want us to hear today?

There were 58 responses to this question. There were multiple questions about **how many MCOs** are expected to be chosen and general questions about **the RFP process**. Themes emerged requesting **additional opportunities to provide feedback** on the KanCare program in the future, conducting **independent evaluations** of MCOs, and **taking action to address trends** in complaints and appeals issues.

Provider Experience

What current administrative processes need to be standardized across all MCOs?

There were 73 responses to this question. Many responses requested standardizing the **credentialing and enrollment process**, closely followed by standardizing **prior authorization requirements**. In addition, themes emerged about standardizing **peer reviews**, improving **DME processes** for providers, increasing **transparency in data collection and reporting**, and standardizing **administrative forms and paperwork**.

What processes in your experience have been most helpful to you and the people you serve?

There were nine responses to this question. There was positive feedback about **new KMAP features**.

What other suggestions do you have about streamlining or standardizing the provider experience in KanCare?

There were 42 responses to this question. Multiple comments requested having a **central place to get information, access resources, and check prior authorization requirements**, have **access to provider representatives** to help with processes, and more **consistency in processing claims and denials**.

Workforce and Member Access to Care

What role should the MCOs have in improve the direct support workforce?

There were 13 responses to this question. Comments suggested MCOs can improve the direct support workforce by **increasing reimbursement** to retain workers in their role and **investing in professional development** opportunities for workers.

How can provider payment strategies and MCO training improve the workforce and access to care?

There were 30 responses to this question. Comments suggested **incentivizing providers** to take on challenges and work with more Medicaid members, **investing in training and professional development** opportunities to offset provider cost, and providing **training to help facilities navigate processes**.

Do you have additional comments or suggestions about the workforce or helping members access the services and care they need?

There were 35 responses to this question. Themes for suggestions included improving **access to specialized care**, improving **access in rural areas**, and **reinvesting money from unutilized services** into the workforce to increase access to services.

Performance Goals and Quality Assurance

What can the MCOs do to make it easier for members to achieve their health and independent living goals?

There were 30 responses to this question. Themes suggested improving **transportation services** to help people get to appointments, increasing access to **interpreters and provide content translated in other languages**, and ensuring members have **access to needed services**.

What role should the MCOs have in helping people with their health-related social needs (employment, GED courses, food security, safety, transportation)?

There were 33 responses to this question. Emerging themes suggested MCOs need to have a **better understanding of local community resources** to help members access resources, **increase utilization of local community resources** to help people meet needs and goals, **improve transportation services** to be more accessible and available, **expand transportation services** for non-medical use, and be a **partner with community organizations**.

What program or performance areas should be the focus for MCO pay-for-performance measures and liquidated damages?

There were 40 responses to this question. Emerging themes requested focus on **credentialing timeliness** to help providers, **MCO accountability** to ensure expectations are being met, **tobacco assessment and treatment goals** to improve member health, establishing **universal metrics** for the program, **diversion from institutionalization** to maintain independence, **timeliness standards** for MCO processes, and **community service utilization** metrics to measure partnerships and referrals.

Other questions and comments about KanCare

What else do you want us to hear today?

There were 84 responses to this question. There were multiple questions about **how many MCOs** are expected to be chosen and general questions about **the RFP process**. Emerging themes raised issues with requirements and experiences with **spenddowns**, requested **increased rates** for providers, complaints about **timeliness and communication accuracy with the Clearinghouse**, and **expanding case management** to more people.

All Comments and Questions Received at Public Meetings

Access to Care

Do you have access to the services you need when you need it?

Comments
No responses.

What barriers have you encountered when trying to get the health care services you need?

Comments
1. Eyecare – having difficulty finding providers for the services needed. Sometimes providers are 3-4 hours away which is unreasonable.
2. Young adults pursuing college degrees needing access to mental health therapy providers. Diversity of providers has been a challenge.
3. Lactation support services, trouble with access to skilled, cultural supports.
4. Dentures – can there be more providers to streamline the process? Multiple appointments in different places makes it difficult to access the service.
5. Have to "fight" for everything and frequently travel (even out of state) for services, medications, equipment, etc. Is there a breakdown in who is responsible to make these things happen? Rural areas specifically.
6. Home & vehicle modifications, the process creates barriers to access.
7. Access to behavioral health providers.
8. Limitations on reimbursement from travel.
9. Primary insurance has a cap and Medicaid won't cover as the secondary.
10. No services for 18+ yr old for speech therapy.
11. EPSDT – MCOs don't seem to know about it or have much of a network of providers to help families access EPSDT.
12. Network Adequacy, shortage of nurses willing to come in-home for services, even if hours are approved. Paying/recruiting of nurses by MCOs should be transparent information.
13. Timely manner of processes are concerning. MCOs are not identifying needs in a timely manner.
14. Lack of mental & behavioral health providers that will take Medicaid. Outdated provider directory given from State of KS and MCOs.
15. Seniors making calls to customer service are on hold for hours. Addition of email or a way to not have to be on hold for so long would help people through the process.
16. COLA/income requirements change and impact access to services for some people.
17. Wheelchair repair/maintenance coverage under medical equipment is difficult to access.
18. Case management issue- when doing "well" services are discontinued, which then starts the process over. Creates a cycle of barriers when services are needed to be maintained.
19. Need an exception for IDD waiver waitlist, because social security being included in "spend down" but expenses are still greater than "income."

20. Home care after services – having trouble getting enough caregiver/service hours – what are ways for the state to improve recruiting to fulfill these needs.
21. Many agencies say they are no longer accepting new Medicaid clients.
22. DME supplies.
23. Primary ins/Medicaid as secondary – lots of issues, not much flexibility – having to use companies that accept both.
24. Having to get renewals.
25. Certain supplies are no longer being provided (feeding tubes, wipes, etc.) or are inconsistent of being provided.
26. More standardization provided by MCOs – parents are having to determine what the child's needs are and what type and who fits best.
27. Inconsistency in hours approvals.
28. Hours provided by MCOs – need accountability for not providing what is needed to families – internal and external accountability. No one is asking the families how THEY feel the MCOs are doing.
29. DME – very few providers in KS have these services and having trouble with providers who don't take time to meet needs of family.
30. Primary ins. denial turns into a Medicaid denial when they are supposed to be "last resort" payor when it's an approved service/equipment through KanCare.
31. Listen to primary specialist for needs of patient, not have so many limitations of one size fits all for approval of equipment.
32. Providers leaving/no longer accepting KanCare due to restrictions of policies within KanCare.
33. Lack of accountability of MCO.
34. MCOs are creating barriers for the providers, which is creating barriers for Medicaid beneficiaries and not getting the care they need for the quality of life deserved.
35. I am a senior citizen and former dental assistant/hygienist. I am very concerned regarding dental care instead of just extracting my teeth, how will that be handled in the future?
36. Dental is a huge concern for me too. We had to travel an hour away for my 1st child to have a root canal covered, and now 2nd child needs braces. Dentist said it IS medically necessary due to the bite/arch being more of a point than an arch. And no providers will accept Medicaid for braces. Supposed to be covered by the MCO...but nobody actually takes it.
37. Can KDHE not enforce the MCOs to provide more dental in their contracts? Or say that they will not accept a contract that does not provide X minimum coverage?
38. Also what about contracts with glasses, a lot of them don't take state insurance, specifically Aetna.
39. I believe the dental problem is more to do with providers not accepting Medicaid. At least in my experience.
40. My daughter is sixteen years old, we have lived in Kansas since November 2014, and we have had to fight for every single item she requires to stay alive. I have given up on many insurance denials and just found items used.
41. We have to travel over 300 miles to specialists either in KS or going to Denver. Modivcare only provides gas mileage reimbursement for appts under 250 miles, unless there is an approval of some sort. Please take this into account.
42. Access to pediatrics pt/ot/speech are also an issue AND assistive communication evaluation and access.

43. The nursing issue also is because the rate increases the agencies have received have not made it to the nurses.
44. I work with low-income seniors and when they get a letter from the state and they try to call in, they are on hold for hours. Is there any way that more customer services representative could be added to help answer calls?
45. It is difficult to find care assistants and nurses for in home assistance.
46. An administrative cap and/or less administration/regulation for smaller nursing agencies to come into the marketplace as providers. Smaller agencies pay nurses more because they don't have the overhead to support like Phoenix, Maxim, Craig, etc.
47. MCO provider directories are so inaccurate!
48. The state should implement best practice service definitions for things like Assistive Services & Supported Employment and move toward having one statewide policy for those services. That's what other states do to address gaps and barriers to access between programs.
49. There has to be some way to encourage dental, eye care, and mental health providers to accept Medicaid. It is very difficult to find dental care.
50. DME access and delivery is a huge issue as well. KanCare just lost another DME provider in February (Alliance Rehab) which means we have less choice now for things like getting necessary equipment like wheelchairs, seating, walkers, etc.
51. Current language in Assistive Services definitions contains too much gray language that confuses families and results in too many inappropriate denials. Examples of conflicting/confusing language in the current Assistive Services definition: “All Assistive Services will be arranged by the MCO chosen by the participant.” “All Assistive services will be purchased under the participant's or guardian's written authority and paid to the qualified entity as determined by the MCO and will not exceed the prior authorized purchase amount.” “The participant or responsible party must arrange for the purchase.” “Work must not be initiated until approval has been obtained through prior authorization.”
52. The homeless in Shawnee County were only outreached via social media.
53. I will not use this transportation service, bad drivers.
54. Supplies, DME and home modifications.
55. Transportation.
56. Lot of trouble with keeping care givers.
57. Qualified caregivers, and continued supply of DME/supplies.
58. Sedation dental, DME supplies and medication,
59. Home modification process is so difficult that families often give up.
60. Transportation, they didn't fasten my husband in when bring him home from hospital and the I get a call, they are stopped on highway, because he fell out of his wheelchair.
61. Spenddowns are impossible to meet. My dad worked for this state for over 30 years, gets his social security and KPERS, and is totally disabled. Sometimes it feels like he is actually falling apart. The spend down is so high and they shut him down. Doctors won't see him if he doesn't have it. He can't afford insurance on the marketplace; he and his wife don't spend on anything except hospital bill after hospital bill. How are people supposed to even live like this?
62. Family member has access to services, but not always when they need it. They get put off for weeks. One example is he was prescribed diabetic shoes and it took over a year before he finally got an appointment for the shoes. As a family member, I could not get direct answers from his care coordinator, calls to his doctor were not returned. So, inability to get information, lack of communication to help my family member understand and find a way to

move forward. Transportation is an issue as well. I know everyone is busy, but when they have set times each week for tasks, grocery shopping, laundry, etc. These set times have been in place for seven years.
63. Our MCO gave my husband 24 hours a day, but the company I go through says they can't do that.
64. There's a lack of adult day service programs or other opportunities for adults who are complex. Providers aren't willing to apply for extraordinary funding because of the effort and low financial gain. Meanwhile the MCOs suggest parents to put their adult child into an environment where their safety is at risk. Same with other services that don't fit their cookie cutter approach.
65. "Medically necessary" barriers within transportation – allow other things beyond medical appts. Can also create an issue getting the person served there, but not home.

What should the MCOs be doing to help kids stay healthy?
Comments
1. Providing a systems navigator for families in the new RFP would be amazing.
2. Peers for parents too. Services for kids puts too many people in the kitchen. My boy has an IEP and dealing with Family Services and Guidance Center in Topeka is a nightmare.
3. Home based pediatric OT/PT/speech therapy.
4. Assistive technology evaluation, equipment, and training on how to use equipment.
5. MCOs should be noticing if kids aren't making their well checkups and immunizations in a timely manner, and then following up with families to learn about the why and addressing the why. Is it a transportation issue, can't time off work, don't have access to a provider that takes the child's Medicaid, don't have childcare coverage for other kids in home, don't understand importance of well child checkups, no access to translation services for appointments, or lots of other reasons? And then apply all the previous comments also to any needed treatments or therapies appointments that are missed.
6. Are there opportunities for connections between MCOs, Local Health Departments, and home visiting programs in communities to work together on kids' health issues, for parent education, for opportunities to talk to parents to learn about barriers and challenges parents face, connection to more community services, all with the mission of helping kids grow up healthy?
7. Families should not have to get their own bids for home modifications.

Care and Service Coordination

How well has your MCO Care Coordinator helped you obtain services?

Comments
1. We are having an issue with finding a dental surgeon for our child right now. She has an impacted tooth and yet we have gone through calling two different lists worth. Our Case Coordinator has not been of any help.
2. The care coordinator for my son has been very good. She has helped to get services that are needed.
3. Our current care coordinator Gailyn L could help train others how to be person and family centered and to be an advocate for their people.

What do you want to improve about care and service coordination?

Comments
1. Seem to be unaware of services or benefit for getting services. They need to be better educated. Need less turnover, more knowledge.
2. Conflict of interest of Care Coordinator being the one determining services for people.
3. No choice in who Care Coordinator is, they are assigned automatically.
4. Care Coordinators should be required to have in-person visits at least once a year. They are making decisions for someone they have never met.
5. Virtual visits feel inadequate when they are determining services/benefits for us.
6. It's difficult to navigate waivers. Who should be coordinating waivers?
7. Need a better Care Coordinator program overall.
8. Lots of turn over with CCs; burden put on parents for nursing agencies b/c CCs say it is not their job.
9. Parents having to advocate for themselves, not feeling like the CCs are doing that.
10. Feeling "ghosted" by CCs, being put-off by them – not having access when needed
11. Caseloads are too high.
12. Care coordinators should help coordinate care if multiple providers and caseloads should be limited to no more than 40 people.
13. Improvements could start with the care coordinator being an advocate for what members are eligible for or need. Most members/parents don't have the background in medical care and are not aware of what's available or what is needed.
14. MCOs should give a process on how to switch care coordinators without retribution.
15. No more than 50 people on a caseload with financial penalty if it goes over.
16. And maybe 40 max caseload with complex cases.
17. Return to in person visits.
18. Must be a requirement to meet the person you are basing decisions on.
19. Get the basics of care coordination right.
20. Response rate from Care Coordinators and MCOs is not good (not returning/answering calls).

21. Care coordinators need to spend more time with families to know them better.

What other feedback do you have about care and service coordination?

Comments
1. MCOs are well situated in the healthcare landscape to ensure more equitable access and outcomes. Require MCOs to: Designate health equity champions who are accountable to equity concerns. Have an organizational health equity plan. Employ a diverse workforce that reflects the community being served. Provide equity training to staff.
2. Review all clinical algorithms used to authorize services and make medical necessity decisions to ensure they do not reinforce inequity. Collect and share data about member race, ethnicity, preferred language, and to screen for social needs; include collection of these data in provider contracts as well. Develop health equity score cards and review data in real-time (in addition to retrospective measurement like HEDIS). Share data and results with community partners and providers. Connect every member reporting social needs with community resources. Require Z-codes for reporting SDOH. Focus Care Management on higher disparity conditions.
3. Explicitly building in equity to government contracts is critical to improving equity.
4. I am a person living with an SMI disability in Shawnee County. There is zero coordination of care. I am lucky to be alive because I learned my coping skills from the system in Phoenix AZ
5. In 2013 Kansas moved from a fee for service model, adopted a managed care model to serve Kansans receiving Medicaid long-term care supports and services. As a result of this action, the FE, PD, and BI waivers lost case management services. Without case management for home and community-based supports, Kansans have significant trouble managing and negotiating their in-home care needs, including managing provider related issues. MCO Care coordinators have large caseloads and serve a large geographical area. This prevents a timely response to the individual needing support and reducing their care coordinators' expertise in locally available services. As a result of this conflict of interest, caseload size and coverage area, the current community-based long term-care options are failing vulnerable Kansans.
6. At least one a year in person meeting and choice for care coordinators would be beneficial for many as well! Or have care coordinators tiered by experience for highly complex consumers, etc.
7. Need choice in care coordinator.
8. An App or website that is able to link us to our care coordinators, similar to a MyChart, would help to know what is going on rather than relying on phone calls and texts only.
9. It sounds like a Community Health Worker could be integrated working together with the Care Coordinators.
10. Create better and more strict accountability measurements on MCOs and removing conflict of interest wherever possible:
11. Care coordinators no longer visit in person.
12. Conflict of interest with care coordinators deciding service hours! Needs assessment needs to be completed by an outside party.
13. Allow members to give a grade card for coordinators.

14. Current care coordinator is amazing but we have had care coordinators who have been awful and felt like they were always trying to take hours and care away.
15. Members should be able to choose care coordinator.

Value-Added Services

Which extra services have been or would be most helpful to you?

Comments
1. Nutritional courses for staying healthy.
2. Money for housing.

What extra services would help you reach your health goals?

Comments
1. Toenail cutting services.
2. Meals on Wheels should be provided to all waivers.
3. Eyecare in a timely manner. Partner with more readily available providers in more areas.
4. Increase respite care and make it accessible for more people.
5. Life skills classes (Cooking classes, play therapy, mentoring, yoga)
6. Tobacco cessation programs
7. Training on vaping
8. Asthma (carpet cleaning, healthy food access) related needs
9. Lawn care, exterior home care
10. Pet care (walking dogs, etc.)
11. Employment skills, daily living
12. Programs that target the most isolated individuals, not just those seeking/capable of independence.
13. Car mechanic services.
14. Need respite for individuals on the IDD waitlist - only Aetna provides it now.
15. Respite care for families who provide the care for their person would be helpful.
16. Coverage for hearing aids
17. Help pay for training for a service animal.
18. Covering formula for kids who are g-tube dependent regardless of age.
19. Postpartum mental health support up to a year minimum
20. Adult briefs- more than a 3-month supply. If you are incontinent, you need these 12 months a year. And lift chairs and other durable medical equipment.
21. Allowance for more Chux and incontinence supplies.
22. respite for all waivers
23. Money for an Uber if transportation doesn't show up for medical appointments so people don't have to reschedule all the time

24. Giving aid for transportation when parents have to take to all appointments
25. lawn and pet care
26. Pet care that covers food for pets.

What other feedback do you have about value-added services?
Comments
1. Care Coordinators don't seem to know about these extra services.
2. These extra services really need to be open to ALL consumers. It would be easy to just add on the stipulation that certain extra service needs prior approval.
3. Dental benefits should not be an extra value-added benefit. Or only being able to get services if you are on HCBS. That's just an incentive to be on HCBS, exasperating the already years and years long waiting lists.
4. Extra? Can we just get our regular services delivered appropriately?
5. And reducing the difficulty signing up for mileage reimbursement
6. What does respite care cover? I have not had a day off in 5 years.
7. I would like behavioral supports like PBS post 21 when people age out of ABA through EPSDT
8. Network adequacy issues. If you don't have providers to offer the added services, it basically doesn't exist.
9. If it is going to be offered, it should actually be able to be used.

General

What else do you want us to hear today?

Comments
1. There needs to be a better place to express concerns for families by using their own voices.
2. We need more information from the State and more information about how to reach the State when needed.
3. Checks and balances for MCOs. Accountability and outside evaluation in a timely manner is needed.
4. Not all disabilities are the same, not enough buckets
5. Having more meetings with MCOs to get feedback from families
6. Getting additional help during transitions (facility to home) or change in family dynamics
7. Better accountability process for MCOs/KanCare.
8. Transportation improvements.
9. Not have MCOs be able to do their own investigations/evaluations.
10. Get to patient focus, versus money/employment focused.
11. Be able to take care of more things at home, so extra trips outside the home are not as necessary.
12. Preventative measures for more complex situations.
13. Do all of the health plans operate in the entire state or is there a regionalization approach?
14. When will an announcement or RFP/RFA be released for the 2025 bid?
15. There are clear disparities in healthcare outcomes across multiple domains, including race, ethnicity, location (urban/rural), and disability status. Where you live significantly impacts how long you live. I'm glad to hear that supports for social drivers of health are included in the current contract. I'm interested in knowing more about how KDHE is thinking about addressing health equity in the new RFP/RFA.
16. What is RFP/RFA?
17. I assume KanCare includes all the HCBS waivers as well, correct? In which case the statement about serving only low-income families would be false.
18. Are they only going to award contracts to 3 MCO's again or will they add more MCO's for additional choice?
19. Will there be only 3 providers or could more or less be awarded?
20. How is compliance for the MCOs handled? (reporting on service delivery success mainly)
21. How do you know MCOs are performing or not performing?
22. To my understanding the MCO's are providing the reports themselves without outside input or oversight.
23. When will the RFP language be available to review publicly?
24. I have a client who had heart attack and was taken to the ER for the treatment however the big chuck of bill was waived. He still have some bills that are being paid on a payment plans. My question is he is an elderly, working person and married however he does not have Medicaid benefit and worried for the future living lifestyle. How could we help like this kind of clients who are struggling to get the Medicaid benefits?
25. The SMI population in Shawnee county needs the RFP enforced following the Arnold Vs Sarn class action lawsuit. Shawnee County needs to invest in Peer Support employees to work side by side with clinical teams to reach the members.

26. Personal service assistants need ways to help them with burnout too.
27. Medicaid Reimbursement to be same as Medicare on all services.
28. Change the protected income limit to be at a minimum the same as the SSI income.
29. Work leads to meaning and purpose in life. Let people work.
30. State should do a better job of measuring and enforcing MCO response timeframes - getting Health Risk Assessments completed after gaining crisis access to IDD Waiver for example.
31. The Kansas Employment First Oversight Commission recommends that there are incentives in the Managed Care Contracts to implement Employment First. The MCO contracts should have the net effect of ensuring that competitive integrated employment is the first and preferred option for Kansans with disabilities. These incentives need to designed to require MCOs to track and make significant progress in increasing the numbers of Kansans with disabilities in competitive integrated employment. Additional provisions could include contractual incentives to ensure statewide coverage and funding of all the Medicaid services that supports competitive integrated employment (e.g., job coaching, supported employment, services to transition students with disabilities, etc. Additionally, the Commission would note that not all HCBS Waivers offer employment supports. We recommend that gaps be examined and recommendations be made to fill them. A contradiction exists between the goal of Employment First and the subminimum wage.
32. MCOs making large profits on Medicaid while the beneficiaries go without needed services is a major flaw of KanCare. MCOs receiving a monthly Medicaid payment when no services are provided to the beneficiary is a major concern.
33. Outside evaluation.
34. There is an External Evaluation that is done, but the MCOs do not provide good data to properly evaluate the program. Which means it's not a proper external evaluation. If they're receiving public dollars, they need to be publicly accountable to how they're using those dollars.
35. When I moved here I was shocked at the amount of Award nominations and ceremonies for mental health and health organization leaders in Shawnee County. Never seen that before.
36. We gave up on utilizing a nursing agency for our child's hours, as we were never able to get any providers in the home. They threw a fit when we pulled all the hours from them and placed them with a PCS agency.
37. I am uncomfortable that some MCOs donate to politicians in our state that are against Medicaid expansion.
38. Thank you for allowing us the opportunity to have a voice.
39. Grateful for the open forum and for the time/format.
40. Question pertaining to that- we received our paperwork to renew on Saturday, and stated it must be in by April 30. Are they going to get to that fast enough or are we possibly going to have a gap in insurance?
41. Are they still going to allow the parents to be paid as caregiver?
42. Is the RFP open to anyone or is it a selected group?
43. What happens if your company is not chosen?
44. MCO contracts should include including lactation counseling by certified consultants, and educational programs during pregnancy and continue after the birth of a child. • 90% of families in Kansas choose to breastfeed. Current coverage of lactation support is insufficient to support them. • MCOs should be required to support them in the outpatient setting, beyond the in-patient maternity care in the hospital.

• MCOs should be required to conduct a health equity assessment and submit a Health Equity Plan that includes how they will support the development of a diverse lactation workforce. • While doctors and nurses have great potential to support breastfeeding families, they do not have time or specialized knowledge to provide clinical lactation support. Lactation consultants are needed to provide skilled clinical lactation care. • It is not appropriate for health plans to refer families to WIC or to volunteer organizations for breastfeeding support instead of providing access to skilled lactation consultants. • Current coverage of lactation support relies on in-patient care. Only one “code” is available for outpatient lactation consulting (S9443). This code pays $9.91, which isn’t adequate and doesn’t match the health value of the service being delivered.
45. If MCOs drop below a certain utilization, they should be fined.
46. Financial penalties for utilization under 80%.
47. We need targeted case management for all waivers.
48. Bring back targeted case management for all waivers.
49. A list of providers who take Medicaid and how many opening updated by each MCO quarterly.
50. Financial incentives for providers who are doing innovated things to help families and helping fill service gaps.
51. Matrix if a certain number of complaints on same issue come in such as DME or lack of attendant and nursing care that triggers a systemic review at the state level and course corrections.
52. The state should make the MCOs pay for their own attorneys during appeals. Using Kansas lawyers to represent MCOs in appeals a conflict of interest.
53. Watch trends in appeals and make MCOs address them.
54. Is anything going to change or are you just letting us sound off at these meetings?
55. More state oversight and accountability with the MCOs.
56. Independent evaluation of the MCO’s.
57. Can’t each MCO have a member advisory committee that reports to KanCare for oversight?
58. The doctor that examined the patient should determine what is medically necessary. Not some computer's automated process, not someone at the MCO, if you did not see that person, your opinion does not matter.

Provider Experience

What current administrative processes need to be standardized across all MCOs?

Comments
1. Data collection and transparency from every MCO. Data should be publicly shared in a timely manner, specifically relating to children. Important to know what is being done by MCO that is helpful.
2. Credentialing with MCOs. The process hurts providers. Centralize and build transparency in the process.
3. Prior authorization timeframes.
4. Prior authorization peer-to-peer consultation should be conducted by actual provider peers, not providers that have a random medical license that isn't related to the issue at hand.
5. Process and time to obtain approval.
6. Prior authorizations being required for one MCO, but not from others. Streamlining authorization process is needed to help providers.
7. Clinical audits after a claim has been processed/paid, DRG downgrades, coding denial vs medical denial – streamline the process and do an overview of the audit process.
8. Provider credentialing and enrollment should be standardized. The current system is very time consuming and duplicative. If a single process for credentialing and enrollment can be allowed, it will be very helpful.
9. Streamlining the credentialing processes. Once for all three would be nice and modernize electronically.
10. Streamlined process for credentialing.
11. Standardization of which care procedures require prior authorization is absolutely necessary both for beneficiaries and for providers. The prior authorization process currently seems to be designed to block care rather than assure that care is provided in a cost effective manner.
12. DRG downgrades by the MCO's need to be streamlined to follow CMS traditional Medicare standards.
13. Prior authorization processes are too inconsistent (even within the same MCO, but also across the plans) and result in inappropriate delays and denials. This is directly due to the state's poorly written policies. It has resulted in huge overpayment and Compliance issues.
14. Peer to Peer Reviews.
15. Peer to Peer process needs standardized. A Cardiologist should be talking to a cardiologist when discussing an appeal or prior authorization or denial.
16. There's a difference in MCO Care Coordinators.
17. The quality and involvement with Care Coordinators make a big difference.
18. Inconsistent forms and processes (single case agreements, credentialing, assistive services, etc.) are pinch points.
19. Some of our MCO's pay the telehealth code and some do not.
20. Credentialing process.
21. Consistent forms and processes across all contracting MCOs are necessary. i.e., single case agreements, assistive services, provider credentialing, in lieu of services, etc.
22. Roster management! including recredentialing & updates.
23. Durable Medical equipment and home modifications processes.
24. Pre-authorization process.

25. Credentialing process.
26. Person-centered planning process, that is not happening.
27. ISP Information.
28. Same credentialing process.
29. Credentialing needs to be standardized.
30. One thing that would help increase access to care would be a streamlined credentialing process with only one portal/application that would credential providers for all MCOs.
31. Conflict of Interest process for parent workers on the Medicaid Waivers. Tons of conflicting information depending which care coordinator/MCO a client has.
32. Standardized process with billing/denials/etc. These should have standards for timeliness too.
33. Standardized credentialing across MCOs.
34. Case load size for care coordinators.
35. Person-centered planning processes.
36. Initial authorization and utilization process. Structure of programs and relationships of programs to one another
37. Credentialing and qualifications.
38. A consistent process for gaining access to durable medical equipment.
39. Medicaid law requires uniform access to Medicaid - any admin procedures that put up barriers in one MCO but not another should be streamlined to remove the barrier.
40. Standardization of credentialing. Timelines for credentialing CHOWs and LTC facilities.
41. How each MCO uses in lieu of services on plans of care.
42. Data collection and reporting.
43. Providers should have a standard set of paperwork to fill out (for instance, for doing an Autism Dx) instead of having to invest the time to manage three different processes.
44. Transparency of data.
45. Disaggregated data.
46. consistency between MCO's on what requires a prior authorization.
47. We want access to data on utilization of services for HCBS waiver participants.
48. Adherence to parity standards, assuming that they are included by KDHE.
49. Peer support services covered.
50. Some MCO's have dropped prior authorizations for some services, which is great, but of course it is different between MCO's.
51. Standardizes access to EPSDT services.
52. Processes for transportation services, reimbursement for transportation, meal accommodation for longer travel needs - though these processes also need good support.
53. Getting access to EPSDT and having a clear process for this.
54. Centralized credentialing process
55. TA to IDD waiver standardization (any streamline would be an improvement) Timeline for when to start the transition process (service & billing interruption)
56. Prior authorization & denials process standardization. Clear information and expectations about what is actually required?
57. Standardization of the peer-to-peer process and ensure peers have the relevant medical background and experience necessary.
58. Single case agreements
59. Credentialing and qualifications

60. Access to assistive services (durable medical equipment)
61. Consistent process for access to DME
62. Standardization of credentialing,
63. Data collection and reporting
64. Governance transparency
65. Peer support services covered
66. Medicaid law requires uniform access to Medicaid – any admin procedures that put up barriers in one MCO but not another
67. Standardization of paperwork
68. Transparency of data
69. Disaggregated data (race, ethnicity, location, etc.)
70. Consistency between MCOs on what requires a prior auth.
71. Policies across waivers for assistive technology
72. Access to data on utilization of services for HCBS waiver participants
73. Adherence to parity standards assuming they are included by KDHE

What processes in your experience have been most helpful to you and the people you serve?
Comments
1. I have not had a helpful experience. Unit 7 with KDHE supervisor Mica has been great to work with during my work with helping with KanCare application process. Our facility has a handful of individuals who use the different MCOs and so far UHC has been by far the best to work with.
2. For behavioral health, it was doing away with authorizations for non-SED Waiver services. That made our processes so much easier for staff and clients.
3. Presumptive eligibility works well.
4. New KMAP portal works well.
5. Ease of retrieving KMAP fee schedules is a great feature.
6. We appreciate Laura Leistra being able to correct names within 24 hrs.
7. Checking eligibility online that includes other insurance like commercial.
8. Giving the PCSP to the provider in addition to the family.
9. Transportation services, reimbursement for transportation, meal accommodations are helpful, although are not often working, are very helpful to have.

What other suggestions do you have about streamlining or standardizing the provider experience in KanCare?

Comments
1. Follow best practices. There is poorly written language in waivers that causes a lot of confusion among everyone involved.
2. Is it possible to credential once for all three MCOs, as opposed to one time per MCO?
3. Need timely authorizations to providers to support serving high need persons in IDD (financial, linking with specialists, environmental adaptations), crisis assistance for high behavioral needs.
4. If there could be a central place to check if pre-authorization is needed, that would be so much better for providers.
5. Need timely communication from KMAP to the MCOs.
6. Create an actual choice form that members sign.
7. The single case agreement for members. MCO's need to be held accountable with keeping their information current. This should not be the providers responsibility.
8. Utilization data for attendant care needs to be shared monthly.
9. Better demonstration and more transparency of on-going network adequacy.
10. Getting all MCO's to process new and corrected claims in a similar fashion. The MCO's all seem to have their own rules for processing claims and cause additional burden on how providers have to fix an unpaid/underpaid claim.
11. Limited time for MCO's recoup to the same as providers have for timely filing.
12. Better reps that are easy to get ahold of and don't tell us to call in repeatedly with no help.
13. I also believe any audit or "records checks" should be done by a provider (usually outsourced) that understands what type of service we are providing. We are constantly receiving requests for "Medical Records" but we are an FMS provider. After we explain it all to them, the outsourced provider then sends a letter to draw back any money that was paid to us.
14. Is there opportunity to have the Medicaid MCO's be required to follow the CMS Inpatient Only list for procedures? CMS will soon be requiring that Medicare MCO's will have to follow the 2 Midnight rule. This is a great opportunity for alignment, standardization and helping members achieve their health goals & reduce the burden of shorter hospital stays under OP level of care with the resulting increased need for post-acute services (DME, HH, SNF, LTAC etc.) because many of those needs can be met if the pt were able to appropriately stay longer than the anticipated <24hr stay in OP or Observation status. This will also greatly reduce denials.
15. As a CCBHC, it is frustrating when clients with Medicare primary automatically forward a client's claim directly to the secondary MCO. CCBHC billing requires us to first add the T1040 code to these claims before they are submitted to secondary. Often, the MCO's are paying the secondary claim that Medicare has forwarded which requires us to have that voided, recouped, and then a corrected CCBHC claim submitted. Lots of extra work for all parties. The MCO's need to be able to ignore secondary claims submitted directly from Medicare for CCBHC providers.
16. Standardize caseload size of care coordinators to no more than 50 with financial repercussions if it goes over.

17. Streamline process for provider notification of a new client choosing a provider-only some CDDOs do options counseling. Sometimes we have an authorization show up for someone we have never heard of and have no contact info on. Ideally, we would have case manager name and contact, care coordination name and contact, etc. to get those families into services faster.
18. Providers should have provider reps at each MCO.
19. It seems to take quite some time for the MCO's to update/verify when a member's primary insurance is no longer active.
20. All 3 MCOs should have one portal, one manual, all the same rules.
21. It would be really helpful for there to be one page or link to all contacts needed for all MCOs. And for those contacts to be updated regularly.
22. All MCO's should have a way on their portals to void or correct claims.
23. When it comes to credentialing, some of their MCO's do their own credentialing process after the provider has gone through KMAP and been issued a KMAP#; whereas other MCO's recognize once the provider is assigned a KMAP# they are good to see clients and bill.
24. MCOs revert to commercial claim processing with increased denials.
25. Enrollment process has a lot of back-and-forth info that could be avoided if there was more communication between MCOS.
26. EPSDT services should not require an authorization if diagnosis is met.
27. Paper communication and timeframe are not effective in the denial process.
28. Utilization data made available and published.
29. What guidance do other states have that we could learn from? Consider looking at improvements for a care coordination system structure.
30. MCOs can recoup payments made and providers cannot go back after it due to timeline for claim filing – recoupment period standardized across MCOs. MCOs cannot take money back unless it is in the timeframe for providers to re-file claims to commercial insurance.
31. EFT setup – consistency for payment types
32. Provider account manager/relations manager position added for MCOs to ask direct questions to get answers.
33. KDHE requires screenings to be billed, when KanCare is secondary & primary payer does not pay, then the MCOs tend to deny also.
34. Resolve challenges regarding credentialing and enrolling processes.
35. MCOs required to update rosters in accordance with what comes from KMAP file.
36. Standardization between CMS and MCO requirements (CMS Medicare in-patient only list) Lack of consistency creates administrative burdens.
37. Prior authorization expirations – equipment needs can be complicated due to supply chain issues. We need to be able to extend authorizations.
38. Access to data – the ability for provider systems to get information on utilization, prior authorizations, demographic utilization, etc.
39. There should be reasonable access to data, including showing how money is being spent to improve the program.
40. Electronic submissions should be the only avenue for communication for back-and-forth. Discontinue fax machine transmissions due to equipment failure and timeliness issues.
41. Post-acute transfer process. Should not have 30 unavoidable days in a hospital when not needed.
42. How we get authorization from MCOs (mail, email, fax). There should be one way to receive them, preferably electronically.

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Workforce and Member Access to Care

What role should the MCOs have in improving the direct support workforce?

Comments
1. Almost anything. Providers have not seen much help or support with the workforce issue. Increase wages, media campaign to highlight the position, etc.
2. Network adequacy – are there enough providers to serve the population? What are the MCOs going to do to address that? Are kids and pregnant women being served without having to drive 3+ hours for services?
3. MCO contracts with the State of Kansas to provide KanCare, namely HCBS, should be fluid enough to allow MCOs to mitigate the direct care worker/shortage related to lack of benefits & pay. Medicaid Expansion is a tool that can address the healthcare access issue which will be important when implementing a Community Supports Waiver because right now, people cannot afford to work as DSPs.
4. Low service plans further deteriorate the workforce. For example, consumer employer only has four hours per week on her service plan. A direct support worker must work for multiple consumer employers to have full-time employment with the added barrier that travel time between employers is unpaid.
5. Unused self-directed service plan funds should be sequestered for use to find DSWs and not go into MCO profits.
6. We were thankful for Rewardingwork.org, but it sounds like some MCOs are longer funding it. It took some liability off of self-directed providers and was a central location to send workers/clients.
7. MCOs could pay the providers' companies for the time providers need to take for professional development so this isn't also lost revenue to the company.
8. MCOs or state can pay better.
9. MCOs could support paid internships for developing the workforce.
10. DSWs should have access to health insurance, and since the MCOs are health insurance providers it seems like this could happen.
11. MCO's can provide increased rate for direct care staff reimbursement?
12. EPSTD – MCOs consistent for process – who it should go through first
13. Post-acute transfers – MCOs should have social workers on staff in consistent communication with hospitals for patients that are harder to place.

How can provider payment strategies and MCO training improve the workforce and access to care?
Comments
1. Rate structure does not support specialized care. Higher reimbursement rates for day services / residential living for adults with DD and medical complexity. Incentives for those providers who serve those with medical complexity. There are very few options for community living for those with medical complexity.
2. Ensure our KS rates are competitive across national rates.
3. Tertiary payments from Medicaid, which are overpayments. If somehow Medicaid MCO's could NOT process crossover claims from Medicare when COB shows there is a Medicare supplement, if would make facilities' billing much easier.
4. MCOs need to require their contractors or at least encourage to pay the home health workers wages for their full day, travel time, actual benefits like PTO, etc.
5. Bringing back the retainer services that allowed workers a limited number of hours per year while a client is in the hospital, especially the TA waiver! They risk losing great workers who can't financially weather a hospitalization.
6. Offer trainings to the facilities billing persons.
7. Have an MCO rep that can visit facilities to help with billing or coding.
8. If a provider takes time away from serving clients, for their professional development, this is a loss to the agency in terms of revenue and a cost to pay that full-time employee. This prohibits professional development during "company time".
9. Training from the MCO directly in how to navigate and understand the policy manuals created by KMAP and the individual MCO.
10. MCOs could provide incentives to organizations for improving justice, equity, diversity, and inclusiveness among provider organizations such that the workforce more accurately represents their communities.
11. Training hours for caregivers to attend trainings i.e., CPR/First Aid.
12. Maybe we ought to have a tier system to be paid more for more MDD.
13. I suggest a tier system to incentivize providers to take more Medicaid patients. We run into people taking 25 patients on their panel to say "they take Medicaid," only to boot people off when they lose their jobs and/or health insurance. Then they come to us. Maybe a panel of 100, 300, 500, 1000, 2000, etc. and increased payment associated with those larger numbers.
14. We are the largest Medicaid provider in the area, against all others combined, because we see kids who are the largest group of recipients of Medicaid, yet the local FQHC gets paid more than we do on a visit because they get government subsidies.
15. Reducing prior authorization issues. Administrative burdens due to not being streamlined. Providers are not feeling the "partnership" we would like to have.
16. Review current strategies to make sure the reimbursement methodology is fair and beneficial.
17. HCBS waiver program – the bid process.
18. MCO training on care coordinators – different coordinators don't seem to communicate enough to have a smooth process, which interrupts processes for clients. Providers seem to be training the care coordinators on the processes.

19. Other states have been required to do pilot programs around diversity in the workforce – would like to see that included.
20. DSWs have access to health insurance (should be possible since MCOs are health insurance providers).
21. MCOs can provide increased rate for direct care staff reimbursement.
22. Lack of direct support workers is a community capacity issue.
23. Access to health ins & benefits if the state plans on pursuing a CS Waiver. People cannot currently afford to work as DSPs.
24. Supporting Medication expansion.
25. Unused POC $$, funds should be able to be used to fund DSWs and not MCO profits.
26. Budget authority of HCBS consumers.
27. Encourage use of services like peer support in any health or behavioral health care.
28. Individual budget authority fully supported by all MCOs.
29. K-PASS, bring back.
30. Where do un-utilized funds go?

Do you have additional comments or suggestions about the workforce or helping members access the services and care they need?
Comments
1. MCO's should have an acceptable level of care coordinators and social workers available to help navigate patient flow.
2. We need to increase access to primary care in the adult population that will accept Medicaid and see adults with IDD.
3. The problem of provider availability is even more serious when we are looking at child dental services. Some families in rural areas have to travel nearly two hours to their nearest dental provider for their children, and providers for adults are nearly impossible to find.
4. MCO training on mental health and SUD parity requirements based on federal and state laws.
5. Dental as a whole is a huge issue. Braces, even when medically necessary, you can't get them because no one will accept Medicaid. Dentures, those are only covered if you're on an HCBS waiver.
6. In terms of improving workforce: What new solutions & expectations could be created as part of this RFP to help complex medical needs families navigate the KanCare and medical system not alone, supported, and without having to spend 60 hours/week on the phone advocating for their child or family member?
7. Neurologists and other specialized health professionals are difficult to find in western Kansas. Most are over a 2-hour drive one way.
8. Mobile integrated healthcare and community paramedicine could be very helpful for folks in rural and frontier counties.
9. The use of telehealth services proved to be very effective during the pandemic. This could help with access to services.
10. For Access to Care, KanCare should support Targeted Case Management. TCM is community based and better for service development than the current MCO-based service development model.

11. Increase peer supports for people; good example is the transportation agreement between the I/DD providers in JoCo and the local community health centers.
12. Remove conflict of interest with Care Coordinators being employed by the MCO.
13. TCM should be provided for all waivers
14. Neutral, third-party comparative analyses to demonstrate compliance with state and federal mental health and SUD parity requirements.
15. Due to the use of Community Health Centers, there is no consistency in primary health care. Fewer physicians are contracting with MCOs or they are not accepting new patients which requires many to use CHCs.
16. Regarding language access, there is concern in some parts of Kansas that MCOs are either not providing interpreter services or the providers are not aware that it is a service provided through the MCO. In the Kansas City metro area, this has not been concerning, but in other areas it has been.
17. Care Coordination services need to be improved, especially in cases of suicide attempts and coordination of crisis care to outpatient mental health; both directions and to other community providers.
18. KanCare has very robust tobacco cessation benefits (counseling and NRT/medication) but they are very under-utilized. MCOs could do a much better job of training case managers and representatives to communicate these benefits to support quit attempts.
19. Having MCOs that donate to politicians that are against Medicaid expansion instead of those that do support.
20. Reimbursement for certified community health workers.
21. Have workers connect with providers so they learn what providers are seeing.
22. How many services/service hours are not being utilized because of workforce shortages?
23. Lack of direct support workers is absolutely a community capacity issue.
24. Access to health insurance and other benefits will be vitally important if the state plans on pursuing a Community Supports Waiver. Right now, people can't afford to work as DSPs.
25. When people have unused plan of care dollars because they can't find workers that money should be sequestered for use to fund DSWs and not go into MCO profits. This would be an incentive for MCOs to figure out DSW issues.
26. Budget authority for HCBS consumers.
27. Encourage use of services like Peer Support in any health or behavioral health care.
28. Individual Budget Authority fully supported by all MCOs.
29. Where does un-utilized (because people can't find workers) money go. These dollars should stay in the system.
30. Support Self-Direction without unnecessary administrative barriers and ease of use for consumers and workers.
31. Transportation is always a barrier for job seekers.
32. Billing questions/confusion – making sure staff are trained for payment reimbursement requests. Takes time away from patient care when providers have to try to navigate unclear processes.
33. Provider relations – a lot of confusion, being given different information depending on who they talk to at the MCOs.
34. Need to we make sure providers are accessing the right program that is covered.
35. Prior approval given, prescription approved, services given, but then denied by Medicaid due to having a provider write a prescription that was not enrolled to provide Medicaid.

Performance Goals and Quality Assurance

What can the MCOs do to make it easier for members to achieve their health and independent living goals?

Comments
1. Pregnant women should have a paid for blood-pressure cuff to watch for early warning signs during pregnancy and postpartum.
2. Share health outcome data, cost data, service data, etc. Providers would like this information to be transparent.
3. ESL members receiving a lot of communication still in English only. There are lots of questions about what all the paperwork is for. Language barrier also in text communications.
4. Having nursing hours available as a pool to any agency (I'm mainly thinking of TA waiver nursing) rather than assigning a certain number of hours to one agency at a time. During this care crisis it's been a barrier to keeping good nurses once a family gets a nurse.
5. MCOs should invest in competitive, integrated employment options and outcomes.
6. Provide needed services such as nursing, direct care staff, respite, DME , home modifications, PT, OT, and speech.
7. To be independent, integrated members in their communities of their choice, members should have access to transportation that goes beyond medical appointments and (sometimes) employment; people need to actually access their communities.
8. Access to childcare to be able to attend medical appointments.
9. Housing stability, paid leave access, etc., in addition to the social needs already shared.
10. It would also be nice to have prevention measures as added services such as health club memberships, healthy diets, etc.
11. I like the idea of pilots funded by the MCOs to test the validity, helpfulness, and savings provided by new positions or roles. Examples are CHWs and doulas.
12. I understand that sometimes it's necessary for there to be a treatment goal regarding engaging in treatment, but this has limitations when the person's symptoms get in the way of engaging in treatment to work on that kind of goal. It would be great if MCOs could implement strategies to help people engage in treatment (make it to services) when that is of high concern.
13. A higher rate should be paid to MCOs for persons living in a community setting as opposed to an institutional setting; moving people out of institutions should be incentivized.
14. MCO Care coordinators have large caseloads and serve a large geographical area. This prevents a timely response to the individual needing support and reducing their care coordinators' expertise in locally available services.
15. To remember not everyone lives in a bigger city, there are lots of us that are rural.
16. The case management suggestions already made would go a long way to helping members achieve independent living goals.
17. Transportation and housing issues are barriers to inclusion.
18. Offer greater access to transportation that goes beyond employment and medical appointments.
19. Could MCOs help with renewals? Wouldn't the MCO want to keep their people?
20. Interpreter arrangements should be standardized across MCOS.
21. Using data to prioritize training for MCO staff. Tobacco treatment supports behavioral health treatment and provides immediate health benefits, and equals cost savings for everyone.

22. More coverage for dads.
23. Trying to get help for members to eliminate smoking/tobacco use. Increase access to evidence-based treatments.
24. Supporting Medicaid Expansion.
25. The best thing MCOs can do to support independent living goals is to provide referrals to community-based organizations, not acting like their care coordinators "do that" work.
26. In Kansas, nearly one third (30.2%) of adults with poor mental health (defined as reporting 14 or more days of mental health not good) smoke. That's more than double the prevalence as adults without poor mental health (14.3%).(KS BRFSS 2021). Many people with behavioral health conditions want to quit smoking but may need more support as the effectiveness of successful quitting is very low. How will the MCOs track providers in screening for tobacco use AND providing advice to quit and discussing cessation medications and strategies?
27. Improve access to equipment. There are only two clinics in the state for the appointment w/ 6 month wait. Kids can end up waiting a year for needed equipment. This is impacting their ability to move forward with independence. Eliminate process for having to go to clinic – bringing in a DME, CRT through the provider. Simplify the process to submit for authorization to eliminate delay at MCO level.
28. Timeliness of prior authorizations, there should be specific times for MCOs to be held to.
29. Prior authorizations need be addressed at state level. There are barriers when you have to get a denial from primary insurance before next approval. It's a time-consuming process**.**
30. Publicly displayed information about prior authorizations and denials.

What role should the MCOs have in helping people with their health-related social needs (employment, GED courses, food security, safety, transportation)?
Comments
1. Health centers have workers that are not reimbursed for their assistance. Have MCOs reimburse for those positions.
2. Advertising for extra benefits and services available in the community with other organizations. Some MCOs communicate these opportunities, some don't, and the members don't know these extra services exist. Metro areas do a better job than rural areas.
3. I know I've mentioned this previously, but MCOs need to hold their subcontractors accountable, and need to be accountable for their subcontractors' work. We generally don't have difficulty getting our problems with payment/etc. resolved unless a subcontractor is involved.
4. The MCOs do not actually spend much on 'Value Added Benefits'. It's not really a factor in determining outcomes.
5. KABC agrees with the need to restore independent case management for the FE, PD and BI waivers.
6. I'm not sure how much has changed, but when I was providing services a few years ago it was very difficult to help clients access transportation and translator services for appointments. This needs to be as simple and easy as possible for providers and/or clients. This could also be a focus of MCO Care Coordinators.
7. Cover additional behavioral health services for Medicaid QMB members that Medicare doesn't currently cover.

8. I feel like MCOs need to understand how rural facilities and towns function. Some things that are offered on the MCOs are great but don't work for some areas that are small.
9. Transportation is also an issue for the consumers too. Transportation is not covered until they are on Medicaid, so an unmet spenddown means no transportation to their appointments.
10. Can the state provide a statewide system like findhelp and Unite Us that all providers can use to refer patients to for non-clinical (SDOH) needs?
11. Transportation programs should not be so cumbersome for the providers to run.
12. MCOs should make referrals to community-based providers and track and report referrals to community-based organizations.
13. I like transportation idea but who going to drive? We barely have people working in the areas we need help with already.
14. Require plans to demonstrate success with managing the Social Determinants of Health and Independence and incentivize MCOs that coordinate Medicaid with other funding sources and other community-based organization.
15. The transportation rates need to be higher for short trips. It is impossible to run a transportation program if we get reimburse $50.00 for a trip in rural areas.
16. Offer workshops around soft skills, resume development, grooming etc.
17. Peer support transportation programs like the arrangement between JoCo government/JCDS and Johnson County mental health.
18. Support for Targeted Case Management can help people meet many of these needs.
19. Transportation. Access to community-based sources that everyone uses.
20. Train both client and workers about resources that they might find available.
21. Improved access to transportation.
22. Rides to non-medical providers.
23. MCO educate Care Coordinators on the WORK and STEPS program to offer to their members. I often hear from consumers they know nothing about the programs or that this was an option.
24. They need to support things that are available or could be in the local communities.
25. The best thing for mental and physical health is working. MCOs should be full partners in employment first.
26. Care coordination promises a good deal but offers little to consumers in a timely manner.
27. TCM agencies lose money on TCM trying to serve people, and a lot of the things done by TCMs are unbillable activities because no one else will do it. The MCO should really be paying for this.
28. The MCOs could help supplement, not replace, services available in the local communities.
29. Rural communities don't always have all services individuals may need. People need to know they have a right to get the services they need in addition to what is in their local communities.
30. Need to make sure the care coordination and the TCM services are not contradictory, thus confusing to clients. Sometimes consumers get told something is not an option, so they do not get an actual denial to appeal. Without a formal denial people are stuck with no appeal rights.
31. Bug problems – used to have it, but it seems to have gone away
32. Transportation is a great service, but timely set up is difficult based on appointment time knowledge vs. what transportation services require for timing. Having the services be on time.

33. Reimbursement for community health workers.

What program or performance areas should be the focus for MCO pay-for-performance measures and liquidated damages?
Comments
1. Ensure capacity to provide services. There's no action by MCOs or consequence when there isn't a service offered. It's a major issue.
2. Pay for performance measures would be great to just see. Only one other state that has a Medicaid system set-up like we do. Maybe a presentation on a PFP program from the state in this process.
3. The only validated data the MCOs are evaluated on are HEDIS and NOMS. Other service data, cost data, or outcomes data has been reliably available, even to the EQRO and Legislative Post Audit.
4. Should your contract be continued a second or third time if you have never delivered any of the original outcome targets?
5. Instead of just having quantity indicators, it would be a game changer if the MCOs could show if the members are better off by having received the MCOs service. Quality outcomes.
6. Ensuring the goals and quality assurance are inclusive. Measuring health and independent living goals are different for individuals who may require 24/7 care to those individuals who are living independently and working full time.
7. While quality and health outcomes are important, pay for performance could be used to address many of the issues raised tonight, such as long credentialing times.
8. A performance measure regarding utilization of allowable hours of specialized medical care as well as other approved hours on plans of care.
9. For quality, is there any type of survey that could be given to consumers and providers to ask if their issue was solved in a timely manner? How many attempts did it take to reach a conclusion, timeliness of answering calls, etc.? Given at least 1-2 times a year? It would need to be done by someone unrelated to the MCOs/KDADS/KDHE.
10. A comment was made in passing related to the length of time credentialing takes. This is an excellent, important issue. The current delay in credentialing and enrollment is ridiculous.
11. Also need to see great improvement in provider directories for beneficiaries to be able to seek a provider. The current MCOs in general have very sloppy processes for keeping the credentialing up to date and communicating this to beneficiaries.
12. Can we institute a tobacco assessment quality measure?
13. Assessment of tobacco use among adults. The percentage of members 18+ years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Tobacco use documentation (current/former/never use) with ICD-10 codes, examples include: F17.21 Nicotine dependence, cigarettes; F17.22 Nicotine dependence, chewing tobacco; F17.29 Nicotine dependence, other tobacco product.
14. Have teeth in all requirements that make the MCOs accountable.
15. Make the per member per month on HCBS significantly higher than the PMPM they get for nursing facilities and ALFs so there is actual incentive to do the WORK to help people live in their own home.
16. Specifically, regarding maternal health: MCOs need to provide evidence-based treatment for pregnant women who are smoking. Nearly half (48.6%) of mothers whose primary health

insurance was Medicaid in the month before pregnancy smoked cigarettes compared to 13.9% of mothers who had private insurance.
17. Before we can have pay for performance, we need to establish program wide metrics that are universally applicable to the provider network. Many services, especially for HCBS do not have those.
18. Require the MCOs report the ultimate outcome to service questions and service resolutions indicating if the consumer's issue was resolved successfully.
19. Incentives for MCOs and providers for evidence-based tobacco cessation treatments.
20. Add standards related to medical necessity.
21. Performance measures: moving people out of institutions, returning people to their homes from hospitalizations.
22. Network adequacy - MCOs need to arrange for providers of all types (medical, behavioral health) in all parts of Kansas - meaning incentivizing providers to work in rural areas.
23. Provide incentives to providers to engage with tobacco users to address cessation treatment.
24. We need transparency around the State monitoring requirements.
25. Performance measures for diversion.
26. Competitive Integrated Employment Outcomes.
27. Performance measures for diversion from nursing home/institutional settings!
28. Enforce caps on caseloads for Care Coordinators under 100, required number of interactions with consumers (monthly contact, in person quarterly), pay higher rate to MCO for community living vs. institutional setting.
29. Performance measures for how long it takes to get assistive technology items from request to member receiving the needed item(s).
30. There should be caps on how many people one care coordinator should be able to work with- even lower than 100. Should be a max of 50 or 60.
31. Engagement with those served at discharge from hospital stay.
32. Require MCOs to report their referrals to community-based organizations.
33. People served in community and not nursing homes.
34. Number of people employed.
35. Timeliness of response and service resolution.
36. P4P related to level of utilization for HCBS consumers. If people can't get staff for the POC, then the MCO's need an incentive to help people receive the services they are authorized for.
37. The advocacy community expects a robust negotiation and for there to be significantly increased accountability, transparency, and quality.
38. A requirement that MCO's must provide a formal denial for any services requested.
39. Better incentives to drive focus more toward community-based care. No need for low care persons to be living in institutions.
40. Have harsh penalties for MCOs missing deadlines on prior authorizations and denials.

General

What else do you want us to hear today?

Comments
1. Addressing needs, but also screening beforehand.
2. Better reimbursement.
3. Transparent reporting.
4. Is there an opportunity to address challenges with EPSDT for children in this RFP?
5. It is becoming harder to justify being a Medicaid provider based on processes required by MCOs. It's not about making money; it's about helping people. But MCOs have made it too difficult, and it is financially challenging for providers to continue being willing to accept Medicaid.
6. If we need help with an MCO, who can I email?
7. Elimination of step therapy practices
8. Also need to have TCM available when clients are hospitalized also!
9. TCM for all waivers.
10. MCOs should also host these types of forums for direct feedback from Kansas.
11. When the MCOs subcontract out part of their service--e.g., behavioral health or dental claims processing--the subcontractors are almost always less responsive. If we do have difficulty with a payment issue, it is incredibly difficult to get the subcontractors to respond, and the MCOs don't step in on our behalf.
12. Service data, cost data, and outcome data are not readily available, even to KDHE-DHCF. KDHE-DHCF cannot evaluate performance, and neither can stakeholders.
13. What are the key things you are looking for with this RFP
14. Can you share dates when the RFP will be released? Due to the state?
15. Are there fixes and improvements to current contracts that have already been identified? If so, are those available for public viewing.
16. It's hard enough for providers to deal with 3 MCOs.
17. Can you explain why some members do not have an MCO and are straight through KMAP?
18. Does the MCO have to follow the same rules and regulations listed in the Kansas Medicaid Fee for Service Manual? Specifically, recognizing a provider type as an acceptable billing provider.
19. Are you considering adding community, provider and other stakeholders to the review committee?
20. With CMS requiring EPSDT be covered through Medicaid for children under age 21, how will KMAP manage MCOs who limit access to care through the authorization process for OT/PT/Speech therapies in the future when the child has a developmental delay diagnosis?
21. How will the significant uptake in telehealth service delivery and participating providers due to the pandemic factor into the new RFP?
22. Curious about the process KDHE-DHCF will use considering the new CMS guide around Medicaid Managed Care contracting. Will the state share information with stakeholders to show how we are meeting these standards?
23. Kansas recognizes LMSW as an acceptable billing provider. Aetna Better Health won't honor that provider type.

24. Disparities remain in cigarette smoking among certain population subgroups, including people with behavioral health diagnoses and KanCare. Kansas adults with Kancare (35.3%) have significantly higher smoking prevalence than adults with private insurance plans. (12.3%) (KS BRFSS 2021). How does KanCare and the selected MCOs plan to address that disparity, or what expectations are there for the MCOs related to this?
25. Who at the state will investigate potential violations by the MCOs for EPSDT limits, provider recredentialing not following KMAP rosters, etc?
26. What services will MCOs be expected to provide for people with Intellectual Disability Disorders, if any?
27. What services will MCOs be expected to provide for people with Brain Injuries (ABI, TBI, etc.), if any?
28. Also, it would be great to include state employees w/relevant experience in the RFP proposal review, if they're outside of Medicaid - i.e. child health and rural health folks from KDHE, DCF child welfare Medicaid staff, etc. Though, it might be helpful to have them review the RFP, if allowed as state employees.
29. Will KanCare MCOs provide reimbursement for doula services in the next contract?
30. Can the approved providers and locations criteria for reimbursement of provided SBIRT services be expanded?
31. KMAP is hard to use with the updates.
32. I have had great experience with case managers from MCO come to do their yearly visits with our residents on our unit.
33. Spenddown expectations seem excessive for so many members.
34. Spenddowns for some are insane, along with some patient liability amounts, not sure how the amounts are figured, but I never come up with the same amount and the patients are left with way less than the $64 a month. Sometimes a negative amount.
35. Spenddown is so hard when living in a nursing type facility.
36. I recently had to help with a spenddown, and they won't give financial advice but then came back and questioned items that were bought. The family was very upset. Some expenses are not allowable that really should be. Like paying a premium each month to cover a funeral plan. Why is that not allowed in spenddown?
37. New KanCare contracts need to be designed to accommodate for the restoration of independent case management for the FE, PD, and BI waivers.
38. Increase reimbursement rates to expand the provider network.
39. In 2013 Kansas moved from a fee for service model, adopted a managed care model to serve Kansans receiving Medicaid long-term care supports and services. As a result of this action, the FE, PD, and BI waivers lost case management services. Without case management for home and community-based supports, Kansans have significant trouble managing and negotiating their in-home care needs, including managing provider related issues. As a result of this conflict of interest, caseload size and coverage area, the current community-based long term-care options are failing vulnerable Kansans. Compared to other states TCM or Independent Living Counseling services need to come back for consumers on the TBI, PD and FE waivers.
40. When getting through to KanCare on the phone it takes about 3 minutes before I can actually reach the number option. It needs to be made faster for people to choose the option they need sooner than that? Its time consuming and takes too long to reach anyone to assist. Sometimes the call gets cut off for consumers.

41. We must continually increase wages to keep our staff from going to another facility, yet Medicaid has not increased their fee schedule for some service in over 15 years! How can we stay competitive while trying to get good people to serve your members?
42. I know there is no way to be able to cover every single item to buy or not buy, but better guidance would help especially when the spenddown needs to happen quick because with nursing type the person has to live in the facility to apply for it.
43. Has KanCare advocated for any provider cost relief at all for providers who endured servicing Covid-19 patients?
44. Just because someone is older doesn't mean they don't deserve to have the help they need. One hearing aid every four years? Hearing aid as in one ear not both ears. No dentures?
45. Has it been decided that family members can continue being paid as an HCBS care provider? It was allowed for COVID but there was talk it was going away. With it being hard to find staff to begin with, it should continue to be allowed.
46. MCO phone staff should be assisting with updating addresses, which then goes to the KanCare system. I'd love to know more about MCOs helping with the renewal paperwork itself though.
47. This year will be my first time helping with renewals. Only interactions I have had with MCO is when they come to do their yearly visit. I work in a CAH with a senior living unit. That is the only help or communication I ever have unless I call to ask a question. I have families worried about renewals. No one thinks applying or renewing is easy. But I have worked care coordination and know their case loads are huge.
48. Independent care plan development is needed to avoid conflict of interest.
49. Dentures should be available to anyone who needs them, not just on a waiver!
50. Deep cleaning for dental.
51. Expand dental services for Medicaid recipients.
52. Dental health is health. It isn't a special, separate thing.
53. Dental, eye, and hearing!
54. Transportation is a major issue in people being able to be employed, go to grocery store, and even get out in their community and live independently. Providers don't always provide transportation and aren't able to due to the staff limitations and expense.
55. I just want to know how to easily and effectively help families apply for help. Rural Kansas can be so hard when needing any type of help. Or better access to the experts at least.
56. With the continued shortage of skilled beds in rural Kansas, it would be helpful for KanCare to allow a swing bed option similar to Medicare where hospitals can offer a short-term swing option without it being a set-aside bed. This would be incredibly helpful on short stays.
57. HCBS services should be retro eligible, especially for facilities.
58. IL Centers (specifically SKIL) can help with renewals in Southeast Kansas.
59. When calling in to the Clearinghouse, the wait time can be up to 6 minutes or so. This makes getting help for our members difficult and cumbersome.
60. I am curious about current vocational/employment supports MCO's offer consumers.
61. Dental, vision and hearing, as well as behavioral health.
62. Having to talk to a new person each time you call clearing house and not all the notes were added from the last call.
63. Providers should be required to have admission privileges at local hospitals.
64. Calling Clearing House and not getting the same answer from a different person or not all the faxed info was there, but it was with the next person.
65. Random drug testing for members over the age of 18.

66. Clearing house things are missed and or not even processed right. I asked for a review of a case, and I did more work than needed and I found errors for them. I'm surprised they didn't call and ask me to work for them.
67. Do we know/can we know what other insurances are possibly interested in KanCare and becoming an MCO?
68. When helping a client with an application, KanCare chose the wrong MCO and on the application, it is clear as daylight which MCO they chose. When calling KanCare I wasn't allowed to correct the mistake, it was the client's job to call themselves to request the correction. It took so long for the member to fix a mistake made by KanCare. What can we do to make the correction faster and less complicated?
69. Find a good case worker. I have one who gave me their personal number. Probably shouldn't have but we work great together! Unit 7 is great at the clearinghouse.
70. Email with our unit 7 works great too.
71. I need a reliable person from KanCare. It was so embarrassing on my end. My job was to help the client get their application in and make the process faster and it was not that way at all that day, so stressful over something that should be simple.
72. If a provider is going to have MDD/MCO credentials, they should be required to have unrestricted admission privileges at the hospital closest to them. It motivates them to take care of their patients in clinic, where it is less expensive. Or they should be required to produce a written agreement to cover their patients on call – coverage which they may have to pay for because they are not doing the job, others are, and they should be paid.
73. I like this! I hope these meetings can become more often!
74. Meet and communicate with stakeholders more often.
75. Don't allow proprietary algorithms for determining hours on a POC with public dollars. Transparency.
76. A requirement can be made that you can't have proprietary algorithms or data - period - these companies would still be bidders but that needs to be made clear - the state owns the data/algorithms because its public funding.
77. We can talk about it or be about it!
78. FE/PD/BI need case management services to return.
79. Independent care plan development to avoid conflict of interest. There should be some parameters for who can get this and how It seems only those with loud advocates get offered a single case agreement.
80. Standard access to single case agreements which goes along with EPSDT access.
81. Overall stakeholders are looking for partnership. Make sure the next MCOs will be partners throughout the process, and don't select those who are in it for the money.
82. When MCOs have a subcontractor, accountability breaks down in that process. We want MCOs to advocate for us when their subcontractors are not meeting expectations.
83. SCA (single case agreements) – ex: child lives in rural area, nurse is hired at higher rate to give family the care needed is limited to 2 months. Then not able to care for that family due to large pay cut after SCA expires. Family should qualify for services for as long as needed. Stop using expirations for SCAs for rural/frontier areas.
84. Provider reimbursement rates are too low to continue doing business with Medicaid.

Return to Index

Payor and Potential Bidder Questions

Are there any questions or comments?

Questions
1. As we collect our thoughts, will the state take written feedback post this session?
2. Would it be okay for us to provide a document to the State?
3. Is it accurate that from posting until submission KanCare would be looking for a 6-8 week turn around time?

Print

EXHIBIT 5

2024 Lobbyist Directory By Lobbyist

Registrations through 2/1/2024 11:08:19 AM

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* WICHITA REGIONAL CHAMBER OF COMMERCE					
BOTTENBERG, JEFFERY	800 SW JACKSON STREET / SUITE 1310	TOPEKA, KS 66612	(785) 232-2662	jbottenberg@morrislaing.com	1/5/2024
* BOTTENBERG AND ASSOCIATES					
* CAESARS ENTERPRISE SERVICES, LLC					
* KANSAS SPEEDWAY CORPORATION					
* UCARE MINNESOTA					
BOTTENBERG, JOHN C	800 SW JACKSON / SUITE 914	TOPEKA, KS 66612	(785) 235-2324	jcbott@aol.com	12/12/2023
* ALTRIA CLIENT SERVICES LLC AND ITS AFFILIATES					
* AT&T INC AND AFFILIATES					

* BOTTENBERG AND ASSOCIATES
* DELTA DENTAL OF KANSAS, INC.
* EVERGY
* KANSAS ENTERTAINMENT, LLC
* KANSAS PORK ASSOCIATION
* KANSAS SPEEDWAY CORPORATION
* LOANMAX
* SANOFI US SERVICES INC.

BOTTENBERG, MEGAN	931 SW HENDERSON AVE	TOPEKA, KS 66615	(785) 250-3155	megan.bottenberg@cox.com	12/11/2023

* COX COMMUNICATIONS INC.

BOWERS, DAN	9218 METCALF AVE / STE 266	OVERLAND PARK, KS 66212	(918) 816-0607 (267) 222-7185	danbowers1@yahoo.com	1/3/2024

* KANSAS ASSOCIATION OF RESIDENTIAL & COMMERCIAL INSPECTORS

BOWMAN, RANDY	715 SW 10TH AVENUE	TOPEKA, KS 66612	(785) 271-8391	randy.bowman@kalhd.org	12/15/2023

* KANSAS ASSOCIATION OF LOCAL HEALTH DEPARTMENTS

BOZARTH, ANDREA	6220 SW 29TH STREET / SUITE 300	TOPEKA, KS 66614	(785) 221-6974 (785) 232-8259	compliance_ks_aarp_3@multistate.us	12/18/2023

* AARP KANSAS

BRADBURY, EMILY	#341 / 4011 SW 29TH	TOPEKA, KS 66614	(785) 271-5304	ebradbury@kspress.com	1/8/2024

* KANSAS PRESS ASSOCIATION

BRADEN, SANDY	825 S KANSAS AVE / STE 500	TOPEKA, KS 66612	(785) 233-4512 (785) 233-2206	sandy@gachesbraden.com	12/18/2023

* ACADIA HEALTHCARE COMPANY, INC
* ALLIANCE FOR AUTOMOTIVE INNOVATION
* AMERICAN COUNCIL OF LIFE INSURERS
* APPLE INC
* ATMOS ENERGY CORPORATION
* BANK OF AMERICA CORPORATION
* BRADEN HEIDNER LOWE & ASSOCIATES
* HALLMARK CARDS, INC.
* KANSAS OCCUPATIONAL THERAPY ASSOCIATION
* LAWRENCE CHAMBER OF COMMERCE
* LENDMARK FINANCIAL SERVICES
* NAIFA KANSAS
* NICUSA, INC.
* ONEMAIN HOLDINGS, INC
* OVERLAND PARK CHAMBER OF COMMERCE
* POET LLC
* STRIDE, INC.
* T-MOBILE USA, INC.
* THE UNIVERSITY OF KANSAS HEALTH SYSTEM
* THE WILLIAMS COMPANIES, INC.

BRADLEY, MATTHEW	855 COURTWOOD LANE	ST. LOUIS, MO 63011	(314) 724-8799	Matthew.bradley@novartis.com	12/27/2023

* NOVARTIS PHARMACEUTICALS CORPORATION

BRADLEY, PHILIP	1372 N 1000 RD	LAWRENCE, KS 660469608	(785) 766-7492	phil@klba.org	12/21/2023

* ARTISAN DISTILLERS OF KANSAS
* EQUAL ENTERTAINMENT GROUP
* KANSAS FIREWORKS ASSOCIATION
* KANSAS HOMEBREWERS ALLIANCE
* KANSAS LICENSED BEVERAGE ASSOCIATION
* KANSAS VITICULTURE AND FARM WINERY ASSOCIATION

BRAUM, HEATHER	**709 S KANSAS AVE., STE. 200**	**TOPEKA, KS 66603**	**(785) 232-0550**	**heather@kac.org**	**10/24/2023**
*** KANSAS ACTION FOR CHILDREN**					
BRIGHT, NATALIE	**825 S KANSAS / STE 502**	**TOPEKA, KS 66612**	**(316) 640-1422**	**natalie@brightcarpenter.com**	**12/11/2023**
*** ALIGNED**					
*** AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.**					
*** BRIGHT AND CARPENTER CONSULTING, INC**					
*** CITY OF OLATHE**					
*** CITY OF WICHITA**					
*** DELTA DENTAL OF KANSAS, INC.**					
*** KANSAS ASSOCIATION OF GOODWILLS**					
*** KANSAS ASSOCIATION OF PROPERTY AND CASUALTY INSURANCE COMPAN**					
*** KANSAS ECONOMIC DEVELOPMENT ALLIANCE (KEDA)**					
*** KANSAS SOCIETY FOR HUMAN RESOURCE MGMT**					
*** KANSAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS**					
*** OLATHE CHAMBER OF COMMERCE**					
*** SHAWNEE CHAMBER OF COMMERCE**					
*** TOPEKA INDEPENDENT BUSINESS ASSOCIATION**					
*** TRAVEL INDUSTRY ASSOCIATION OF KANSAS**					
*** WANRACK**					
BROWN, LARRIE ANN	**800 SW JACKSON STREET / SUITE 808**	**TOPEKA, KS 66612**	**(785) 640-2747**	**dkurdziel@smootlawoffice.com**	**12/14/2023**
*** AMERICA'S HEALTH INSURANCE PLANS**					
*** AMERICAN HEART ASSOCIATION**					
*** AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION - APCIA**					
*** BINTI, INC.**					
*** CHILDREN'S MERCY HOSPITALS AND CLINICS**					
*** CHILDRENS ALLIANCE OF KANSAS**					
*** CIGNA**					
*** ELEVANCE HEALTH AND ITS AFFILIATES DBA HEALTHY BLUE KANSAS**					
*** IOWA TRIBE OF KANSAS AND NEBRASKA**					
*** KANSAS SOCIETY OF ANESTHESIOLOGISTS**					
*** KANSAS SOCIETY OF EYE PHYSICIANS & SURGEONS**					
*** LOANMAX**					
*** MIRROR, INC.**					
*** NETCHOICE**					
*** TELADOC HEALTH**					
*** WINE INSTITUTE**					
BROWN, SCOTT	**18 HUNTLEIGH WOODS**	**ST. LOUIS, MO 63131**	**(314) 477-7474**	**compliance_ks_vertex_1@multistate.us**	**12/1/2023**
*** VERTEX PHARMACEUTICALS INCORPORATED**					
BROWNLEE, KARIN	**14725 S CHALET DR**	**OLATHE, KS 66062**	**(913) 484-3255**	**karin@karinbrownlee.com**	**1/4/2024**
*** CAPITOL ADVANTAGE LLC**					
*** NEXTERA ENERGY RESOURCES**					
*** NEXTERA ENERGY TRANSMISSION SOUTHWEST**					
*** PROMPTCARE**					
BRUNGARDT, JAMES F	**301 W. 13TH STREET**	**HAYS, KS 67601**	**(785) 623-3301**	**jbrungardt@sunflower.net**	**10/18/2023**
*** SUNFLOWER ELECTRIC POWER CORPORATION**					
BRUNING, JENNIFER	**5800 GRAND AVE**	**KANSAS CITY, MO 64113**	**(816) 679-8251**	**jbruning@ksymca.org**	**12/11/2023**
*** KANSAS STATE ALLIANCE OF YMCAS**					
BRUNKOW, TATUM A	**534 S KANSAS AVENUE, SUITE 830**	**TOPEKA, KS 66603**	**(785) 246-8444**	**john@devineanddonley.com**	**12/20/2023**

* DEVINE, DONLEY, & MURRAY GOVERNMENTAL AFFAIRS, LLC

BRUNO, TOM	800 SW JACKSON / STE. 914	TOPEKA, KS 66612	(785) 354-8172 (785) 435-3390	kslobby@cox.net	12/20/2023

* BRUNO & ASSOCIATES
* CITY OF OVERLAND PARK
* EDP RENEWABLES
* FARM CREDIT ASSOCIATIONS OF KANSAS
* GAINWELL HOLDINGS CORP.
* KANSAS DAIRY ASSOCIATION
* KANSAS PET PROFESSIONALS
* RILEY COUNTY COMMISSION, RILEY COUNTY, KANSAS

BUCHMEYER, AMY	ONE PATRICK HENRY CIRCLE	PURCELLVILLE, VA 20132	(540) 338-5600	lobbying@aristotle.com	1/9/2024

* HOME SCHOOL LEGAL DEFENSE ASSOCIATION

BULLARD, JOHN	1124 CORDULA CIR.	NAPERVILLE, IL 60564	(630) 596-6214	John.bullard@alexion.com	12/21/2023

* ALEXION PHARMACEUTICALS, INC.

BURGESS, DENNY D	6021 SW 29TH ST. / SUITE A , NUMBER 338	TOPEKA, KS 66614	(785) 234-2728	denny@burgessandassociates.com	1/4/2024

* BURGESS AND ASSOCIATES

BURGESS, TOM	6021 SW 29TH ST. / SUITE A , NUMBER 338	TOPEKA, KS 66614	(785) 234-2728	tburgess@burgessandassociates.com	1/1/2024

* AMERICAN SUBCONTRACTORS ASSN, KC CHAPTER
* BURGESS AND ASSOCIATES
* MID AMERICA AUTOMATIC MERCHANDISING ASSN.
* WINDSOR HOLDINGS INC.

BUTLER, MICHELLE R	212 SW EIGHTH AVENUE, SUITE 200	TOPEKA, KS 66603	(785) 233-1903 (785) 233-3518	mbutler@kansasstatehouse.com	11/20/2023

* ALS ASSOCIATION
* ANHEUSER BUSCH COMPANIES, INC.
* CAPITOL STRATEGIES
* CHS, INC.
* CONNECTED NATION DEVELOPMENT CORPORATION
* CRAWFORD COUNTY
* DUCKS UNLIMITED
* ENTERPRISE MOBILITY
* FRANCIS ENERGY
* KANSAS ASSOCIATION OF CONSERVATION DISTRICTS
* KANSAS BANKERS ASSOCIATION
* KANSAS BUILDING INDUSTRY ASSOCIATION
* KANSAS CITY KANSAS PUBLIC SCHOOLS
* KANSAS DENTAL ASSOCIATION
* KANSAS LAND TITLE ASSOCIATION
* KANSAS OPTOMETRIC ASSOCIATION
* KANSAS SPEECH, LANGUAGE AND HEARING ASSOCIATION
* LEADINGAGE KANSAS
* MAXIMUS, INC
* MCCOWNGORDON CONSTRUCTION
* MOLINA HEALTHCARE
* NORTHWEST KANSAS GROUNDWATER MANAGEMENT DIST #4
* ORACLE
* PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)
* SCHOOLS FOR FAIR FUNDING
* SECURITY BENEFIT CORPORATION
* SOUTHWEST KANSAS GROUNDWATER MANAGEMENT DISTRICT #3
* SUNFLOWER ELECTRIC POWER CORPORATION

* TEXTRON AVIATION
* VISA
* WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO 1
* WICHITA PUBLIC SCHOOLS USD 259

BUXTON, JONATHAN	325 7TH STREET NW, 9TH FLOOR	WASHINGTON, DC 20004	(405) 313-4862	jbuxton@pcmanet.org	12/13/2023

* PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION

BYRD, CLAY	601 NEW JERSEY AVENUE NW / SUITE 900	WASHINGTON, DC 20001	(828) 551-4854	clay.byrd@stateandfed.com	12/28/2023

* AMAZON.COM SERVICES LLC

BYRNES, ALEX	5820 WESTOWN PARKWAY	WEST DES MOINES, IA 50266	(515) 267-2800	alex.byrnes@hy-vee.com	1/3/2024

* HY-VEE, INC

CAMPBELL, AMY A	PO BOX 4103	TOPEKA, KS 66604	(785) 969-1617	campbell525@sbcglobal.net	1/4/2024

* KANSAS ASSOCIATION OF BEVERAGE RETAILERS
* KANSAS ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING
* KANSAS MENTAL HEALTH COALITION
* MAXIM HEALTHCARE SERVICES
* PEDIATRIC HOME SERVICE
* THRIVE - SKILLED PEDIATRIC CARE

CARNEY, KEELY	212 SW 8TH AVE / SUITE 200	TOPEKA, KS 66603	(785) 233-1903	anne@kansasstatehouse.com	11/20/2023

* ALS ASSOCIATION
* ANHEUSER BUSCH COMPANIES, INC.
* CAPITOL STRATEGIES
* CHS, INC.
* CONNECTED NATION DEVELOPMENT CORPORATION
* CRAWFORD COUNTY
* DUCKS UNLIMITED
* ENTERPRISE MOBILITY
* FRANCIS ENERGY
* KANSAS ASSOCIATION OF CONSERVATION DISTRICTS
* KANSAS BANKERS ASSOCIATION
* KANSAS BUILDING INDUSTRY ASSOCIATION
* KANSAS CITY KANSAS PUBLIC SCHOOLS
* KANSAS DENTAL ASSOCIATION
* KANSAS LAND TITLE ASSOCIATION
* KANSAS OPTOMETRIC ASSOCIATION
* KANSAS SPEECH, LANGUAGE AND HEARING ASSOCIATION
* LEADINGAGE KANSAS
* MAXIMUS, INC
* MCCOWNGORDON CONSTRUCTION
* MOLINA HEALTHCARE
* NORTHWEST KANSAS GROUNDWATER MANAGEMENT DIST #4
* ORACLE
* PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)
* SCHOOLS FOR FAIR FUNDING
* SECURITY BENEFIT CORPORATION
* SOUTHWEST KANSAS GROUNDWATER MANAGEMENT DISTRICT #3
* SUNFLOWER ELECTRIC POWER CORPORATION
* TEXTRON AVIATION
* VISA
* WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO 1
* WICHITA PUBLIC SCHOOLS USD 259

CARPENTER, MARLEE	**825 S KANSAS / STE 502**	**TOPEKA, KS 66612**	**(785) 213-0185**	**marlee@brightcarpenter.com**	**12/11/2023**

*** ALIGNED**
*** AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.**
*** BRIGHT AND CARPENTER CONSULTING, INC**
*** CITY OF OLATHE**
*** CITY OF WICHITA**
*** DELTA DENTAL OF KANSAS, INC.**
*** KANSAS ASSOCIATION OF GOODWILLS**
*** KANSAS ASSOCIATION OF PROPERTY AND CASUALTY INSURANCE COMPAN**
*** KANSAS ECONOMIC DEVELOPMENT ALLIANCE (KEDA)**
*** KANSAS SOCIETY FOR HUMAN RESOURCE MGMT**
*** KANSAS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS**
*** OLATHE CHAMBER OF COMMERCE**
*** SHAWNEE CHAMBER OF COMMERCE**
*** TOPEKA INDEPENDENT BUSINESS ASSOCIATION**
*** TRAVEL INDUSTRY ASSOCIATION OF KANSAS**
*** WANRACK**

CARSON, KENZIE	**212 SW 8TH AVE. / SUITE 200**	**TOPEKA, KS 66603**	**(785) 233-1903**	**anne@kansasstatehouse.com**	**1/3/2024**

*** CAPITOL STRATEGIES**

CARTER, DICK	**800 SW JACKSON, SUITE 914**	**TOPEKA, KS 66612**	**(785) 232-5704 (785) 232-5705**	**carterjr@cox.net**	**12/26/2023**

*** CITY OF MANHATTAN**
*** CITY OF OVERLAND PARK**
*** CITY OF SHAWNEE**
*** JOHNSON COUNTY COMMUNITY COLLEGE**
*** KANSAS COUNTY CLERKS AND ELECTION OFFICIALS ASSOCIATION**
*** MANHATTAN AREA CHAMBER OF COMMERCE**
*** PUBLIC ACCOUNTANTS ASSOCIATION OF KANSAS**
*** RILEY COUNTY COMMISSION, RILEY COUNTY, KANSAS**
*** THE CARTER GROUP**

CASSIDY, WARD M	**BOX 303 420 EAST 2ND**	**SAINT FRANCIS, KS 67756**	**(785) 332-7005**	**wardmcassidy@gmail.com**	**10/30/2023**

*** KANSAS SCHOOL BOARD RESOURCE CENTER**

CAVANAUGH, JAIMIE	**1922 PRINCETON ROAD**	**BERKELY, MN 48072**	**(703) 682-9320**	**jcavanaugh@ij.org**	**1/22/2024**

*** INSTITUTE FOR JUSTICE**

CHAMBERLAIN, PAIGE C	**716 CAREY ST**	**HUTCHINSON, KS 67501**	**(620) 200-3270**	**paige.chamberlain@milestoneclubhouse.org**	**1/3/2024**

*** BREAKTHROUGH - EPISCOPAL SOCIAL SERVICES, INC.**

CHAMBLEE, SHANNA M	**5075 TITUS RD**	**TITUS, AL 36080**	**(334) 235-0650**	**Schamblee@termlimits.com**	**1/10/2024**

*** US TERM LIMITS**

CHASTAIN, CHRISTOPHER	**1801 SW WANAMAKER RD., SUITE G6 / BOX 164**	**TOPEKA, KS 66604**	**(785) 233-0755**	**advocacy@namikansas.org**	**12/19/2023**

*** NAMI KANSAS**

CHENOWETH, SARAH	**900 S KANSAS AVENUE / SUITE 300**	**TOPEKA, KS 666121218**	**(785) 232-2557**	**lori@federicoduerst.com**	**12/14/2023**

*** FEDERICO // DUERST CONSULTING GROUP**

CHILDS, KYLEE A	**217 SE 8TH AVE**	**TOPEKA, KS 66603**	**(785) 639-2879**	**kylee@leadingagekansas.org**	**12/12/2023**

*** LEADINGAGE KANSAS**

CHLADNY, BRUCE A	**715 SW 10TH AVE.**	**TOPEKA, KS 66612**	**(785) 272-2585**	**chladny@kansascounties.org**	**12/14/2023**

*** KANSAS ASSOCIATION OF COUNTIES**

CLARK, ANDREA * KC HEALTHY KIDS	**650 MINNESOTA AVENUE**	**KANSAS CITY, KS 66101**	**(816) 523-5353**	**aclark@kchealthykids.org**	**10/3/2023**
CLARK, RHONDA * INDIVIOR INC.	**10710 MIDLOTHIAN TURNPIKE / SUITE 430**	**RICHMOND, VA 23235**	**(804) 402-1297**	**nyakwebaj@ballardspahr.com**	**11/8/2023**
CLAUDEL, PAUL E * KANSAS ASSOCIATION OF RETIRED SCHOOL PERSONNEL * KANSAS COALITION OF PUBLIC RETIREES	**1109 W WABASH ST.**	**OLATHE, KS 66061**	**(913) 481-6923**	**eclaudel1@comcast.net**	**10/31/2023**
CLINTON, URI * BOYD GAMING CORP/KANSAS STAR CASINO	**6465 SOUTH RAINBOW BLVD**	**LAS VEGAS, NV 89118**	**(702) 981-3627**	**Uriclinton@boydgaming.com**	**10/5/2023**
COBB, ALAN * THE KANSAS CHAMBER	**534 SOUTH KANSAS AVENUE / SUITE 1400**	**TOPEKA, KS 66603**	**(785) 836-8002**	**alanc@kansaschamber.org**	**1/3/2024**
COBB, JUSTIN * THE NATURE CONSERVANCY KANSAS	**800 SW JACKSON ST / SUITE 808**	**TOPEKA, KS 66612**	**(785) 329-5830**	**justin.cobb@tnc.org**	**1/4/2024**
COLLINS, DOUG * JUSTICE ACTION NETWORK	**444 N. CAPITOL ST. / SUITE 200**	**WASHINGTON, DC 20001**	**(202) 849-9002**	**jan@gobergroup.com**	**12/20/2023**
COLOMBO, RACHELLE J * KAMMCO * KANSAS MEDICAL SOCIETY	**623 SW 10TH AVENUE**	**TOPEKA, KS 66612**	**(785) 235-2383 (785) 235-5114**	**rcolombo@kmsonline.org**	**1/2/2024**
CONANT, BARBARA A * KANCARE ADVOCATES NETWORK * KANSAS ADVOCATES FOR BETTER CARE, INC. * KANSAS TRIAL LAWYERS ASSOCIATION * NURTURE KC	**15077 S AUBURN RD**	**BURLINGAME, KS 66413**	**(785) 383-4272**	**baconant@hotmail.com**	**12/4/2023**
CONLEE, MARY ELLEN * BREAKTHROUGH - EPISCOPAL SOCIAL SERVICES, INC.	**232 N. PARKWOOD LANE**	**WICHITA, KS 67208**	**(316) 619-2683**	**meconlee@cox.net**	**1/1/2024**
CONRY, BRIAN * PINEBRIDGE INVESTMENTS LLC	**65 EAST 55TH STREET**	**NEW YORK, NY 10022**	**(646) 857-8244**	**Brian.Conry@pinebridge.com**	**2/1/2024**
COOPER, BILLY E * INDEPENDENT LOBBYIST	**115 S. 260TH**	**MULBERRY, KS 66756**	**(620) 764-3734**	**billcooper1956@hotmail.com**	**12/16/2023**
COUTURE-LOVELADY, TRAVIS * NATIONAL RIFLE ASSOCIATION OF AMERICA	**11250 WAPLES MILL ROAD**	**FAIRFAX, VA 22030**	**(703) 267-1250**	**gcounsel@nrahq.org**	**12/19/2023**
COWARD, TYLER W * FOUNDATION FOR INDIVIDUAL RIGHTS AND EXPRESSION	**510 WALNUT ST / STE 900**	**PHILADELPHIA, PA 19106**	**(215) 717-3473**	**tyler@thefire.org**	**1/24/2024**
COWART, CHRISTINA L * AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.	**1100 PENNSYLVANIA AVE.**	**KANSAS CITY, MO 64105**	**(816) 218-7268**	**christina.cowart@cancer.org**	**1/16/2024**
COWEN, STEVEN A * BLACK HILLS ENERGY	**601 N. IOWA**	**LAWRENCE, KS 66044**	**(913) 744-7221**	**steven.cowen@blackhillscorp.com**	**12/7/2023**

CRAWFORD, RICHIE	**508 CARNEGIE CENTER**	**PRINCETON, NJ 08540**	**(870) 919-4460**	**richie.crawford@otsuka-us.com**	**12/27/2023**
*** OTSUKA AMERICA PHARMACEUTICALS, INC.**					
CRIMMINS, MICHELLE	**2900 AMES CROSSING ROAD**	**EAGAN, MN 55121**	**(612) 329-3245**	**michelle.crimmins@primetherapeutics.com**	**12/18/2023**
*** PRIME THERAPEUTICS LLC**					
CROSS, EDWARD	**800 SW JACKSON / STE 1400**	**TOPEKA, KS 66612**	**(785) 232-7772 (785) 232-0917**	**kiogaed@gmail.com**	**10/2/2023**
*** KANSAS INDEPENDENT OIL AND GAS ASSOCIATION (KIOGA)**					
CROW, JENNIFER J	**800 SW JACKSON #906C**	**TOPEKA, KS 66612**	**(785) 506-3036**	**jennifer@summitstrategiesks.com**	**1/6/2024**
*** AMERICAN CIVIL LIBERTIES UNION OF KANSAS**					
*** BHCMC, LLC**					
*** EVERYTOWN FOR GUN SAFETY ACTION FUND**					
*** HEALTH FORWARD FOUNDATION**					
*** SUMMIT STRATEGIES GROUP, LLC**					
*** SWOPE HEALTH SERVICES**					
CUSSIMANIO, REAGAN	**17181 W 159TH ST**	**OLATHE, KS 66062**	**(785) 249-7371**	**rcussimanio@kumc.edu**	**1/2/2024**
*** THE UNIVERSITY OF KANSAS HEALTH SYSTEM**					
DAMRON, WHITNEY B	**919 SOUTH KANSAS AVENUE**	**TOPEKA, KS 66612**	**(785) 224-6666**	**wbdamron@gmail.com**	**12/19/2023**
*** ALTRIA CLIENT SERVICES LLC AND ITS AFFILIATES**					
*** CIGAR CHATEAU, LLC**					
*** CITY OF TOPEKA**					
*** FLINT HILLS NATIONAL GOLF CLUB**					
*** FLINT OAK LLC**					
*** HODGDON POWDER COMPANY**					
*** INVENERGY LLC**					
*** JE DUNN CONSTRUCTION**					
*** KANSAS ASSOCIATION FOR RESPONSIBLE LIQUOR LAWS, INC.**					
*** KANSAS AUTOMOBILE DEALERS ASSOCIATION**					
*** KANSAS BAR ASSOCIATION**					
*** KANSAS COMMUNITY FINANCIAL SERVICES ASSOCIATION, INC.**					
*** KANSAS ENTERTAINMENT, LLC**					
*** KANSAS GAS SERVICE**					
*** KANSAS GOOD ROADS, INC.**					
*** KANSAS GRAPE GROWERS AND WINEMAKERS ASSOCIATION**					
*** KANSAS PSYCHOLOGICAL ASSOCIATION**					
*** KANSAS SPORT HUNTING ASSOCIATION**					
*** LIBERTY UTILITIES**					
*** NICUSA, A WHOLLY-OWNED SUBSIDIARY OF TYLER TECHNOLOGIES INC**					
*** PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION**					
*** PHILLIPS 66**					
*** SELF STORAGE ASSOCIATION**					
*** SOUTHERN STAR CENTRAL GAS PIPELINE**					
*** WHITNEY B. DAMRON, PA**					
*** YMCA'S OF KANSAS**					
DANNENFELSER, MARJORIE J	**2776 S. ARLINGTON MILL DR. #803**	**ARLINGTON, VA 22206**	**(202) 223-8073**	**mdannenfelser@sbaprolife.org**	**12/4/2023**
*** SUSAN B. ANTHONY PRO-LIFE AMERICA**					
DAVILA, JOSE	**PO BOX 4184**	**NEW YORK, NY 10163**	**(646) 324-8250**	**davila@everytown.org**	**12/12/2023**
*** EVERYTOWN FOR GUN SAFETY ACTION FUND**					
DAVIS, PAUL T	**919 S. KANSAS AVENUE**	**TOPEKA, KS 66612**	**(785) 550-1334**	**pdavis@pauldavislawfirm.com**	**1/5/2024**
*** AMERICAN LEGAL FINANCE ASSOCIATION**					

* BHCMC,LLC
* CENTENE CORPORATION ON BEHALF OF ITS AFFILIATES AND SUBSIDIA
* CRH AMERICAS MATERIALS, INC.
* ITC GREAT PLAINS
* KANSAS CROSSING CASINO, L.C.
* METROPOLITAN TOPEKA AIRPORT AUTHORITY
* SELF STORAGE ASSOCIATION
* SUNFLOWER STATE HEALTH PLAN, A SUBSIDIARY OF CENTENE CORPORA
* UNIFIED GOVERNMENT OF WYANDOTTE COUNTY
* UNITE USA INC.
* WORKDAY

DAY, MORIAH	PO BOX 8760	TOPEKA, KS 66608	(913) 608-1910	mday@kansasrifle.org	10/25/2023
* KANSAS STATE RIFLE ASSOCIATION, INC.					
DEEDY, JUDITH	6516 OVERBROOK RD	MISSION HILLS, KS 66208	(913) 403-1424	mjdeedy@kc.rr.com	1/8/2024
* GAME ON FOR KANSAS SCHOOLS					
DEGROOT, SHAYNA R	1990 KIMBALL AVE	MANHATTAN, KS 66502	(507) 215-5050	sdegroot@kswheat.com	10/2/2023
* KANSAS ASSOCIATION OF WHEAT GROWERS					
DEINES, MICHAEL	6220 SW 29TH STREET, SUITE 300	TOPEKA, KS 66614	(785) 806-6795	compliance_ks_aarp_5@multistate.us	1/31/2024
* AARP KANSAS					
DEJESUS, ANTHONY A	125 SE AIRPORT DRIVE	TOPEKA, KS 66619	(785) 554-2973	tony.dejesus135@gmail.com	1/8/2024
* NATIONAL GUARD ASSOCIATION OF KANSAS					
DENTON, CALLIE JILL	719 SW VAN BUREN / STE 222	TOPEKA, KS 66603	(785) 232-7756 (785) 232-7730	cdenton@ktla.org	1/2/2024
* KANSAS TRIAL LAWYERS ASSOCIATION					
DEPRIEST, MITCHELL T	800 SW JACKSON STREET, SUITE 1005	TOPEKA, KS 66612	(913) 707-1791	Mitch@1861consulting.com	12/20/2023
* 1861 CONSULTING, LLC.					
* CATALYST					
* CENTER FOR THE RIGHTS OF ABUSED CHILDREN					
* HCA					
* KANSAS ADVANCED PRACTICE NURSES ASSOCIATION					
* KANSAS ASSOCIATION OF CHAIN DRUG STORES					
* KANSAS ASSOCIATION OF NURSE ANESTHETISTS					
* KANSAS BEVERAGE ASSOCIATION					
* KANSAS PHYSICAL THERAPY ASSOCIATION					
* KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS					
* MENORAH MEDICAL CENTER					
* MILAN LASER CORPORATE, LLC					
* OVERLAND PARK REGIONAL MEDICAL CENTER					
* PANASONIC CORPORATION NORTH AMERICA					
* RAI SERVICES COMPANY					
* SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION					
* THE SHAWNEE TRIBE					
* WESLEY HEALTHCARE					
* ZERO EYES, INC					
DEVINE, ALLIE	534 S. KANSAS AVENUE / SUITE 830	TOPEKA, KS 66603	(785) 246-8444 (866) 588-9472	allie@devineanddonley.com	12/23/2023
* BOYS & GIRLS CLUBS OF AMERICA KANSAS ALLIANCE					
* DEVINE, DONLEY, & MURRAY GOVERNMENTAL AFFAIRS, LLC					
* FOSTERADOPT CONNECT KANSAS					
* GOOGLE LLC AND ITS AFFILIATES					

* HILMAR CHEESE COMPANY, INC.
* INNOVATIVE LIVESTOCK SERVICES, INC.
* KAMMCO
* KANSAS ASSOCIATION OF INSURANCE AGENTS
* KANSAS CORN GROWERS ASSOCIATION
* KANSAS FARM BUREAU
* KANSAS MEDICAL SOCIETY
* KANSAS STATE UNIVERSITY
* KANSAS VETERINARY MEDICAL ASSOCIATION
* MIDWEST ENERGY, INC.
* VERTEX PHARMACEUTICALS INCORPORATED

DEVORE, ERIKA W	645 VERMONT ST / P.O BOX 1283	LAWRENCE, KS 66044	(785) 235-6533 (785) 235-6655	erika@krpa.org	10/6/2023

* KANSAS RECREATION AND PARK ASSOCIATION

DOMENEH, BEHDODD	900 S. KANSAS AVE / SUITE 300	TOPEKA, KS 66612	(785) 232-2557	Mihailo@federicoduerst.com	12/12/2023

* FEDERICO // DUERST CONSULTING GROUP

DONLEY, JOHN	534 S. KANSAS AVE / SUITE 830	TOPEKA, KS 66603	(785) 246-8444 (866) 588-9472	john@devineanddonley.com	12/23/2023

* ACOG - KS SECTION
* BOYS & GIRLS CLUBS OF AMERICA KANSAS ALLIANCE
* DEVINE, DONLEY, & MURRAY GOVERNMENTAL AFFAIRS, LLC
* FOSTERADOPT CONNECT KANSAS
* GOOGLE LLC AND ITS AFFILIATES
* HILMAR CHEESE COMPANY, INC.
* INNOVATIVE LIVESTOCK SERVICES, INC.
* KAMMCO
* KANSAS ASSOCIATION OF INSURANCE AGENTS
* KANSAS CORN GROWERS ASSOCIATION
* KANSAS FARM BUREAU
* KANSAS MEDICAL SOCIETY
* KANSAS STATE UNIVERSITY
* KANSAS VETERINARY MEDICAL ASSOCIATION
* MIDWEST ENERGY, INC.
* VERTEX PHARMACEUTICALS INCORPORATED

DORF BRUNNER, TANYA	PO BOX 4567	TOPEKA, KS 66604	(785) 235-6039	tdorf@oralhealthkansas.org	1/3/2024

* ORAL HEALTH KANSAS

DORSEY, JAMES C	183 TERRACE TRAIL WEST	LAKE QUIVIRA, KS 66217	(816) 806-0599	jamescdorsey@gmail.com	12/14/2023

* SOUTHERN GLAZER'S WINE AND SPIRITS

DOSS, AMBER	10223 BROADWAY STREET / STE. P-732	PEARLAND, TX 77584	(225) 278-6204	amber.doss@stateandfed.com	11/30/2023

* SANOFI US

DRAGOO, TY E	523 SW VAN BUREN SUITE 100	TOPEKA, KS 66603	(785) 817-9607	ty@smartks.org	12/27/2023

* SHEET METAL AIR RAIL & TRANSPORTATION UNION

DUBOISE, GLENDA	6220 SW 29TH STREET	TOPEKA, KS 66614	(785) 806-7517	compliance_ks_aarp_2@multistate.us	12/18/2023

* AARP KANSAS

DUERST, STEPHEN	900 S KANSAS AVENUE / SUITE 300	TOPEKA, KS 66612	(785) 232-2557 (785) 232-1703	stephen@federicoconsultinginc.com	12/14/2023

* AARP KANSAS
* ASTRA ENTERPRISE PARK
* DUERST CONSULTING, INC.
* FEDERICO // DUERST CONSULTING GROUP

* INTERHAB, INC.
* VMWARE

DUGAN, MARK	716 N. 119TH STREET, STE 116	WICHITA, KS 67235	(316) 734-0188	(316) 734-0188	mark@duganconsult.com	1/5/2024

* ADVANTAGE CAPITAL PARTNERS
* AETNA BETTER HEALTH OF KANSAS
* ASSOCIATION OF CMHCS OF KS, INC.
* CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS
* CICERO ACTION
* CLUB FOR GROWTH
* COMMUNITY ORGANIZATIONS FOR RETIREMENT EQUITY
* DELTA DENTAL OF KANSAS, INC.
* DIRECTV, LLC
* DISH NETWORK, L.L.C.
* DO NO HARM ACTION
* DUGAN CONSULTING GROUP
* FINDHELP
* HOPE RANCH FOR WOMEN
* INDIGOV
* KANSAS BEER WHOLESALERS ASSOCIATION
* KANSAS EMPLOYERS FOR AFFORDABLE HEALTHCARE
* KANSAS OPTOMETRIC ASSOCIATION
* MIDLAND CARE CONNECTION INC.
* MISSION HEALTH COMMUNITIES LLC
* OPPORTUNITY SOLUTIONS PROJECT
* PACE-O-MATIC
* SAFE FAMILIES FOR CHILDREN
* STATE ARMOR ACTION
* UNDERDOG FANTASY
* VOYAGER SOPRIS

DUMARS, GREGORY A	2090 EAST AVENUE A	MCPHERSON, KS 674601524	(620) 241-1423	(620) 241-7829	gdumars@kmunet.org	12/5/2023

* KANSAS MUNICIPAL UTILITIES, INC.

DUNCAN, DRUE	1400 FORUM BLVD. / SUITE 1C	COLUMBIA, MO 65203	(573) 823-8707		pfizer@politicomlaw.com	12/14/2023

* PFIZER INC.

DUNCAN, R E 'TUCK'	212 SW 8TH AVE / STE 202	TOPEKA, KS 66603	(785) 233-2265	(785) 233-5659	tuckduncanlaw@yahoo.com	12/27/2023

* KANSAS PUBLIC TRANSIT ASSOCIATION
* KANSAS WINE AND SPIRITS WHOLESALERS ASSOCIATION

DUNCAN, SPENCER L	212 SW 8TH AVE / STE 202	TOPEKA, KS 66603	(785) 383-8825	(785) 233-5659	capitolconnectionkansas@yahoo.com	10/18/2023

* CAPITOL CONNECTION LLC
* LEAGUE OF KANSAS MUNICIPALITIES

DUNKEL, AUDREY	215 SE EIGHTH AVE.	TOPEKA, KS 66603	(785) 233-7436	(785) 233-6955	adunkel@kha-net.org	10/30/2023

* KANSAS HOSPITAL ASSOCIATION

DURHAM, KELLY H	5501 VIRGINIA WAY	BRENTWOOD, TN 37027	(615) 351-6131		kelly.durham@corecivic.com	12/11/2023

* CORECIVIC, INC.

EBERLINE, NATHAN	300 SW 8TH AVE / STE. 100	TOPEKA, KS 66603	(785) 354-9565	(785) 354-4186	neberline@lkm.org	10/18/2023

* LEAGUE OF KANSAS MUNICIPALITIES

ECKERT, RICHARD V	707 SE QUINCY STREET, RM. 310	TOPEKA, KS 66603	(785) 251-4042	(785) 251-4902	counselors@snco.us	12/11/2023

* THE BOARD OF SHAWNEE COUNTY COMMISSIONERS

ECKLES, JAMES K *** TC ENERGY**	**TC ENERGY / 12516 S SUMMERTREE LN**	**OLATHE, KS 66062**	**(913) 284-1407**	**kent_eckles@tcenergy.com**	**10/2/2023**
EDWARDS, JIM *** USD 501, TOPEKA PUBLIC SCHOOLS**	**3634 SW SPRINGCREEK CT**	**TOPEKA, KS 66614**	**(785) 231-8978**	**jedwards3634@gmail.com**	**12/11/2023**
EKINDE, EMANGA *** INDIVIOR INC.**	**10710 MIDLOTHIAN TURNPIKE / SUITE 430**	**RICHMOND, VA 23235**	**(651) 491-0582**	**emanga.ekinde@indivior.com**	**11/8/2023**
ESTUS, JOHN *** AMAZON.COM SERVICES LLC**	**9508 CLAYTON PARK ROAD**	**EL RENO, OK 73036**	**(405) 706-0084**	**john.estus@stateandfed.com**	**11/30/2023**
EVANS, GANON *** KANSAS POLICY INSTITUTE**	**250 N. WATER / SUITE 216**	**WICHITA, KS 67202**	**(913) 213-5038**	**ganon.evans@kansaspolicy.org**	**10/23/2023**
FALK, ALEXANDER *** KEARNEY AND ASSOCIATES, INC.**	**1200 SW 10TH AVENUE**	**TOPEKA, KS 66604**	**(913) 522-2910**	**alexander.falk99@gmail.com**	**12/7/2023**
FALK, WILLIAM J *** CHARTER COMMUNICATIONS OPERATING, LLC**	**6555 WINCHESTER AVENUE**	**KANSAS CITY, MO 64133**	**(816) 222-5391**	**jarad.falk@charter.com**	**12/3/2023**
FEDERICO, JOHN *** AARP KANSAS** *** ALLIANCE FOR CHOICE IN EDUCATION, DBA ACE SCHOLARSHIPS** *** AMERICAN BOARD** *** AMERICAN MEDICAL RESPONSE** *** ASTRA ENTERPRISE PARK** *** BEV-HUB, LLC** *** BLUE CROSS BLUE SHIELD OF KANSAS CITY** *** BRIGHTSPRING** *** CABLE ONE** *** CHANGE & INNOVATION AGENCY** *** CITY OF LENEXA** *** CITY OF LINDSBORG** *** COMCAST** *** COMMONSPIRIT HEALTH** *** COMMUNITY CARE NETWORK OF KANSAS** *** COMMUNITY CHOICE FINANCIAL, INC.** *** CONDUENT, INC. AND ITS AFFILIATES** *** COX COMMUNICATIONS** *** ELEVANCE HEALTH, AND ITS AFFILIATES** *** ELEVATOR INDUSTRY WORK PRESERVATION EIWPF** *** FEDERICO // DUERST CONSULTING GROUP** *** GENERAL MOTORS LLC** *** INTERNATIONAL LITIGATION FINANCE ASSOCIATION ILFA** *** JOHNSON COUNTY, KANSAS** *** KANSAS ASSOCIATION OF COUNTIES** *** KANSAS CASA ASSOCIATION** *** KANSAS CREDIT UNION ASSOCIATION** *** KANSAS HEALTH CARE ASSOCIATION** *** KANSAS STATE ASSOCIATION OF FIRE CHIEFS** *** KANSAS STATE FIREFIGHTERS ASSOCIATION** *** KANSAS TURNPIKE AUTHORITY** *** KC TECH COUNCIL** *** KC2026**	**900 S. KANSAS AVE. / SUITE 300**	**TOPEKA, KS 66612**	**(785) 232-2557 (785) 232-1703**	**john@federicoduerst.com**	**12/7/2023**

* KCK CHAMBER
* MAMMOTH SPORTS CONSTRUCTION
* MEDIACOM
* MICROSOFT CORPORATION
* MID AMERICA CAPITAL INC
* MIDCO
* MIDWEST HEALTH, INC
* ONGOAL, LLC DBA SPORTING KC
* QUEST DIAGNOSTICS INCORPORATED
* RECOVER CARE HEALTHCARE
* SAS INSTITUTE INC.
* SCIENTIFIC GAMES, LLC
* SOUTHWEST TRANSMISSION, LLC
* STANDARD BEVERAGE
* SUGARCREEK BRANDWORTHY FOOD SOLUTIONS
* SYMMETRY ENERGY SOLUTIONS
* TC ENERGY
* THE ALLIANCE FOR KANSANS WITH DEVELOPMENTAL DISABILITIES INC
* THE UNIVERSITY OF KANSAS
* WESTERN GOVERNORS UNIVERSITY

FEENEY, PATRICK | 825 SOUTH KANSAS AVENUE / SUITE 500 | TOPEKA, KS 66612 | (816) 223-4266 | pafeeney@dublingroup.com | 12/7/2023

* AAA KANSAS
* ACADIA HEALTHCARE COMPANY, INC
* BRADEN HEIDNER LOWE & ASSOCIATES
* EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO 2
* KANSAS ASSOCIATION OF AIRPORTS
* LENDMARK FINANCIAL SERVICES
* ONEMAIN HOLDINGS, INC
* STRIDE, INC

FENTON, BRANDON P | 3644 SW BURLINGAME RD | TOPEKA, KS 66611 | (785) 414-5159 | brandon@kansasrealtor.com | 10/12/2023

* KANSAS ASSOCIATION OF REALTORS

FERTIG, SARAH E | 1133 SW TOPEKA BLVD. | TOPEKA, KS 66629 | (785) 291-7640 (785) 291-7329 | sarah.fertig@bcbsks.com | 10/5/2023

* BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.
* BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.

FEUERBORN, JORDAN | C/O 2350 KERNER BLVD., STE. 250 | SAN RAFAEL, CA 94901 | (415) 389-6800 | merck3@nmgovlaw.com | 12/28/2023

* MERCK SHARP & DOHME LLC

FILLION, ROB | P.O. BOX 67273 | TOPEKA, KS 66667 | (785) 531-2479 | rob@rjf-consulting.com | 10/2/2023

* AFEP, LLC
* RJF CONSULTING

FINCH, BLAINE | 101 W. SECOND STREET | OTTAWA, KS 66067 | (785) 242-6400 (785) 242-3058 | blaine@harriskelsey.com | 1/2/2024

* HARRIS KELSEY, CHARTERED
* ITC HOLDINGS CORP.
* KANSAS CONTRACTORS ASSOCIATION

FINDLEY, TROY | P.O. BOX 1342 | TOPEKA, KS 66601 | (785) 408-4268 | troy@summitstrategiesks.com | 12/19/2023

* AMERICAN CIVIL LIBERTIES UNION OF KANSAS
* AMERICAN FEDERATION OF TEACHERS-KANSAS
* BHCMC, LLC
* COALITION FOR KEEPING THE KANSAS PROMISE
* EVERYTOWN FOR GUN SAFETY ACTION FUND

* FINDLEY AND ASSOCIATES, INC.
* KANSAS ORGANIZATION OF STATE EMPLOYEES
* KANSAS PROFESSIONAL INSURANCE AGENTS
* PAYIT, LLC
* REACH HEALTHCARE FOUNDATION
* SUMMIT STRATEGIES GROUP, LLC
* SWOPE HEALTH SERVICES

FINSETH, LISBET * NATIONAL MULTIPLE SCLEROSIS SOCIETY	900 S BROADWAY	DENVER, CO 80209	(303) 698-8762	Lisbet.Finseth@nmss.org	1/5/2024
FISCHER STOUT, DEBORAH * NORTHERN FLYER ALLIANCE, INC.	876 N. DIANE DR.	OLATHE, KS 66061	(913) 827-8380	northernflyeralliance@gmail.com	10/31/2023
FISHER, JAN * KANSAS AFL-CIO	2131 SW 36TH STREET	TOPEKA, KS 66611	(785) 267-0100	janfisher@mcwala.com	10/5/2023
FISHER, KATE * REVENUE BASED FINANCE COALITION	1501 WILSON BLVD, SUITE 1050	ARLINGTON, VA 22209	(202) 849-9002	kfisher@gobergroup.com	1/25/2024
FISK, DINA * FISK CONSULTING LLC * VERIZON	11708 HEMLOCK ST	OVERLAND PARK, KS 66210	(913) 269-6915	dinafisk@gmail.com	12/15/2023
FITZGERALD, ALICE * KANSAS ACTION FOR CHILDREN	709 S KANSAS AVE STE 200	TOPEKA, KS 66603	(785) 232-0550	alice@kac.org	11/29/2023
FLEISCHER, TODD * KANSAS OPTOMETRIC ASSOCIATION	632 SW VAN BUREN / SUITE 100	TOPEKA, KS 66603	(785) 232-0225 (785) 232-6151	todd@kansasoptometric.org	10/17/2023
FLEMING, RICK * AARP KANSAS	6220 SW 29TH STREET, SUITE 300	TOPEKA, KS 66614	(571) 276-5055	compliance_ks_aarp_6@multistate.us	1/31/2024
FLETCHER, MATT * INTERHAB INC	700 SW JACKSON / SUITE 1100	TOPEKA, KS 66603	(785) 235-5103	mfletcher@interhab.org	12/28/2023
FLICKNER, RYAN * KANSAS FARM BUREAU	2627 KFB PLAZA	MANHATTAN, KS 66503	(31) 673-4002	flicknerr@kfb.org	10/10/2023
FLITER, LEAH * KANSAS ASSOCIATION OF SCHOOL BOARDS	1420 SW ARROWHEAD RD	TOPEKA, KS 66604	(785) 273-3600 (785) 273-7580	lfliter@kasb.org	12/13/2023
FONKERT, MIKE * KANSAS APPLESEED	211 E. 8TH ST., STE. D	LAWRENCE, KS 66044	(785) 760-2756	mfonkert@kansasappleseed.org	12/26/2023
FORBES, MEAGAN * INSTITUTE FOR JUSTICE	901 N. GLEBE ROAD / SUITE 900	ARLINGTON, VA 22203	(612) 435-3451 (612) 435-5875	mforbes@ij.org	1/10/2024
FRANKO, JAMES * KANSAS POLICY INSTITUTE	250 N. WATER / SUITE 216	WICHITA, KS 67202	(316) 634-0218	james.franko@kansaspolicy.org	10/23/2023
FREEMAN, ALEX * LEAGUE OF KANSAS MUNICIPALITIES	300 SW 8TH AVE. / STE. 100	TOPEKA, KS 66603	(785) 354-9565	intern@lkm.org	10/18/2023
FRIES, CONI	2301 MAIN ST	KANSAS CITY, MO 64108	(816) 395-2801 (816) 395-2379	coni.fries@BlueKC.com	10/4/2023

	* BLUE CROSS BLUE SHIELD OF KANSAS CITY				
FROST, RICHARD	800 SW JACKSON ST / SUITE 1520	TOPEKA, KS 66612	(785) 383-5729	richard@sjschneider.law	1/3/2024
	* SCHNEIDER LAW FIRM LLC				
FUCIK, PATRICK R	6360 SPRINT PARKWAY / KSOPHE-03-3A386	OVERLAND PARK, KS 66251	(913) 315-9155	patrick.r.fucik@t-mobile.com	1/4/2024
	* T-MOBILE US				
FUND, LINDA J	6534 SW 23RD CT	TOPEKA, KS 66614	(785) 633-6394	lfund829@gmail.com	12/20/2023
	* PINEGAR, SMITH AND ASSOCIATES				
FUNK SCHRAG, WENDY	C/O 28 LIBERTY SHIP WAY / SUITE 2815	SAUSALITO, CA 94965	(415) 903-2800	fmcna@politicomlaw.com	12/12/2023
	* FRESENIUS MEDICAL CARE				
FUREY, SHAWN	7711 CARONDELET AVENUE	CLAYTON, MO 63105	(877) 644-4623	compliance_ks_centene_1@multistate.us	12/12/2023
	* CENTENE CORPORATION ON BEHALF OF ITS AFFILIATES AND SUBSIDIA				
GALAN, JUSTIN	10710 MIDLOTHIAN TURNPIKE / SUITE 430	RICHMOND, VA 23235	(804) 402-1297	justin.galan@indivior.com	11/20/2023
	* INDIVIOR INC.				
GARAGIOLA, JACKIE	6031 SW 37TH STREET	TOPEKA, KS 66614	(785) 273-5115 (785) 273-3399	jackie@kla.org	10/4/2023
	* KANSAS LIVESTOCK ASSOCIATION				
GATEWOOD, SEAN	1628 NW 33RD PL	TOPEKA, KS 66618	(785) 220-5355	seangatewood@outlook.com	12/12/2023
	* ALLIANCE FOR A HEALTHY KANSAS				
	* GATEWOOD CONSULTING				
	* KANCARE ADVOCATES NETWORK				
	* KANSAS EMERGENCY MEDICAL SERVICES ASSOCIATION				
	* KANSAS FARMERS UNION				
	* NURTURE KC				
	* PULSARA				
GAWDUN, JEANNE	735 SW JACKSON STREET, OFFICE	TOPEKA, KS 66603	(785) 234-2998	jeanne@kfl.org	12/5/2023
	* KANSANS FOR LIFE				
GEIER, GEOFFREY	100 SE 9TH STREET / SUITE 100	TOPEKA, KS 66612	(785) 408-8866	info@wsks.us	12/21/2023
	* WATKINS PUBLIC STRATEGIES				
GENDELMAN, NATALIE	825 S KANSAS AVE / SUITE 500	TOPEKA, KS 66612	(785) 233-4512	ngendelman20@gmail.com	11/29/2023
	* BRADEN HEIDNER LOWE & ASSOCIATES				
GEORGE, DEE D	2538 DAHL AVENUE EAST	MAPLEWOOD, MN 55119	(651) 756-1154	dee.george@novartis.com	12/20/2023
	* NOVARTIS SERVICES, INC.				
GIBSON, COLTON J	825 S KANSAS AVE. / SUITE 510	TOPEKA, KS 66612	(913) 904-4130	coltongibson@gmail.com	1/2/2024
	* ACT, INC.				
	* KANSAS BEHAVIOR SUPPORTS				
	* KENSINGER AND ASSOCIATES				
	* MERIT INTERNATIONAL, INC.				
	* MODERN GOVERNMENT				
	* UNIVERSITY CONTRACTORS ASSOCIATION OF KANSAS				
	* WONDERSCHOOL				
GIDEON, JAMIE	535 W. DOUGLAS AVENUE / SUITE 150	WICHITA, KS 67213	(316) 708-7333	compliance_ks_alz_1@multistate.us	11/29/2023
	* ALZHEIMER'S ASSOCIATION-KANSAS CHAPTERS				

GILLASPIE, MICHAEL	**115 SE 7TH ST / SUITE 204**	**TOPEKA, KS 66603**	**(785) 424-0424**	**mgillaspie@oneok.com**	**11/14/2023**
*** ONEOK**					
GLASSCOCK, KENT	**1211 DEEP CREEK RD**	**MANHATTAN, KS 66502**	**(785) 341-1816**	**kentglas@ksu.edu**	**1/4/2024**
*** K-STATE INNOVATION PARTNERS**					
GONE, GEOVANNIE	**1909 GRANDVIEW DR. E**	**GARDEN CITY, KS 67846**	**(620) 521-1832**	**ggone@immunizekansascoalition.org**	**12/14/2023**
*** IMMUNIZE KANSAS COALITION**					
GOOCH, KERRY	**PO BOX 1184**	**LAWRENCE, KS 66044**	**(316) 519-5845**	**kerry@goochstrategies.com**	**10/31/2023**
*** AMERICAN CIVIL LIBERTIES UNION OF KANSAS**					
*** COMMUNICATIONS COALITION OF KANSAS**					
*** GOOCH STRATEGIES**					
*** HEALTH FORWARD FOUNDATION**					
*** KANSANS FOR FAIR ENERGY PRICES**					
*** KANSAS BEER WHOLESALERS ASSOCIATION**					
*** KANSAS BLACK LEADERSHIP COUNCIL**					
*** NEW VENTURE FUND**					
*** PACE-O-MATIC**					
*** PEOPLE UNITED FOR PRIVACY**					
*** SALESFORCE**					
*** SUMMIT STRATEGIES GROUP LLC**					
*** SWOPE HEALTH SERVICES**					
GOODMAN, DANIEL E	**536 FIRESIDE COURT SUITE B**	**LAWRENCE, KS 66049**	**(785) 842-3088**	**dangoodman@kabc.org**	**12/18/2023**
*** KANSAS ADVOCATES FOR BETTER CARE, INC.**					
GOODYEAR, JOHN	**300 SW 8TH AVE. / STE. 100**	**TOPEKA, KS 66603**	**(785) 354-9565 (785) 354-4186**	**jgoodyear@lkm.org**	**10/18/2023**
*** LEAGUE OF KANSAS MUNICIPALITIES**					
GOYNE, AMBER R	**PO 4953**	**TOPEKA, KS 66604**	**(316) 243-6256**	**reily@terryhumphrey.com**	**1/15/2024**
*** AIA KANSAS**					
*** FRIENDS OF THE HISTORIC PRESERVATION**					
*** KANSAS PET ADVOCATES, INC**					
GRAEME, IAIN	**8001 FORBES PLACE / SUITE 202**	**SPRINGFIELD, VA 22151**	**(703) 321-8585**	**iain.graeme@gunowners.org**	**1/22/2024**
*** GUN OWNERS OF AMERICA**					
GRAGNANI, JAY	**825 S KANSAS AVE / SUITE 500**	**TOPEKA, KS 66612**	**(785) 233-4512**	**jhg223@icloud.com**	**12/12/2023**
*** BRADEN HEIDNER LOWE & ASSOCIATES**					
GRAHAM, TIMOTHY	**715 SW 10TH AVENUE**	**TOPEKA, KS 666121686**	**(785) 232-8271**	**timothy.graham@knea.org**	**10/12/2023**
*** KANSAS NEA**					
GRAUERHOLZ, TRAVIS	**825 S KANSAS AVE. SUITE 500**	**TOPEKA, KS 66612**	**(785) 233-4512**	**travisg@bhlandassociates.com**	**1/3/2024**
*** AAA KANSAS**					
*** ACADIA HEALTHCARE COMPANY, INC**					
*** ACEC KANSAS**					
*** ALLIANCE FOR AUTOMOTIVE INNOVATION**					
*** AMERICAN COUNCIL OF LIFE INSURERS**					
*** APPLE INC**					
*** ATMOS ENERGY CORPORATION**					
*** BRADEN HEIDNER LOWE & ASSOCIATES**					
*** CONSUMER DATA INDUSTRY ASSOCIATION**					

* ECONOMIC LIFELINES, INC.
* EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO 2
* HALLMARK CARDS, INC.
* HY-VEE INC.
* KANSAS ADULT CARE EXECUTIVES ASSOCATION
* KANSAS ASSOCIATION OF AIRPORTS
* KANSAS CROSSING CASINO, L.C.
* KANSAS OCCUPATIONAL THERAPY ASSOCIATION
* KANSAS SOCIETY OF PROFESSIONAL ENGINEERS
* LAWRENCE CHAMBER OF COMMERCE
* LENDMARK FINANCIAL SERVICES
* MISSOURI/KANSAS CONCRETE PIPE ASSN.
* NAIFA KANSAS
* NICUSA, INC.
* ONEMAIN HOLDINGS, INC
* OVERLAND PARK CHAMBER OF COMMERCE
* POET LLC
* STRIDE, INC.
* T-MOBILE USA, INC.
* THE UNIVERSITY OF KANSAS HEALTH SYSTEM
* THE WILLIAMS COMPANIES, INC.
* WATER ASSURANCE DISTRICTS OF KANSAS

GREEN, TRAE C. 816 SW TYLER ST. TOPEKA, KS 66610 (785) 234-0461 (785) 234-2930 trae@kansasag.org 12/30/2023

* BIOKANSAS
* KANSAS AGRIBUSINESS RETAILERS ASSOCIATION
* KANSAS GRAIN AND FEED ASSOCIATION
* RENEW KANSAS

GREENE, STEVEN J 716 N 119TH STREET, SUITE 116 WICHITA, KS 67235 (785) 409-8867 steven@duganconsult.com 1/5/2024

* ADVANTAGE CAPITAL PARTNERS
* AETNA BETTER HEALTH OF KANSAS
* ASSOCIATION OF CMHCS OF KS, INC.
* CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS
* CICERO ACTION
* CLUB FOR GROWTH
* COMMUNITY ORGANIZATIONS FOR RETIREMENT EQUITY
* DELTA DENTAL OF KANSAS, INC.
* DIRECTV, LLC
* DISH NETWORK, L.L.C.
* DO NO HARM ACTION
* DUGAN CONSULTING GROUP
* FINDHELP
* HOPE RANCH FOR WOMEN
* INDIGOV
* KANSAS BEER WHOLESALERS ASSOCIATION
* KANSAS EMPLOYERS FOR AFFORDABLE HEALTHCARE
* KANSAS OPTOMETRIC ASSOCIATION
* MIDLAND CARE PACE
* MISSION HEALTH COMMUNITIES LLC
* OPPORTUNITY SOLUTIONS PROJECT
* PACE-O-MATIC
* SAFE FAMILIES FOR CHILDREN
* STATE ARMOR ACTION
* UNDERDOG FANTASY
* VOYAGER SOPRIS

GRICE, TOMMY	**PO BOX 67633**	**TOPEKA, KS 66667**	**(785) 215-5012**	**tommy.grice72@gmail.com**	**12/11/2023**
*** AGRIDIME Term Date: 1/1/2024**					
*** COMMUNITY BANK OF WEIR**					
*** KENSINGER AND ASSOCIATES**					
*** RAI SERVICES COMPANY**					
GRINSTEAD, MIDGE	**PO BOX 1334**	**LAWRENCE, KS 66044**	**(785) 766-3871**	**mgrinstead@humanesociety.org**	**10/23/2023**
*** THE HUMANE SOCIETY OF THE UNITED STATES**					
GRUBER, ZOE	**ONE SECURITY BENEFIT PLACE**	**TOPEKA, KS 66636**	**(785) 438-3035**	**zoe.gruber@securitybenefit.com**	**12/4/2023**
*** SECURITY BENEFIT CORPORATION**					
GULLEY, KEITH	**128 NW MORTON COURT**	**LEES SUMMIT, MO 64081**	**(816) 317-5155**	**keith.gulley@stateandfed.com**	**11/20/2023**
*** AMGEN**					
GUNSALUS, CATHERINE	**214 MASSACHUSETTS AVE. NE / SUITE 400**	**WASHINGTON, DC 20002**	**(202) 548-5280**	**catherine.gunsalus@heritageaction.com**	**11/21/2023**
*** HERITAGE ACTION FOR AMERICA**					
HAASE, MOLLY	**9100 W. 74TH ST.**	**SHAWNEE MISSION, KS 66204**	**(913) 789-5571**	**molly.haase@adventhealth.com**	**10/31/2023**
*** ADVENTHEALTH**					
HACK MERLO, RACHEL	**C/O 28 LIBERTY SHIP WAY, SUITE 2815**	**SAUSALITO, CA 94965**	**(415) 903-2800 (415) 610-7604**	**google@politicomlaw.com**	**11/30/2023**
*** GOOGLE LLC AND ITS AFFILIATES**					
HADDIX, MACKENZIE P	**7808 FOSTER STREET**	**OVERLAND PARK, KS 66204**	**(913) 642-5433**	**mackenzie@kfl.org**	**12/30/2023**
*** KANSANS FOR LIFE**					
HADLEY, SOFIA	**900 S. KANSAS AVE. / SUITE 300**	**TOPEKA, KS 66612**	**(785) 232-2557**	**Mihailo@federicoduerst.com**	**12/14/2023**
*** FEDERICO // DUERST CONSULTING GROUP**					
HALL, JAY	**715 SW 10TH STREET**	**TOPEKA, KS 66612**	**(785) 272-2585**	**hall@kansascounties.org**	**12/14/2023**
*** KANSAS ASSOCIATION OF COUNTIES**					
HAMBY, RASHANE A	**10561 BARKLEY ST / SUITE 500**	**OVERLAND PARK, KS 66212**	**(913) 609-2085**	**rhamby@aclukansas.org**	**12/21/2023**
*** ACLU OF KANSAS**					
HAMLIN, JAKE	**5500 CENEX DRIVE**	**INVER GROVE HEIGHTS, MN 55077**	**(651) 355-6604**	**jake.hamlin@chsinc.com**	**1/11/2024**
*** CHS INC.**					
HAMMET, DAVIS	**508 SW 10TH AVE**	**TOPEKA, KS 66612**	**(850) 585-7903**	**davishammet@gmail.com**	**12/29/2023**
*** LOUD LIGHT CIVIC ACTION**					
HAPGOOD, WADE L	**330 NW 82ND STREET**	**TOPEKA, KS 66617**	**(785) 554-1061**	**wade_hapgood@uhg.com**	**11/15/2023**
*** OPTUM, INC**					
*** UNITED HEALTHCARE SERVICES, INC.**					
HARDING, PAIGE A	**534 S KANSAS AVENUE, SUITE 830**	**TOPEKA, KS 66603**	**(785) 246-8444**	**john@devineanddonley.com**	**12/20/2023**
*** DEVINE, DONLEY, & MURRAY GOVERNMENTAL AFFAIRS, LLC**					
HARDISON, DUSTIN	**701 SW JACKSON ST / SUITE 220**	**TOPEKA, KS 66603**	**(785) 213-6539**	**dustin.hardison@caresource.com**	**12/18/2023**
*** CARESOURCE MISSION**					
HARP, MARILYN	**4217 BRIARWOOD**	**LAWRENCE, KS 66049**	**(316) 734-0727**	**harpm6@gmail.com**	**12/5/2023**
*** CITIZEN LOBBYIST**					

HARRIS, BRETT	**7130 W MAPLE STREET**	**WICHITA, KS 67209**	**(316) 290-9733**	**BrettHarrisICT@Gmail.com**	**12/14/2023**
*** KANSAS CANNABIS CHAMBER OF COMMERCE, INC.**					
HARRIS, QUENTIN	**1200 SW 10TH AVENUE**	**TOPEKA, KS 66604**	**(785) 580-6758**	**quentin.harris@washburn.edu**	**11/30/2023**
*** KEARNEY AND ASSOCIATES, INC.**					
HEIDNER, SCOTT	**825 S KANSAS / STE 500**	**TOPEKA, KS 66612**	**(785) 233-4512 (785) 233-2206**	**scott@gachesbraden.com**	**12/29/2023**
*** ACEC KANSAS**					
*** BRADEN HEIDNER LOWE & ASSOCIATES**					
*** CONSUMER DATA INDUSTRY ASSOCIATION**					
*** ECONOMIC LIFELINES, INC.**					
*** KANSAS ASSOCIATION OF DEFENSE COUNSEL**					
*** KANSAS SELF-INSURERS ASSOCIATION**					
*** MISSOURI KANSAS CONCRETE PIPE ASSOCIATION**					
HEIN, DEREK R	**800 SW JACKSON STREET, SUITE 1005,**	**TOPEKA, KS 66612**	**(785) 550-9331**	**derek@1861consulting.com**	**12/20/2023**
*** 1861 CONSULTING, LLC.**					
*** 3M COMPANY**					
*** AMERICAN MULTI-CINEMA, INC.**					
*** ARISTA RECOVERY MANAGEMENT LLC**					
*** ASSOCIATED PUBLIC-SAFETY COMMUNICATIONS OFFICERS, KANSAS CHA**					
*** CATALYST**					
*** CENTER FOR THE RIGHTS OF ABUSED CHILDREN**					
*** DIRECTV, LLC**					
*** DISH NETWORK, L.L.C.**					
*** DRAFTKINGS INC.**					
*** EARNIN**					
*** ENVISION**					
*** EQUIFAX INC**					
*** FANTASY SPORTS ALLIANCE**					
*** HCA**					
*** INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 101**					
*** JACKPOCKET**					
*** JUSTICE ACTION NETWORK**					
*** KANSAS ADVANCED PRACTICE NURSES ASSOCIATION**					
*** KANSAS ASSOCIATION OF BROADCASTERS**					
*** KANSAS ASSOCIATION OF CHAIN DRUG STORES**					
*** KANSAS ASSOCIATION OF NURSE ANESTHETISTS**					
*** KANSAS BEVERAGE ASSOCIATION**					
*** KANSAS PHYSICAL THERAPY ASSOCIATION**					
*** KANSAS PRESS ASSOCIATION**					
*** KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS**					
*** KANSAS WESLEYAN UNIVERSITY**					
*** KVC HOSPITALS, INC. DBA CAMBER CHILDREN'S MENTAL HEALTH**					
*** KVC KANSAS**					
*** MENORAH MEDICAL CENTER**					
*** META PLATFORMS, INC.**					
*** MILAN LASER CORPORATE, LLC**					
*** MOTION PICTURE ASSOCIATION, INC.**					
*** MOTOROLA SOLUTIONS, INC.**					
*** NATIONAL KIDNEY FOUNDATION OF KANSAS & WESTERN MO.**					
*** NEW BOSTON CREATIVE GROUP LLC**					
*** ONLINE LENDERS ALLIANCE**					
*** ORANGE EV**					
*** ORIJIN**					
*** OVERLAND PARK REGIONAL MEDICAL CENTER**					

* PANASONIC CORPORATION NORTH AMERICA
* RAI SERVICES COMPANY
* REVENUE BASED FINANCE COALITION
* SAINT FRANCIS MINISTRIES, INC
* SECURE ELECTIONS PROJECT
* SPORTS BETTING ALLIANCE
* SUGAR CREEK CAPITAL
* THE SHAWNEE TRIBE
* THEATRE OWNERS OF MID-AMERICA
* TURO, INC.
* UBER TECHNOLOGIES, INC.
* UNITED WE
* WESLEY HEALTHCARE
* YES. EVERY KID., INC.
* ZERO EYES, INC

HEIN, JULIE J	6729 SW SHERWOOD COURT	TOPEKA, KS 66614	(785) 845-3869	jhein@heingc.com	12/21/2023

* CENTER FOR THE RIGHTS OF ABUSED CHILDREN
* ENVISION
* EQUIFAX INC
* HEIN GOVERNMENTAL CONSULTING, LLC
* KANSAS BEVERAGE ASSOCIATION
* KANSAS PRESS ASSOCIATION
* LOANMAX
* RAI SERVICES COMPANY
* UNITED WE
* YES. EVERY KID., INC.

HEINEMANN, DAVE	3826 SW CAMBRIDGE CT	TOPEKA, KS 66610	(785) 213-9895	daveh123@cox.net	12/29/2023

* KANSAS PUBLIC BROADCASTING COUNCIL

HENDERSON, CHRIS	900 S KANSAS AVENUE / SUITE 300	TOPEKA, KS 66612	(785) 232-2557	chris@federicoduerst.com	12/12/2023

* FEDERICO // DUERST CONSULTING GROUP

HENLEY, MONISHA	PO BOX 4184	NEW YORK, NY 10163	(646) 324-8250	henley@everytown.org	12/12/2023

* EVERYTOWN FOR GUN SAFETY ACTION FUND

HENN, JERRY	1420 SW ARROWHEAD RD / SUITE 100	TOPEKA, KS 66604	(785) 232-6566	jhenn@usakansas.org	12/20/2023

* USA-KANSAS

HERRERA RUSSELL, JESSICA	709 S KANSAS AVE., STE. 200	TOPEKA, KS 66603	(785) 232-0550	jessica@kac.org	10/24/2023

* KANSAS ACTION FOR CHILDREN

HERRICK, P SHAWN	7321 NW ROCHESTER RD	TOPEKA, KS 66617	(785) 286-1110	herrick.shawn@gmail.com	10/6/2023

* MID AMERICA TIRE DEALERS ASSOCIATION

HERRMAN, JOHN	900 S. KANSAS AVE / SUITE 300	TOPEKA, KS 66612	(785) 232-2557	Mihailo@federicoduerst.com	12/14/2023

* FEDERICO // DUERST CONSULTING GROUP

HICKAM, MATTHEW	900 S KANSAS AVE / SUITE 403	TOPEKA, KS 66612	(785) 232-4377	mhickam@HBStrategies.us	12/5/2023

* ACCENTURE LLP
* ALTARUM INSTITUTE
* AMAZON.COM INC
* AMERICAN PETROLEUM INSTITUTE
* CENTENE CORPORATION ON BEHALF OF ITS AFFILIATES AND SUBSIDIA
* HUSCH BLACKWELL STRATEGIES, LLC

* MIGHTY GOOD SOLUTIONS
* U.S. CHAMBER INSTITUTE FOR LEGAL REFORM
* UNITE USA INC.

HILL, GRANT	825 S KANSAS AVE / SUITE 500	TOPEKA, KS 66612	(785) 233-4512	grant.hill307@gmail.com	12/5/2023
* BRADEN HEIDNER LOWE & ASSOCIATES					
HINES, JAMES	C/O 28 LIBERTY SHIP WAY / SUITE 2815	SAUSALITO, CA 94965	(415) 903-2800	meta@politicomlaw.com	12/14/2023
* META PLATFORMS, INC.					
HISSONG, CLAUDIA	2627 KFB PLAZA	MANHATTAN, KS 66503	(785) 587-6108	hissongc@kfb.org	10/10/2023
* KANSAS FARM BUREAU					
HITCHCOCK, STEVEN J	1304A EIGHTH STREET	BALDWIN CITY, KS 66006	(816) 726-2834	hitchcock59@gmail.com	1/3/2024
* KANSAS AGRICULTURAL AVIATION ASSOCIATION					
HOLEMAN, CLANCY	115 N 4TH / 3RD FLOOR WEST	MANHATTAN, KS 66502	(785) 565-6844 (785) 565-6847	choleman@rileycountyks.gov	10/13/2023
* RILEY COUNTY COMMISSION, RILEY COUNTY, KANSAS					
HOLMAN, APRIL	700 SW JACKSON ST / SUITE 600	TOPEKA, KS 66603	(785) 861-7894	april@expandkancare.com	12/19/2023
* ALLIANCE FOR A HEALTHY KANSAS					
HORN, LISA K	2401 GILLHAM ROAD	KANSAS CITY, MO 64108	(703) 731-4669	lkhorn@cmh.edu	12/15/2023
* CHILDREN'S MERCY					
HUBBELL, PATRICK R	800 SW JACKSON / SUITE 914	TOPEKA, KS 66612	(785) 235-6237	phubbell1319@gmail.com	11/30/2023
* ALTRIA CLIENT SERVICES LLC AND ITS AFFILIATES					
* KANSAS RAILROAD ASSOCIATION					
* PAT HUBBELL ASSOCIATES, INC					
* PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)					
* TYSON FOODS INC					
HUBER, ELIJAH	214 MASSACHUSETTS AVENUE NE / SUITE 400	WASHINGTON, DC 20002	(202) 253-5451	elijah.huber@stateandfed.com	11/21/2023
* HERITAGE ACTION FOR AMERICA					
HUDMAN, JUSTIN	154 DOUBLE L DRIVE	DRIPPING SPRINGS, TX 78620	(805) 447-8687	justin.hudman@stateandfed.com	11/20/2023
* AMGEN					
HULCHER, DAVID	815 SW TOPEKA BLVD	TOPEKA, KS 66612	(785) 232-0561 (785) 232-6817	dave@kaia.com	11/7/2023
* KANSAS ASSOCIATION OF INSURANCE AGENTS					
HUMPHREY, TERRY	PO BOX 4953	TOPEKA, KS 66604	(785) 221-8215	terry@terryhumphrey.com	1/15/2024
* AIA KANSAS					
* FRIENDS OF THE HISTORIC PRESERVATION					
* KANSAS PET ADVOCATES, INC					
HUPE, DENNIS	1000 SW RED OAKS PLACE	TOPEKA, KS 66615	(785) 271-1030 (785) 271-1302	hupe@kansassoybeans.org	10/30/2023
* KANSAS SOYBEAN ASSOCIATON					
HUPP, JACOB M	8051 ARCO CORPORATE DR	RALEIGH, NC 27617	(919) 816-3361	jacob.hupp@akc.org	1/8/2024
* AMERICAN KENNEL CLUB					
HUTCHINSON, ASHLEY M	400 S. SANTA FE	SALINA, KS 67401	(785) 243-8710	ahutchins@srhc.com	10/5/2023
* SALINA REGIONAL HEALTH CENTER					

HUTFLES, MICHAEL	**1028 SUMMERFIELD WAY**	**LAWRENCE, KS 66049**	**(785) 554-0628**	**mike.hutfles.hgr@gmail.com**	**12/16/2023**
*** ASCENSION VIA CHRISTI HEALTH, INC.**					
*** CARESOURCE MISSION**					
*** FIVE POINTS TECHNOLOGY GROUP INC.**					
*** GOODLIFE INNOVATIONS**					
*** HUTFLES AND ASSOCIATES GOVERNMENT RELATIONS, LLC**					
*** SAINT LUKE'S HEALTH SYSTEM**					
*** WICHITA STATE UNIVERSITY**					
IDOUX, JOHN R	**BRIGHTSPEED / 6709 W 119TH ST, #416**	**OVERLAND PARK, KS 66209**	**(704) 314-2367**	**john.idoux@brightspeed.com**	**12/20/2023**
*** BRIGHTSPEED**					
ILICH, MIHAILO	**900 S. KANSAS AVE. STE. 300**	**TOPEKA, KS 66612**	**(785) 232-2557**	**lori@federicoconsultinginc.com**	**12/6/2023**
*** CITY OF ABILENE**					
*** FEDERICO // DUERST CONSULTING GROUP**					
IRSIK, RYAN	**702 SW 8TH STREET**	**BENTONVILLE, AR 72716**	**(479) 715-1213**	**ryan.irsik@walmart.com**	**11/30/2023**
*** WALMART INC.**					
JACKSON, MATT	**1231 MCFARLAND RD**	**JUNCTION CITY, KS 66441**	**(785) 226-7505**	**mjacksoniaff@cox.net**	**12/25/2023**
*** KANSAS STATE COUNCIL OF FIRE FIGHTERS**					
JAMISON, JAMES	**220 SE 6TH AVE**	**TOPEKA, KS 66603**	**(210) 667-8417**	**jj2139@att.com**	**10/31/2023**
*** AT&T, INC. AND AFFILIATES**					
JASKINIA, ED	**7310 PARKVIEW AVE.**	**KANSAS CITY, KS 66109**	**(913) 207-0567**	**ed@wesellhomes2you.com**	**12/30/2023**
*** THE ASSOCIATED LANDLORDS OF KANSAS**					
JOHNSON, PAUL D	**3960 RIDGE DR**	**PERRY, KS 66073**	**(785) 207-8726**	**pdjohnson@centurylink.net**	**12/14/2023**
*** KANSAS RURAL CENTER**					
JOHNSON, TIMOTHY E	**2696 XERIC**	**WAVERLY, KS 66871**	**(785) 733-2877**	**Tejohnson64@yahoo.com**	**12/12/2023**
*** COFFEY COUNTY COMMISSION**					
JONES, BRITTANY M	**4021 SW 10TH ST. / STE. 311**	**TOPEKA, KS 66604**	**(785) 542-0220**	**bjones@kansasfamilyvoice.com**	**1/3/2024**
*** KANSAS FAMILY VOICE**					
JONES, JAMI	**709 S KANSAS AVE STE 200**	**TOPEKA, KS 66603**	**(785) 232-0550**	**jami@kac.org**	**1/24/2024**
*** KANSAS ACTION FOR CHILDREN**					
JONES, SAM	**2220 N LOCH LOMOND CT**	**WICHITA, KS 67228**	**(316) 650-9773**	**sjones@kansasnaturalremedies.com**	**1/3/2024**
*** KANSAS NATURAL REMEDIES LLC**					
JONES, SCOTT R	**5808 W 155TH ST**	**OVERLAND PARK, KS 66223**	**(913) 685-0788**	**scott@sterlingkan.com**	**12/18/2023**
*** ENERGY TRANSFER**					
*** EVERGY**					
*** STERLING STRATEGIES**					
JONES, SEAN	**146 DOVETAIL DR**	**HORSESHOE BEND, ID 83629**	**(208) 789-3209**	**sean.jones@takeda.com**	**11/8/2023**
*** TAKEDA PHARMACEUTICALS AMERICA**					
JONES, TARYN L	**3730 METROPOLITAN AVE**	**KANSAS CITY, KS 66106**	**(913) 669-7635**	**kansascity@eqks.org**	**12/6/2023**
*** EQUALITY KANSAS**					
KALUZA, MACKENZIE M	**919 S. KANSAS AVENUE**	**TOPEKA, KS 66612**	**(815) 419-7564**	**kenziekaluza@gmail.com**	**1/5/2024**

* PAUL DAVIS LAW FIRM LLC					
KANE, MICHAEL T	2600 MERRIAM LANE	KANSAS CITY, KS 66106	(913) 423-1903	(913) 432-2026 mike@local1290.com	1/2/2024
* LABORERS' 1290					
KARLESKINT, JIM A	24542 CANTRELL ROAD	TONGANOXIE, KS 66086	(785) 550-4298	Jimkarleskint@yahoo.com	12/11/2023
* SCHOOLS FOR QUALITY EDUCATION					
* UNITED SCHOOL ADMINISTRATORS OF KANSAS					
* VETERANS OF FOREIGN WARS, DEPT OF KANSAS					
KAUFMAN, LESLIE J	PO BOX 4267	TOPEKA, KS 666040267	(785) 478-4554	lkaufman@kec.org	12/29/2023
* KANSAS ELECTRIC COOPERATIVES, INC.					
KEARNEY, STEVE	1200 SW 10TH ST.	TOPEKA, KS 66604	(785) 234-5859	(785) 234-2433 steve@kearneyandassociates.com	11/30/2023
* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS					
* DEFFENBAUGH INDUSTRIES, INC.					
* KANSAS ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION					
* KANSAS ASSOCIATION OF ADDICTION PROFESSIONALS					
* KANSAS ASSOCIATION OF COURT SERVICES OFFICERS					
* KANSAS ASSOCIATION OF TECHNICAL COLLEGES					
* KANSAS AUTOMOTIVE RECYCLERS ASSOCIATION					
* KANSAS COUNTY AND DISTRICT ATTORNEYS ASSOCIATION					
* KANSAS COUNTY TREASURERS ASSOC.					
* KANSAS HEALTH FOUNDATION					
* KANSAS LIBRARY ASSOCIATION					
* KANSAS ORTHOPAEDIC SOCIETY					
* KANSAS PSYCHIATRIC SOCIETY					
* KANSAS RECREATION AND PARKS ASSOCIATION					
* KANSAS REGISTER OF DEEDS ASSOCIATION					
* KANSAS STATE TROOPERS ASSOCIATION					
* KEARNEY AND ASSOCIATES, INC.					
* PAWNEE COUNTY					
* PHYSICIAN HOSPITALS OF KANSAS, INC					
* RETAIL GROCERS ASSOCIATION					
* SOUTHWEST KANSAS IRRIGATORS ASSOCIATION					
* WASTE MANAGEMENT INCORPORATED					
KEENAN, MATTHEW D	712 S. KANSAS AVENUE / SUITE 200	TOPEKA, KS 66603	(785) 233-2068	(785) 354-8311 keenanm@klsinc.org	11/27/2023
* KANSAS LEGAL SERVICES, INC.					
KELLEY, CASEY H	1005 CONGRESS AVENUE / SUITE 880	AUSTIN, TX 78701	(512) 542-7814	casey.kelley@constellation.com	12/19/2023
* CONSTELLATION ENERGY GENERATION, LLC					
KELLEY, MICHAEL C	1106 E. 30TH STREET / SUITE G	KANSAS CITY, MO 64109	(816) 205-7056	michael.kelley@bikewalkkc.org	12/27/2023
* BIKEWALKKC					
KEMP, CARISSA	3720 N COLLISTER DRIVE	BOISE, ID 83703	(715) 573-1234	ckemp@diabetes.org	1/4/2024
* AMERICAN DIABETES ASSOCIATION					
KENNY, ALLEN B	217 E BROADWAY ST	STAFFORD, KS 67578	(620) 322-0003	abkenny@icsn.io	12/6/2023
* ICS NETWORKS LLC					
KENSINGER, DAVID	PO BOX 67633	TOPEKA, KS 66667	(785) 220-6125	dkensinger@kensingerandassociates.com	11/3/2023
* ACT, INC.					
* BK BEHAVIOR VENTURES					
* COMMUNITY BANK OF WEIR					

* EVERGY
* KENSINGER AND ASSOCIATES
* KSHSAA
* ODYSSEY
* PAYIT, LLC
* PFIZER, INC.
* RAI SERVICES COMPANY
* ROADMAP SOLUTIONS
* THE INNOCENCE PROJECT
* UNIVERSITY CONTRACTORS ASSOCIATION OF KANSAS
* WONDERSCHOOL

KESSLER, KYLE	222 SW 7TH ST	TOPEKA, KS 66603	(785) 234-4773 (785) 234-3189	kkessler@acmhck.org	11/14/2023
* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS					
KETCHER, BRADLEY J	PO BOX 190201	ST LOUIS, MO 63119	(314) 662-2086	bradley.ketcher@gmail.com	1/31/2024
* CONSUMER ACTION NETWORK, INC.					
KIBBE, SCOT P	8700 WEST BRYN MAWR AVENUE / SUITE 1200S	CHICAGO, IL 60631	(847) 297-7800	scot.kibbe@apci.org	10/10/2023
* AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION - APCIA					
KILGORE, MEGAN L	PO BOX 77	LYNDON, K 66451	(785) 221-0312	megan@ksvma.org	12/29/2023
* KANSAS VETERINARY MEDICAL ASSOCIATION					
KIMBALL, SHANNON	1420 SW ARROWHEAD DRIVE	TOPEKA, KS 66604	(785) 273-3600	levans@kasb.org	12/14/2023
* KANSAS ASSOCIATION OF SCHOOL BOARDS					
KING, CILLE	PO BOX 2366	TOPEKA, KS 66601	(785) 234-5152	cilleking@gmail.com	12/8/2023
* LEAGUE OF WOMEN VOTERS OF KANSAS					
KING, MARK A	1415 L STREET / SUITE 1150	SACRAMENTO, CA 95814	(916) 583-9300 (916) 538-9331	Mark.A.King@Altria.com	1/1/2024
* ALTRIA CLIENT SERVICES LLC AND ITS AFFILIATES					
KLINDT, JASON A	PO BOX 418679	KANSAS CITY, MO 64141	(816) 556-2048	jason.klindt@evergy.com	11/3/2023
* EVERGY					
KLUMPP, ED	4339 SE 21ST	TECUMSEH, KS 66542	(785) 640-1102 (785) 235-1317	eklumpp@cox.net	12/10/2023
* KANSAS ASSOCIATION OF CHIEFS OF POLICE					
* KANSAS PEACE OFFICERS ASSOCIATION					
* KANSAS SHERIFFS ASSOCIATION					
KNAPP, CHUCK	P.O. BOX 4199	TOPEKA, KS 66604	(785) 478-5650	chuck.knapp@jagkansas.org	1/18/2024
* JOBS FOR AMERICA'S GRADUATES - KANSAS					
KNOBBE, OLIVIA	825 S KANSAS AVE	TOPEKA, KS 66612	(785) 233-4512	orknobbe@gmail.com	12/5/2023
* BRADEN HEIDNER LOWE & ASSOCIATES					
KOTTERMAN, PENNY A	202 VESEY STREET	NEW YORK, NY 10281	(602) 284-7611	pkotterman@collegeboard.org	1/3/2024
* THE COLLEGE BOARD					
KOTTLER, HALEY M	6504 FARMVIEW EAST LANE	WICHITA, KS 67206	(405) 308-2145	hkottler@kansasappleseed.org	1/8/2024
* KANSAS APPLESEED					
KREIDLER, GAVIN T	2009 RIVIERA COURT	LAWRENCE, KS 66047	(316) 992-1872	gavinkreidler@gmail.com	11/8/2023
* AMERICAN FUEL & PETROCHEMICAL MANUFACTURERS					

* AMERICAN RECYCLABLE PLASTIC BAG ALLIANCE
* CASEY'S GENERAL STORES
* CENTURION OF KANSAS, LLC
* COMMUNICATIONS COALITION OF KANSAS
* COMMUNITY CHOICE FINANCIAL, INC.
* COTTONWOOD, INC.
* FUEL TRUE INDEPENDENT ENERGY AND CONVENIENCE
* KANSANS FOR LOWER ELECTRIC RATES
* KOCH COMPANIES PUBLIC SECTOR, LLC AND AFFILIATES
* KREIDLER CONSULTING GROUP
* NATIONAL WASTE & RECYCLING ASSOCIATION
* NORTHWEST TECHNICAL COLLEGE
* PACE-O-MATIC
* RAINBOWS UNITED INC

KREWSON, TOM	908 WEST 114TH TERR.	KANSAS CITY, MO 64114	(816) 918-9390 (816) 795-6948	tom_krewson@comcast.com	10/23/2023
* COMCAST CABLE					
KRIEGSHAUSER, CHRISTIE M	534 S. KANSAS AVE / STE 1400	TOPEKA, KS 66603	(785) 357-6321	christiek@kansaschamber.org	10/2/2023
* KANSAS CHAMBER OF COMMERCE					
KUKLEWSKI, KIM	10710 MIDLOTHIAN TURNPIKE / SUITE 430	RICHMOND, VA 23235	(804) 402-1297	kim.kuklewski@indivior.com	11/8/2023
* INDIVIOR INC.					
KURZ, MONICA	2110 DELAWARE STREET	LAWRENCE, KS 66046	(913) 683-0055	monicak@hqkansas.org	10/20/2023
* HEADQUARTERS KANSAS					
LANDRY, JULIE	1101 K STREET, NW STE 700	WASHINGTON, DC 20005	(202) 463-2700	julie_landry@afandpa.org	1/31/2024
* AMERICAN FOREST & PAPER ASSOCIATION					
LANIER, LARRY	1455 PENNSYLVANIA AVE., NW / SUITE 1225	WASHINGTON, DC 20004	(303) 929-1841	compliance_ks_ebsi_1@multistate.us	11/29/2023
* EMERGENT BIOSOLUTIONS					
LASORTE, DARREN L	11 MILE HILL ROAD	NEWTOWN, CT 06470	(703) 328-3454	dlasorte@nssf.org	10/16/2023
* NATIONAL SHOOTING SPORTS FOUNDATION, INC.					
LAWSON, ANGELIINA	PO BOX 67	LEAVENWORTH, KS 66048	(913) 972-1661	angeliina@landontherange.com	11/21/2023
* LAND ON THE RANGE, LLC					
LEDBETTER, JOSEPH	1734 SW VAN BUREN ST.	TOPEKA, KS 66612	(785) 506-5968	joe@josephledbetter.com	1/3/2024
* GREATER TOPEKA PARTNERSHIP					
LEOPOLD, HENRY	1000 ILLINOIS STREET	LAWRENCE, KS 66044	(913) 200-3890	hleopold01@gmail.com	12/15/2023
* KANSAS CONTRACTORS ASSOCIATION					
LEWIS, JESSE	243 WILLOW WALK CV.	AUSTIN, TX 78737	(512) 423-9898	jesse.lewis@bms.com	1/3/2024
* BRISTOL-MYERS SQUIBB COMPANY					
LIEN, ROSS	3601 VINCENNES ROAD	INDIANAPOLIS, IN 46268	(701) 202-8214	compliance_ks_namic_1@multistate.us	12/12/2023
* NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES (NAMIC)					
LINDEMAN, STUART	302 KNIGHTS AVENUE / SUITE 930	TAMPA, FL 33602	(813) 280-1333	compliance_ks_mhc_1@multistate.us	12/12/2023
* MISSION HEALTH COMMUNITIES LLC					
LINDFIELD, ROY	10172 PRESTWICK TRAIL	LONE TREE, CO 80124	(303) 915-8702	roy.lindfield@stateandfed.com	11/30/2023

* SUMITOMO PHARMA AMERICA, INC.

LINDSEY, MATT	700 SOUTH KANSAS AVENUE / SUITE 622	TOPEKA, KS 66603	(913) 484-4706	matt@kscolleges.org	10/2/2023
* KANSAS INDEPENDENT COLLEGE ASSOCIATION					
LITARDO, FRANCISCO M	2010 N. 59TH STREET	KANSAS CITY, KS 66104	(913) 603-4751	francisco.litardo@kckps.org	1/25/2024
* KANSAS CITY, KANSAS PUBLIC SCHOOLS					
LITTLE, KALEB	1000 SW RED OAKS PLACE	TOPEKA, KS 66615	(785) 271-1030	little@kansassoybeans.org	10/31/2023
* KANSAS SOYBEAN ASSOCIATION					
LITTLE, STUART J	800 SW JACKSON / STE 1100	TOPEKA, KS 66612	(785) 845-7265	stuartjlittle@mac.com	12/7/2023
* BEHAVIORAL HEALTH ASSOCIATION OF KANSAS					
* BETMGM, LLC					
* CITY OF MERRIAM					
* CITY OF MISSION					
* CITY OF PRAIRIE VILLAGE					
* CITY OF ROELAND PARK					
* CITY OF WESTWOOD HILLS					
* CKF ADDICTION TREATMENT					
* COMMUNITY BANKERS ASSOCIATION OF KANSAS					
* DCCCA, INC.					
* DOUGLAS COUNTY					
* GROW KANSAS FILM					
* HEARTLAND RADAC					
* KANSAS CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS					
* KANSAS COMMUNITY CORRECTIONS ASSOCIATION					
* KANSAS FOOD & FARM COALITION					
* LITTLE GOVERNMENT RELATIONS LLC					
* METRC					
* ORAL HEALTH KANSAS					
* SHAWNEE MISSION SCHOOL DISTRICT					
* SUBSTANCE ABUSE CENTER OF KANSAS					
* UNITED METHODIST HEALTH MINISTRY FUND					
LOLLI, JOSIE	C/O 28 LIBERTY SHIP WAY / SUITE 2815	SAUSALITO, CA 94965	(415) 903-2800 (415) 610-7604	apple@politicomlaw.com	12/11/2023
* APPLE INC					
LONKER, KELLY	800 SW JACKSON ST / STEN1005	TOPEKA, KS 66612	(316) 461-2698	holli@csga.com	1/17/2024
* CATALYST					
LOWE, TRAVIS R	825 S KANSAS / STE 500	TOPEKA, KS 66612	(469) 774-4580	travis@bhlandassociates.com	11/29/2023
* AAA KANSAS					
* ACADIA HEALTHCARE COMPANY, INC					
* ACEC KANSAS					
* ALLIANCE FOR AUTOMOTIVE INNOVATION					
* AMERICAN COUNCIL OF LIFE INSURERS					
* APPLE INC					
* APWA- KANSAS CHAPTER					
* APWA- KANSAS CITY METRO CHAPTER					
* ATMOS ENERGY CORPORATION					
* BANK OF AMERICA CORPORATION					
* BRADEN HEIDNER LOWE & ASSOCIATES					
* CURRUS					
* ECONOMIC LIFELINES, INC.					
* EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO 2					

* FAIRFAX DRAINAGE DISTRICT
* HALLMARK CARDS, INC.
* HY-VEE, INC
* KANSAS ADULT CARE EXECUTIVES ASSOCATION
* KANSAS ASSOCIATION OF AIRPORTS
* KANSAS CROSSING CASINO, L.C.
* KANSAS DENTAL HYGIENISTS' ASSOCIATION
* KANSAS ELK & DEER ASSOCIATION
* KANSAS SOCIETY OF PROFESSIONAL ENGINEERS
* KAW RIVER DRAINAGE DISTRICT
* LENDMARK FINANCIAL SERVICES
* NICUSA, INC.
* ONEMAIN HOLDINGS, INC
* OVERLAND PARK CHAMBER OF COMMERCE
* POET LLC
* STRIDE, INC
* T-MOBILE USA, INC.
* THE UNIVERSITY OF KANSAS HEALTH SYSTEM
* THE WILLIAMS COMPANIES, INC.
* TRI-COUNTY DRAINAGE DISTRICT
* WATER ASSURANCE DISTRICTS OF KANSAS

LUCAS, JESSICA | 100 SE 9TH / SUITE 100 | TOPEKA, KS 66612 | (620) 931-7161 | jessicajo@gmail.com | 12/21/2023

* AMERICAN HEART ASSOCIATION
* CHC/SEK
* CITY OF LIBERAL
* CLEAN ENERGY BUSINESS COUNCIL
* COWLEY COLLEGE
* EMBERHOPE YOUTHVILLE
* FREEDOM TO INVEST
* GOLDEN CIRCLE
* HEALTHTECH SOLUTIONS
* HUTTON
* IDEATEK
* KANSAS BEER WHOLESALERS ASSOCIATION
* KANSAS DENTAL ASSOCIATION
* KANSAS HOSPITAL ASSOCIATION
* KANSAS PHARMACISTS ASSOCIATION
* MARATHON HEALTH
* NURTURE KC
* PROJECT ACCESS
* RETAIL GROCERS ASSOCIATION
* RUFFIN COMPANIES
* SEDGWICK COUNTY GOVERNMENT
* SHAWNEE CTY HEALTH ACCESS PROGRAM
* SOLARITY
* WATKINS PUBLIC STRATEGIES
* WICHITA DISTRICT DENTAL SOCIETY
* WICHITA REGIONAL CHAMBER OF COMMERCE
* WYJO CARES

LUETH, JONATHAN X | 900 S KANSAS AVE / SUITE 402A | TOPEKA, KS 66612 | (785) 559-0592 | jlueth@afphq.org | 10/27/2023

* AMERICANS FOR PROSPERITY

LUSKER, ADAM J | 900 S KANSAS AVENUE / SUITE 300 | TOPEKA, KS 66612 | (620) 235-6685 | LuskerMasonry@gmail.com | 12/22/2023

* FEDERICO // DUERST CONSULTING GROUP
* SUGARCREEK BRANDWORTHY FOOD SOLUTIONS

* TEAMSTERS					
LUTZ, LAURA MAAG * EVERGY	818 S. KANSAS AVE.	TOPEKA, KS 66612	(785) 213-6511	laura.lutz@evergy.com	10/1/2023
LUTZ, MALLORY * LITTLE GOVERNMENT RELATIONS	800 SW JACKSON STE. 1100	TOPEKA, KS 66612	(785) 235-8187	lutzmallory@gmail.com	12/7/2023
LYNCH, DATON * NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN	333 JOHN CARLYLE ST	ALEXANDRIA, VA 22314	(703) 778-6483	dalynch@ncmec.org	1/3/2024
MACROBERTS, SAMUEL * KANSAS JUSTICE INSTITUTE	12980 METCALF AVENUE / SUITE 130	OVERLAND PARK, KS 66213	(913) 213-5018	sam@kansasjusticeinstitute.org	12/21/2023
MALICK, DANA * PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)	1675 BROADWAY / SUITE 1250	DENVER, CO 80202	(303) 534-1656	dmalick@phrma.org	12/15/2023
MANTEL, ALAN * TRUARC PARTNERS	545 MADISON AVE. / 10TH FLOOR	NEW YORK, NY 10022	(212) 508-3354	amantel@truarcpartners.com	1/3/2024
MARICHAL, ANGE * WATKINS PUBLIC STRATEGIES	100 SE 9TH STREET / SUITE 100	TOPEKA, KS 66612	(785) 408-8866	info@wsks.us	12/21/2023
MARKLEY, PATTY M * CORNERSTONES OF CARE * MARKLEY STRATEGIES, LLC * THE SHAWNEE TRIBE * USD 229 BLUE VALLEY	12312 NIEMAN	OVERLAND PARK, KS 66213	(913) 709-5985	patty@markleystrategies.com	11/27/2023
MARSH, RACHEL Y * CHILDRENS ALLIANCE OF KANSAS	CHILDREN'S ALLIANCE OF KANSAS / 627 SW TOPEKA BOULEVARD	TOPEKA, KS 66603	(620) 951-4110	rmarsh@childally.org	1/2/2024
MARTEN, CHERYL * ORGANON LLC	28 LIBERTY SHIP WAY / SUITE 2815	SAUSALITO, CA 94965	(415) 903-2800	organon1@politicomlaw.com	12/27/2023
MARTIN-FISK, MACKENZIE * AMERICANS FOR PROSPERITY	9300 W 110TH ST. BUILDING 55 / SUITE 450	OVERLAND PARK, KS 66210	(913) 593-0349	mmartin-fisk@afphq.org	10/1/2023
MAYBERRY, RACHEL L * HUNTER HEALTH	527 N GROVE	WICHITA, KS 67214	(316) 491-7682	rachel.mayberry@hunterhealth.org	1/12/2024
MAYS, DOUG * KANSAS RURAL WATER ASSOCIATION	6021 SW 29TH ST, SUITE A #351	TOPEKA, KS 66614	(785) 221-9332	Doug.ksmays@gmail.com	1/9/2024
MAYS, TARA L * KANSAS HOSPITAL ASSOCIATION	215 S.E. EIGHTH AVE.	TOPEKA, KS 66603	(785) 969-9270	tmays@kha-net.org	10/30/2023
MAZZEI, ALLISON A * KANSAS ASSOCIATION OF BROADCASTERS	214 SW 6TH AVE 300	TOPEKA, KS 66603	(785) 235-1307	allison@kab.net	1/2/2024
MCCAIN, CHAD * INDIVIOR INC.	10710 MIDLOTHIAN TURNPIKE / SUITE 430	RICHMOND, VA 23235	(602) 622-8422	chad.mccain@indivior.com	1/29/2024
MCCLOUD, REAGAN	7332 SW 21ST ST.	TOPEKA, KS 66615	(316) 217-5633	rmccloud@kec.org	12/15/2023

	* KANSAS ELECTRIC COOPERATIVES, INC.				
MCCOY, SARAH	800 SW JACKSON / SUITE 1100	TOPEKA, KS 66612	(913) 274-0727	sarahkatemccoy@gmail.com	12/21/2023
	* LITTLE GOVERNMENT RELATIONS				
MCFARLAND, JILL	2090 E. AVENUE A	MCPHERSON, KS 67460	(620) 755-1560	jmcfarland@kmunet.org	1/2/2024
	* KANSAS MUNICIPAL UTILITIES, INC.				
MCFARLAND, KEVIN D	217 S.E. 8TH AVE	TOPEKA, KS 66603	(785) 233-7443 (785) 233-9471	kevin@leadingagekansas.org	12/12/2023
	* LEADINGAGE KANSAS				
MCNEELY, DON L	731 SOUTH KANSAS AVE.	TOPEKA, KS 66603	(785) 233-6456 (785) 233-1462	dmcneely@kansasdealers.org	12/4/2023
	* KANSAS AUTOMOBILE DEALERS ASSOCIATION				
MEALY, ROB	1200 SW 10TH AVE	TOPEKA, KS 66604	(785) 234-5859	Rob@kearneyandassociates.com	11/30/2023
	* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS				
	* KANSAS ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION				
	* KANSAS ASSOCIATION OF ADDICTION PROFESSIONALS				
	* KANSAS ASSOCIATION OF COURT SERVICES OFFICERS				
	* KANSAS ASSOCIATION OF TECHNICAL COLLEGES				
	* KANSAS AUTOMOTIVE RECYCLERS ASSOCIATION				
	* KANSAS COUNTY AND DISTRICT ATTORNEYS ASSOCIATION				
	* KANSAS COUNTY TREASURERS ASSOC.				
	* KANSAS HEALTH FOUNDATION				
	* KANSAS LIBRARY ASSOCIATION				
	* KANSAS ORTHOPAEDIC SOCIETY				
	* KANSAS PSYCHIATRIC SOCIETY				
	* KANSAS RECREATION AND PARKS ASSOCIATION				
	* KANSAS REGISTER OF DEEDS ASSOCIATION				
	* KANSAS STATE TROOPERS ASSOCIATION				
	* KEARNEY AND ASSOCIATES, INC.				
	* PAWNEE COUNTY				
	* PHYSICIAN HOSPITALS OF KANSAS, INC				
	* RETAIL GROCERS ASSOCIATION				
	* SOUTHWEST KANSAS IRRIGATION ASSOCIATION				
	* WASTE MANAGEMENT INCORPORATED				
MEARS, BRADLEY J	2090 EAST AVENUE A	MCPHERSON, KS 67460	(620) 241-1423 (620) 241-7829	bmears@kmunet.org	10/2/2023
	* KANSAS MUNICIPAL UTILITIES, INC.				
MEESE, DARCI	10747 RENNER BLVD	LENEXA, KS 66219	(913) 895-5516 (913) 895-1830	dmeese@waterone.org	11/20/2023
	* WATERONE				
MEHLHAFF, DAVID	540 MINNESOTA AVE	KANSAS CITY, KS 66101	(913) 573-9173 (913) 573-9175	dmehlhaff@bpu.com	10/10/2023
	* KANSAS CITY BOARD OF PUBLIC UTILITIES				
MEIGS, REBEKAH	PO BOX 654	LAWRENCE, KS 66044	(913) 709-8839	bmeigs@kansasinterfaithaction.org	11/15/2023
	* KANSAS INTERFAITH ACTION				
MELTON, ERIN	709 S KANSAS AVE., STE. 200	TOPEKA, KS 66603	(785) 232-0550	erin@kac.org	10/24/2023
	* KANSAS ACTION FOR CHILDREN				
METZ, REBECCA L	4200 S. 4TH STREET / CANTELL HALL	LEAVENWORTH, KS 66048	(913) 758-6584	rmetz@scls.org	12/19/2023
	* SISTERS OF CHARITY OF LEAVENWORTH				

MEYERHOFF, DAN	**414 AUTUMN LN**	**HAYS, KS 676011587**	**(785) 650-1330**	**dan.meyerhoff@kacd.net**	**12/19/2023**
*** KANSAS ASSOCIATION OF CONSERVATION DISTRICTS**					
MICHALAKES, EMILY	**PO BOX 4184**	**NEW YORK, NY 10163**	**(646) 324-8250**	**michalakeset@everytown.org**	**12/7/2023**
*** EVERYTOWN FOR GUN SAFETY ACTION FUND**					
MICKLE, SUNEE	**1133 SW TOPEKA BLVD**	**TOPEKA, KS 66629**	**(785) 291-7194 (785) 291-7329**	**sunee.mickle@bcbsks.com**	**10/19/2023**
*** BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.**					
*** BLUECROSS BLUESHIELD KANSAS SOLUTIONS, INC.**					
MILLER, BRANDI	**1515 E. 30TH ST**	**HUTCHINSON, KS 67502**	**(785) 236-1743**	**brandi@kansasco-op.coop**	**12/5/2023**
*** KANSAS COOPERATIVE COUNCIL**					
MILLER, CARMEN	**2525 RIVER ROAD**	**BISMARCK, ND 58503**	**(701) 355-3511**	**cmiller@ducks.org**	**10/6/2023**
*** DUCKS UNLIMITED**					
MILLER, DARIN L	**118 S. OLIVER**	**WICHITA, KS 67218**	**(316) 841-3323**	**darin.miller@att.com**	**1/8/2024**
*** AT&T INC AND AFFILIATES**					
MILLER, JACOB D	**1600 GENESSEE STREET / SUITE 460**	**KANSAS CITY, MO 64102**	**(913) 636-8628**	**jdm235@gmail.com**	**10/24/2023**
*** WORKING KANSAS ALLIANCE**					
MILLER, SEAN M	**212 SW 8TH AVENUE / STE. 200**	**TOPEKA, KS 66603**	**(785) 233-1903 (785) 233-3518**	**sean@kansasstatehouse.com**	**11/20/2023**
*** ALS ASSOCIATION**					
*** ANHEUSER BUSCH COMPANIES, INC.**					
*** CAPITOL STRATEGIES**					
*** CHS, INC.**					
*** CONNECTED NATION DEVELOPMENT CORPORATION**					
*** CRAWFORD COUNTY**					
*** DUCKS UNLIMITED**					
*** ENTERPRISE MOBILITY**					
*** FRANCIS ENERGY**					
*** KANSAS ASSOCIATION OF CONSERVATION DISTRICTS**					
*** KANSAS BANKERS ASSOCIATION**					
*** KANSAS BUILDING INDUSTRY ASSOCIATION**					
*** KANSAS CITY KANSAS PUBLIC SCHOOLS**					
*** KANSAS DENTAL ASSOCIATION**					
*** KANSAS LAND TITLE ASSOCIATION**					
*** KANSAS OPTOMETRIC ASSOCIATION**					
*** KANSAS SPEECH, LANGUAGE AND HEARING ASSOCIATION**					
*** LEADINGAGE KANSAS**					
*** MAXIMUS, INC**					
*** MCCOWNGORDON CONSTRUCTION**					
*** MOLINA HEALTHCARE**					
*** NORTHWEST KANSAS GROUNDWATER MANAGEMENT DIST #4**					
*** ORACLE**					
*** PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)**					
*** SCHOOLS FOR FAIR FUNDING**					
*** SECURITY BENEFIT CORPORATION**					
*** SOUTHWEST KANSAS GROUNDWATER MANAGEMENT DISTRICT #3**					
*** SUNFLOWER ELECTRIC POWER CORPORATION**					
*** TEXTRON AVIATION**					
*** VISA**					
*** WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO 1**					
*** WICHITA PUBLIC SCHOOLS USD 259**					

MINEAR, PATTY	**9815 W 18TH STREET NORTH**	**WICHITA, KS 67212**	**(131) 621-4123**	**minearp@lilly.com**	**11/8/2023**
*** ELI LILLY AND COMPANY**					
MITCHELL, DERENDA J	**6425 SW 6TH AVENUE**	**TOPEKA, KS 666151099**	**(785) 272-8681 (785) 272-8682**	**dmitchell@kshistory.org**	**10/4/2023**
*** KANSAS STATE HISTORICAL SOCIETY, INC.**					
MITCHELL, SHAWN	**5897 SW 29TH ST.**	**TOPEKA, KS 66614**	**(785) 271-1404 (785) 271-1508**	**shawn@cbak.com**	**11/28/2023**
*** COMMUNITY BANKERS ASSOCIATION OF KANSAS**					
MOBLEY, BRENDA	**28 LIBERTY SHIP WAY / SUITE 2815**	**SAUSALITO, CA 94965**	**(415) 903-2800**	**organon2@politicomlaw.com**	**12/27/2023**
*** ORGANON LLC**					
MOLINA, JOSEPH N	**PO BOX 751080**	**TOPEKA, KS 666751080**	**(785) 234-5696 (785) 234-3813**	**jmolina@ksbar.org**	**1/2/2024**
*** KANSAS BAR ASSOCIATION**					
MONGER, RACHEL	**217 SE 8TH AVE**	**TOPEKA, KS 66603**	**(785) 233-7443 (785) 233-9471**	**rachel@leadingagekansas.org**	**12/12/2023**
*** LEADINGAGE KANSAS**					
MONROE, JOHN P	**800 SW JACKSON STREET, SUITE 1005**	**TOPEKA, KS 66612**	**(785) 408-1381**	**John@1861consulting.com**	**12/20/2023**
*** 1861 CONSULTING, LLC.**					
*** 3M COMPANY**					
*** ASSOCIATED PUBLIC-SAFETY COMMUNICATIONS OFFICERS, KANSAS CHA**					
*** CATALYST**					
*** CENTER FOR THE RIGHTS OF ABUSED CHILDREN**					
*** DISH NETWORK, L.L.C.**					
*** EQUIFAX INC**					
*** HCA**					
*** JUSTICE ACTION NETWORK**					
*** KANSAS ADVANCED PRACTICE NURSES ASSOCIATION**					
*** KANSAS ASSOCIATION OF NURSE ANESTHETISTS**					
*** KANSAS BEVERAGE ASSOCIATION**					
*** KANSAS PHYSICAL THERAPY ASSOCIATION**					
*** KANSAS WESLEYAN UNIVERSITY**					
*** KVC HOSPITALS, INC. DBA CAMBER CHILDREN'S MENTAL HEALTH**					
*** KVC KANSAS**					
*** MENORAH MEDICAL CENTER**					
*** MOTION PICTURE ASSOCIATION, INC.**					
*** OVERLAND PARK REGIONAL MEDICAL CENTER**					
*** PANASONIC CORPORATION NORTH AMERICA**					
*** RAI SERVICES COMPANY**					
*** SAINT FRANCIS MINISTRIES, INC**					
*** SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION**					
*** SPARKWHEEL**					
*** SUGAR CREEK CAPITAL**					
*** THE SHAWNEE TRIBE**					
*** TURO, INC.**					
*** WESLEY HEALTHCARE**					
*** YES. EVERY KID., INC.**					
*** ZERO EYES, INC**					
MONTANO, AARON	**1345 AVENUE OF THE AMERICAS**	**NEW YORK, NY 10105**	**(212) 969-6749**	**compliance_ks_ab_1@multistate.us**	**12/5/2023**
*** ALLIANCEBERNSTEIN LP**					
MORGAN, DAN	**7709 ACUFF LANE**	**LENEXA, KS 66216**	**(913) 499-1412 (913) 499-1412**	**dmorganconsulting@kc.rr.com**	**11/24/2023**
*** THE BUILDERS, A CHAPTER OF THE AGC**					

MORGAN, HEATHER	**700 SW JACKSON / BOX 1000**	**TOPEKA, KS 66603**	**(785) 221-2828**	**hmorgan@kacct.org**	**10/2/2023**
*** KANSAS ASSOCIATION OF COMMUNITY COLLEGES**					
MORGAN, MICHAEL K	**1545 NORTH GRAYSTONE STREET**	**WICHITA, KS 67230**	**(316) 828-5274 (316) 686-8682**	**m.morgan33@cox.net**	**11/29/2023**
*** KOCH COMPANIES PUBLIC SECTOR, LLC AND AFFILIATES**					
MORLEY, MICHAEL W	**1330 CANTERBURY DR.**	**HAYS, KS 67601**	**(785) 639-3100**	**mmorley@mwenergy.com**	**12/5/2023**
*** MIDWEST ENERGY, INC.**					
MORRIS, CHRISTINA	**1 CVS DR**	**WOONSOCKET, RI 02895**	**(785) 213-0897**	**christina.morris@cvshealth.com**	**10/19/2023**
*** CVS HEALTH**					
MORRIS, JEFF	**825 BERKSHIRE BLVD**	**WYOMISSING, PA 19610**	**(610) 373-2400**	**jeff.morris@pngaming.com**	**12/6/2023**
*** KANSAS ENTERTAINMENT, LLC**					
*** PENN ENTERTAINMENT, INC.**					
*** PENN HOLLYWOOD KANSAS, INC.**					
MORTIMER, RACHELLE	**1615 H STREET NW**	**WASHINGTON, DC 20062**	**(202) 659-6000**	**RMortimer@USChamber.com**	**11/28/2023**
*** U.S. CHAMBER OF COMMERCE**					
MORTON, TAYLOR	**4401 W. 109TH ST. / SUITE 200**	**OVERLAND PARK, KS 66211**	**(913) 386-7240**	**Taylor.Morton@ppgreatplains.org**	**12/1/2023**
*** PLANNED PARENTHOOD GREAT PLAINS VOTES**					
MOWBRAY, LINDA R	**P.O. BOX 4770**	**TOPEKA, KS 66604**	**(785) 267-6003 (785) 267-0833**	**Lmowbray@khca.org**	**12/21/2023**
*** KANSAS HEALTH CARE ASSOCIATION**					
MULLHOLLAND, STEPHANIE	**800 SW JACKSON, SUITE 100**	**TOPEKA, KS 66612**	**(785) 338-1628**	**stephanie@webuildkansas.com**	**10/24/2023**
*** KANSAS CONTRACTORS ASSOCIATION**					
MULVIHILL, JULIE	**112 SW 6TH AVE / STE 400**	**TOPEKA, KS 66603**	**(785) 357-0359 (785) 357-1723**	**julie@humanitieskansas.org**	**1/12/2024**
*** HUMANITIES KANSAS, INC.**					
MURRAY, DAN	**534 S.KANSAS AVENUE / SUITE 830**	**TOPEKA, KS 66603**	**(785) 246-8444**	**dan@devineanddonley.com**	**12/19/2023**
*** ACOG - KS SECTION**					
*** BOYS & GIRLS CLUBS OF AMERICA KANSAS ALLIANCE**					
*** DEVINE, DONLEY, & MURRAY GOVERNMENTAL AFFAIRS, LLC**					
*** FEDERICO // DUERST CONSULTING GROUP**					
*** FOSTERADOPT CONNECT KANSAS**					
*** HILMAR CHEESE COMPANY, INC.**					
*** JOHNSON COUNTY FARM BUREAU**					
*** KAMMCO**					
*** KANSAS ASSOCIATION OF INSURANCE AGENTS**					
*** KANSAS AUCTIONEERS ASSOCIATION**					
*** KANSAS CORN GROWERS ASSOCIATION**					
*** KANSAS FARM BUREAU**					
*** KANSAS MEDICAL SOCIETY**					
*** KANSAS STATE UNIVERSITY**					
*** KANSAS VETERINARY MEDICAL ASSOCIATION**					
*** MIDWEST ENERGY, INC.**					
*** MURRAY GOVERNMENTAL RELATIONS**					
*** NATIONAL FEDERATION OF INDEPENDENT BUSINESS**					
*** VERTEX PHARMACEUTICALS INCORPORATED**					
MURRAY, MICHAEL	**901 SW TOPEKA BLVD**	**TOPEKA, KS 66612**	**(785) 215-9573**	**mmurray@heartlandcua.org**	**1/2/2024**
*** KANSAS CREDIT UNION ASSOCIATION**					

MURRAY, MICHAEL R	**100 SE 9TH ST / SUITE 503**	**TOPEKA, KS 66612**	**(785) 235-9000 (785) 235-9002**	**mikemurray@capitoladvantage.biz**	**12/21/2023**
*** BRIGHTSPEED**					
*** CAPITOL ADVANTAGE LLC**					
*** KANSAS ROOFING ASSOCIATION**					
*** KANSAS STATE NURSES ASSOCIATION**					
*** NEXTERA ENERGY RESOURCES LLC**					
*** NEXTERA ENERGY TRANSMISSION SOUTHWEST**					
*** PROMPTCARE**					
MURTY, DAYTON N	**5400 S 16TH STREET**	**LINCOLN, NE 68512**	**(402) 328-3536**	**dayton.murty@charter.com**	**12/6/2023**
*** CHARTER COMMUNICATIONS OPERATING, LLC**					
NAVANEY, PUJA	**500 PLAZA DRIVE**	**SECAUCUS, NJ 07094**	**(909) 438-8971**	**Puja.X.Navaney@questdiagnostics.com**	**11/8/2023**
*** QUEST DIAGNOSTICS INCORPORATED Term Date: 12/31/2023**					
NAVE, JOHN	**2131 SW 36TH ST.**	**TOPEKA, KS 66611**	**(785) 267-0100 (785) 267-2775**	**jnave@swbell.net**	**10/5/2023**
*** KANSAS AFL-CIO**					
NELSON, DAN	**901 PENINSULA CORPORATE CIRCLE**	**BOCA RATON, FL 33487**	**(561) 893-3784 (561) 893-5472**	**dan_nelson@ncci.com**	**11/13/2023**
*** NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.**					
NICHOLS, MARK A	**4111 E. 37TH ST. N**	**WICHITA, KS 67220**	**(316) 828-5274 (316) 828-6997**	**mark.nichols@kochps.com**	**11/29/2023**
*** KOCH COMPANIES PUBLIC SECTOR, LLC AND AFFILIATES**					
NIKKEL, TAYLOR	**6031 SW 37TH ST**	**TOPEKA, KS 66614**	**(785) 273-5115 (785) 273-3399**	**taylor@kla.org**	**10/4/2023**
*** KANSAS LIVESTOCK ASSOCIATION**					
NOLAN, MICHAEL A	**17101 W 87TH STREET PARKWAY**	**LENEXA, KS 66219**	**(913) 477-7707**	**mnolan@lenexa.com**	**1/2/2024**
*** CITY OF LENEXA**					
NOLD, LUCRECIA	**204 SW 8TH AVE**	**TOPEKA, KS 66603**	**(816) 244-7407**	**lucrecia@kansascatholic.org**	**11/28/2023**
*** KANSAS CATHOLIC CONFERENCE**					
NUNNENKAMP, BRANDON D	**522 NE VIEWPARK DR**	**LEES SUMMIT, MO 64086**	**(816) 547-8675**	**ksslb.blet@gmail.com**	**12/8/2023**
*** BROTHERHOOD OF LOCOMOTIVE ENGRS & TRAINMEN**					
NUSZ, NATALIE	**800 SW JACKSON ST / STE 1005**	**TOPEKA, KS 66612**	**(316) 461-2698**	**holli@csga.com**	**1/17/2024**
*** CATALYST**					
O'DONNELL, MICHAEL B	**1309 N HIGH**	**WICHITA, KS 67203**	**(316) 393-2653**	**mbodonnell2@gmail.com**	**10/6/2023**
*** EVERGY**					
*** I THRIVE HEALTH, LLC**					
*** KANSAS NATURAL REMEDIES LLC**					
*** KANSAS STATE BOWLING PROPRIETORS**					
*** O'DONNELL PUBLIC AFFAIRS**					
*** PAUL TREADWELL**					
*** PHOENIX HOME CARE AND HOSPICE**					
*** SECURITY 1ST TITLE**					
*** STEVEN ENTERPRISES**					
*** THE CORNEJO COMPANIES**					
O'NEAL, MIKE	**800 SW JACKSON ST / SUITE 808**	**TOPEKA, KS 66612**	**(785) 329-6201**	**mike@onealconsultingks.com**	**11/22/2023**
*** ALLIANCE FOR RESPONSIBLE CONSUMER LEGAL FUNDING**					
*** ASSOCIATION OF DENTAL SUPPORT ORGANIZATIONS**					

* BOMBARDIER
* JOBS FOR AMERICA'S GRADUATES - KANSAS
* KANSAS JUSTICE INSTITUTE
* KANSAS POLICY INSTITUTE
* KANSAS SCHOOL BOARD RESOURCE CENTER
* KANSAS UNDERGROUND STORAGE TANK LIABILITY PLAN
* MIDWEST DATABASE, INC. DBA KANFOCUS
* O'NEAL CONSULTING,LLC
* QC HOLDINGS, INC.
* WAL-MART STORES, INC..
* WIRELESS INFRASTRUCTURE ASSOCIATION

O'NEAL, PATRICIA M	1228 WAVERLY DR	LAWRENCE, KS 66049	(402) 340-3971	oneal.trish@yahoo.com	12/10/2023

* KANSAS POLICY INSTITUTE
* KANSAS SCHOOL BOARD RESOURCE CENTER
* O'NEAL CONSULTING, LLC
* QC HOLDINGS, INC.

OLEJNIK, ADRIENNE	709 S KANSAS AVE. / SUITE 200	TOPEKA, KS 66603	(785) 232-0550 (785) 232-0699	adrienne@kac.org	10/24/2023

* KANSAS ACTION FOR CHILDREN

OLLER, TRAVIS	1334 S. TOPEKA BLVD	TOPEKA, KS 66612	(785) 233-0697	travisollerdc@gmail.com	12/27/2023

* KANSAS CHIROPRACTIC ASSOCIATION

OREL, ALEXANDER D.	PO BOX 4407	TOPEKA, KS 66604	(913) 602-0074	aorel@ksbankers.com	11/14/2023

* KANSAS BANKERS ASSOCIATION

OSTERLUND, DONNA	5311 W. 164TH PL	STILWELL, KS 66085	(913) 461-5800	Donna.Osterlund@sanofi.com	11/30/2023

* SANOFI US

OSTROW, SEAN	1718 BOB WHITE DRIVE	LAWRENCE, KS 66047	(785) 550-5363	compliance@orrick.com	12/11/2023

* BETMGM, LLC
* DRAFTKINGS INC.
* FANDUEL GROUP INC.
* FBG ENTERPRISES, LLC
* MILAN LASER CORPORATE, LLC

OTUYA, FRIDAY C	NEX-TECH / 145 N MAIN PO BOX 158	LENORA, KS 67601	(785) 639-8698 (785) 567-4401	fotuya@nex-tech.com	11/21/2023

* NEX-TECH

PARKER, ELLEN	10747 RENNER BLVD.	LENEXA, KS 66219	(913) 895-5511	eparker@waterone.org	12/11/2023

* WATERONE

PATTERSON, ETHAN	8325 LENEXA DRIVE / SUITE 410	LENEXA, KS 66214	(816) 820-3808	compliance_ks_centene_1@multistate.us	12/12/2023

* CENTENE CORPORATION ON BEHALF OF ITS AFFILIATES AND SUBSIDIA

PATTON, ELIZABETH	900 S KANSAS / STE 402 A	TOPEKA, KS 66612	(785) 414-0816	epatton@afphq.org	1/2/2024

* AMERICANS FOR PROSPERITY

PATTON, FRED C	101 W. SECOND STREET	OTTAWA, KS 66067	(785) 242-6400	fred@harriskelsey.com	1/4/2024

* HARRIS KELSEY, CHARTERED
* KANSAS BOARD OF REGENTS
* KANSAS CONTRACTORS ASSOCIATION

PEDERSON, TORREE	22052 WEST 66TH STREET / SUITE 200	SHAWNEE, KS 66226	(913) 484-4202	torree@wearealigned.org	11/8/2023

* ALIGNED

PEMBERTON, TERRI	6300 W 95TH STREET	OVERLAND PARK, KS 66212	(913) 991-3332	pemberton@kmea.com	10/2/2023
* KANSAS MUNICIPAL ENERGY AGENCY					
PERRY, JEFFREY	29427 LOUIS CHEVROLET ROAD / GM GTC - COLE ENGINEERING	WARREN, MI 480932350	(248) 321-2246	jeffrey.perry@stateandfed.com	1/3/2024
* GENERAL MOTORS LLC					
PETERSON, JOHN C	212 SW 8TH AVENUE / STE 200	TOPEKA, KS 66603	(785) 233-1903 (785) 233-3518	john@kansasstatehouse.com	11/20/2023
* ANHEUSER BUSCH COMPANIES, INC.					
* CAPITOL STRATEGIES					
* ENTERPRISE MOBILITY					
* KANSAS DENTAL ASSOCIATION					
* VISA					
PETERSON, SUSAN	1200 SHARINGBROOK DRIVE	MANHATTAN, KS 66503	(785) 341-6717	sue@suepeterson.co	1/2/2024
* AMETHYST AXIOM					
* KANSAS ASSOCIATION OF COMMUNITY COLLEGES					
PFANNENSTIEL, ABRAHAM T	1200 SW 10TH AVENUE	TOPEKA, KS 66604	(785) 743-8508	abe@kearneyandassociates.com	11/30/2023
* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS					
* KANSAS ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION					
* KANSAS ASSOCIATION OF ADDICTION PROFESSIONALS					
* KANSAS ASSOCIATION OF COURT SERVICES OFFICERS					
* KANSAS ASSOCIATION OF TECHNICAL COLLEGES					
* KANSAS AUTOMOTIVE RECYCLERS ASSOCIATION					
* KANSAS COUNTY AND DISTRICT ATTORNEYS ASSOCIATION					
* KANSAS COUNTY TREASURER'S ASSOCIATION					
* KANSAS HEALTH FOUNDATION					
* KANSAS LIBRARY ASSOCIATION					
* KANSAS ORTHOPAEDIC SOCIETY					
* KANSAS PSYCHIATRIC SOCIETY					
* KANSAS RECREATION AND PARKS ASSOCIATION					
* KANSAS REGISTER OF DEEDS ASSOCIATION					
* KANSAS STATE TROOPERS ASSOCIATION					
* KEARNEY AND ASSOCIATES, INC.					
* PAWNEE COUNTY					
* PHYSICIAN HOSPITALS OF KANSAS, INC					
* RETAIL GROCERS ASSOCIATION					
* SOUTHWEST KANSAS IRRIGATORS ASSOCIATION					
* WASTE MANAGEMENT INCORPORATED					
PHILLIPS, DENNIS	3500 NW GREENHILLS RD	TOPEKA, KS 66618	(785) 554-3442	djpiaff83@yahoo.com	12/25/2023
* KANSAS STATE COUNCIL OF FIRE FIGHTERS					
PINEGAR, JOHN D	PO BOX 555	TOPEKA, KS 66601	(785) 235-6245 (785) 235-8676	jpinegar@sbcglobal.net	11/30/2023
* AVCON INDUSTRIES, INC.					
* BCS DESIGN, INC.					
* BHCMC, LLC					
* BOYD GAMING CORPORATION					
* BUTLER AVIONICS, INC.					
* BUTLER NATIONAL CORPORATION					
* BUTLER NATIONAL SERVICE CORPORATION					
* CITY OF GARDEN CITY					
* CITY OF STOCKTON					
* FRATERNAL ORDER OF POLICE KANSAS STATE LODGE					

* IHS MARKIT
* ITC GREAT PLAINS
* KANSAS HOUSING ASSOCIATION, INC.
* KANSAS LEGISLATIVE POLICY GROUP, INC.
* KANSAS STAR CASINO, LLC
* NCS PEARSON, INC.
* PEARSON EDUCATION, INC.
* PINEGAR, SMITH AND ASSOCIATES
* SOUTHWEST KANSAS COALITION
* THE NORTON COUNTY COMMUNITY FOUNDATION, INC.
* WASHBURN UNIVERSITY

PINTO, RACHEL	PO BOX 4184	NEW YORK, NY 10163	(646) 324-8250	pintoet@everytown.org	12/7/2023
* EVERYTOWN FOR GUN SAFETY ACTION FUND					
PIPES, KAREN A	510 E 96TH ST / IN9-510-02-50	INDIANAPOLIS, IN 46240	(317) 612-6843	karen.pipes@bofa.com	12/5/2023
* BANK OF AMERICA CORPORATION					
PISTORA, ZACK	22801 GOLDEN ROAD	LINWOOD, KS 66052	(785) 865-6503	zackpistora@gmail.com	12/7/2023
* KANSAS SIERRA CLUB					
POINDEXTER, NICOLE	1640 RHODE ISLAND AVE NW	WASHINGTON, DC 20036	(202) 216-1583	david.swanson@hrc.org	1/23/2024
* HUMAN RIGHTS CAMPAIGN					
POLEN, DALLAS	2401 GILLHAM RD	KANSAS CITY, MO 64108	(816) 983-6484 (816) 802-1265	dapolen@cmh.edu	10/9/2023
* CHILDREN'S MERCY					
POLICHEMI, DONNA	95 HAYDEN AVE	LEXINGTON, MA 02421	(877) 582-5332	donna.polichemi@takeda.com	11/8/2023
* TAKEDA PHARMACEUTICALS AMERICA					
POLZAR, JOHN C	7532 SW 33RD STREET	TOPEKA, KS 66614	(785) 925-6139	john.polzar@kssummit.com	12/22/2023
* AMERICAN CIVIL LIBERTIES UNION OF KANSAS					
* AMERICAN FEDERATION OF TEACHERS-KANSAS					
* BHCMC, LLC					
* COALITION FOR KEEPING THE KANSAS PROMISE					
* EVERYTOWN FOR GUN SAFETY ACTION FUND					
* KANSAS ORGANIZATION OF STATE EMPLOYEES					
* KANSAS TRIAL LAWYERS ASSOCIATION					
* MID AMERICA CARPENTERS' REGIONAL COUNCIL					
* NEW VENTURE FUND					
* SUMMIT STRATEGIES GROUP, LLC					
* SWOPE HEALTH SERVICES					
PONCE, MICHELLE	222 SW 7TH STREET	TOPEKA, KS 66603	(785) 234-4773 (785) 234-3189	mponce@acmhck.org	11/15/2023
* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS					
POPELKA, AARON	6031 SW 37TH STREET	TOPEKA, KS 66614	(785) 273-5115	aaron@kla.org	10/4/2023
* KANSAS LIVESTOCK ASSOCIATION					
POSLER, BRIAN D	115 SE 7TH STREET / PO BOX 678	TOPEKA, KS 66603	(785) 233-9655	tina@tankmgmt.com	10/20/2023
* EASTERN KANSAS OIL & GAS ASSOCIATION					
* FUEL TRUE INDEPENDENT ENERGY AND CONVENIENCE					
* LAMAR					
POURMIRZA, SAGE	300 SW 8TH AVE / STE. 100	TOPEKA, KS 66603	(785) 354-9565	spourmirza@lkm.org	10/18/2023

* LEAGUE OF KANSAS MUNICIPALITIES

POWERS, TED	ONE BUSCH PLACE / 202-7	SAINT LOUIS, MO 63118	(314) 577-4811 (314) 577-7616	ted.powers@anheuser-busch.com	11/8/2023
* ANHEUSER BUSCH COMPANIES					
PREM, SARA J	8400 110TH STREET, SUITE 130	OVERLAND PARK, KS 66210	(913) 353-9169	sara.prem@lung.org	10/24/2023
* AMERICAN LUNG ASSOCIATION					
PRESLEY, KARI L	3600 SW AVALON LANE	TOPEKA, KS 66604	(785) 341-4102	karipresley@icloud.com	1/4/2024
* KANSAS CHILDREN'S SERVICE LEAGUE					
* PINEGAR, SMITH AND ASSOCIATES					
PROKOP, MATT	1300 WILSON BLVD SUITE 600	ARLINGTON, VA 22209	(402) 826-7494	matt.prokop@als.org	1/8/2024
* ALS ASSOCIATION					
QUINTERO SANCHEZ, ELISA	800 SW JACKSON ST / STE 1005	TOPEKA, KS 66612	(316) 461-2698	holli@csga.com	1/17/2024
* CATALYST					
RAETTIG, KARLA	11100 WILDLIFE CENTER DRIVE	RESON, VA 22209	(202) 674-3174	compliance_ks_nwf_1@multistate.us	12/18/2023
* NATIONAL WILDLIFE FEDERATION ACTION FUND					
RAILSBACK, ANTHONY K	21412 WEST 69TH. AVE	STERLING, KS 67579	(620) 204-8018	totolandofoz@yahoo.com	2/1/2024
* ABATE OF KANSAS, INC.					
RAITINGER, LAINE	5400 FOXRIDGE DR / RM 100	MISSION, KS 66202	(785) 409-8498	lr062a@att.com	11/28/2023
* AT&T, INC. AND AFFILIATES					
RALPH, BRAD	212 SW 8TH AVE. / SUITE 200	TOPEKA, KS 66603	(785) 233-1903	brad@kansasstatehouse.com	11/20/2023
* ALS ASSOCIATION					
* ANHEUSER BUSCH COMPANIES, INC.					
* CAPITOL STRATEGIES					
* CHS, INC.					
* CONNECTED NATION DEVELOPMENT CORPORATION					
* CRAWFORD COUNTY					
* DUCKS UNLIMITED					
* ENTERPRISE MOBILITY					
* FRANCIS ENERGY					
* KANSAS ASSOCIATION OF CONSERVATION DISTRICTS					
* KANSAS BANKERS ASSOCIATION					
* KANSAS BUILDING INDUSTRY ASSOCIATION					
* KANSAS CITY KANSAS PUBLIC SCHOOLS					
* KANSAS DENTAL ASSOCIATION					
* KANSAS LAND TITLE ASSOCIATION					
* KANSAS OPTOMETRIC ASSOCIATION					
* KANSAS SPEECH, LANGUAGE AND HEARING ASSOCIATION					
* LEADINGAGE KANSAS					
* MAXIMUS, INC					
* MCCOWNGORDON CONSTRUCTION					
* MOLINA HEALTHCARE					
* NORTHWEST KANSAS GROUNDWATER MANAGEMENT DIST #4					
* ORACLE					
* PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)					
* SCHOOLS FOR FAIR FUNDING					
* SECURITY BENEFIT CORPORATION					
* SOUTHWEST KANSAS GROUNDWATER MANAGEMENT DISTRICT #3					
* SUNFLOWER ELECTRIC POWER CORPORATION					

* TEXTRON AVIATION
* VISA
* WESTERN KANSAS GMD NO.1
* WICHITA PUBLIC SCHOOLS USD 259

RAMOS, JUANITA	21101 SCOTT ROAD	PARSONS, KS 67357	(206) 250-7238	JuanitaRamos@Protonmail.com	1/24/2024
* CBIRD					
* MONDO IMPORT SUPPLY					
RANKIN, JAMES P	822 S. KANSAS AVE. / SUITE 200	TOPEKA, KS 66612	(785) 233-3600 (785) 233-1610	jrankin@foulston.com	10/12/2023
* DUKE ENERGY SUSTAINABLE SOLUTIONS					
* FOULSTON SIEFKIN LLP					
* KANSAS HEALTH SCIENCE CENTER					
* SALINA AREA CHAMBER OF COMMERCE					
REA, ALEX	900 S KANSAS AVENUE / SUITE 300	TOPEKA, KS 66612	(785) 232-2557	lori@federicoduerst.com	12/14/2023
* FEDERICO // DUERST CONSULTING GROUP					
REEVER, JAMI J	KANSAS APPLESEED / 211 E. 8TH ST.	LAWRENCE, KS 66044	(620) 481-7171	jreever@kansasappleseed.org	1/29/2024
* KANSAS APPLESEED					
RESER, GARY	1000 SW RED OAKS PLACE	TOPEKA, KS 66615	(785) 271-1030 (785) 271-1302	kgreser@yahoo.com	11/6/2023
* KANSAS SOYBEAN ASSOCIATON					
RESNER, PAJE J	701 S KANSAS AVE	TOPEKA, KS 66603	(785) 608-5399	paje.resner@gmail.com	1/17/2024
* POLSINELLI PC					
REZA, RYAN	709 S KANSAS AVE. STE. 200	TOPEKA, KS 66603	(785) 232-0550	ryan@kac.org	10/24/2023
* KANSAS ACTION FOR CHILDREN					
RIEBER, RABBI MOTI	PO BOX 654	LAWRENCE, KS 66044	(913) 232-2336	mrieber@kansasinterfaithaction.org	11/8/2023
* KANSAS INTERFAITH ACTION					
RILEY, CHRISTOPHER T	4666 FARIES PARKWAY / ARCHER DANIELS MIDLAND COMPANY	DECATUR, IL 62526	(217) 848-0671	adm1@nngovlaw.com	12/28/2023
* ARCHER DANIELS MIDLAND COMPANY					
RINKER, KARI A	5800 FOXRIDGE DR	MISSION, KS 66202	(620) 245-4904	kari.rinker@heart.org	10/9/2023
* AMERICAN HEART ASSOCIATION					
ROBBINS, GARY L	4201 SE OAKVIEW LANE	TOPEKA, KS 66609	(785) 640-2651	garyrobbinsconsulting@gmail.com	10/12/2023
* CONSOLIDATED CAPITAL INVESTMENTS, LLC					
* DUKE ENERGY SUSTAINABLE SOLUTIONS					
* FOULSTON SIEFKIN LLP					
* KANSAS HEALTH SCIENCE CENTER					
* KANSAS OPTOMETRIC ASSOCIATION					
* SALINA AREA CHAMBER OF COMMERCE					
ROBERTSON, KEVIN J	5200 SW HUNTOON	TOPEKA, KS 66604	(785) 272-7360 (785) 272-2301	kevin@ksdental.org	12/19/2023
* KANSAS DENTAL ASSOCIATION					
ROBERTSON, SEAN	300 W ASH ST / ROOM 108	SALINA, KS 67401	(785) 309-5800	sean.robertson@saline.org	1/5/2024
* KANSAS COUNTY APPRAISERS ASSOCIATION					
RODRIQUEZ, ALBERT	925 S. 4TH AVE.	LIBERTYVILLE, IL 60048	(559) 250-3021	bert.rodriquez@takeda.com	11/8/2023
* TAKEDA PHARMACEUTICALS AMERICA					

ROE, JOSH D	**1680 CHARLES PL**	**MANHATTAN, KS 66502**	**(785) 410-0958**	**jroe@ksgrains.com**	**12/18/2023**
*** KANSAS CORN GROWERS ASSOCIATION**					
ROE, WILLIAM A	**5719 SW 38TH ST.**	**TOPEKA, KS 66610**	**(913) 426-1765**	**bill.roe@equifax.com**	**10/2/2023**
*** EQUIFAX**					
ROGERS, ERIC	**1106 EAST 30TH STREET / SUITE G**	**KANSAS CITY, MO 64109**	**(816) 205-7056**	**eric.rogers@bikewalkkc.org**	**1/2/2024**
*** BIKEWALKKC**					
ROSE, JENNIE	**2109 E. ROCKWOOD BLVD.**	**SPOKANE, WA 99203**	**(785) 554-0850**	**jennieadamsrose@gmail.com**	**12/12/2023**
*** FORT HAYS STATE UNIVERSITY**					
RYCKMAN, RON	**701 S KANSAS AVE**	**TOPEKA, KS 66603**	**(913) 927-5333**	**ronryckman@gmail.com**	**1/18/2024**
*** POLSINELLI PC**					
SAILORS, JULIE	**10900 S. CLAY BLAIR BLVD.**	**OLATHE, KS 66061**	**(785) 393-1045**	**julie.sailors@us.panasonic.com**	**1/29/2024**
*** PANASONIC CORPORATION NORTH AMERICA**					
SANAIE, KANDICE K	**1231 PARKWAY / UNIT 1**	**AUSTIN, TX 78703**	**(512) 426-6761**	**Kandice.Sanaie@CignaHealthcare.com**	**12/18/2023**
*** CIGNA CORPORATE SERVICES LLC**					
SANCHEZ, ANDY	**2131 SW 36TH ST**	**TOPEKA, KS 66611**	**(785) 267-0100 (785) 267-2775**	**andy.sanchezs-t@swbell.net**	**10/5/2023**
*** KANSAS AFL-CIO**					
SARTORIUS, ERIK A	**P.O. BOX 4799**	**TOPEKA, KS 66604**	**(785) 554-1343**	**erik@ccofkansas.com**	**12/28/2023**
*** COMMUNICATIONS COALITION OF KANSAS**					
SCAGLIA, PHILLIP P	**2903 SW 13TH TERRACE**	**LEES SUMMIT, MO 64081**	**(816) 914-5913 (816) 763-7020**	**phil@powerfulperformancesolutions.com**	**1/17/2024**
*** L-S COMMERCIAL REAL ESTATE CO**					
*** MIDWEST COMMERCE CENTER**					
*** POWERFUL PERFORMANCE SOLUTIONS, LLC**					
SCHETTLER LOWE, TAYLOR ANN	**825 S KANSAS AVE**	**TOPEKA, KS 66612**	**(785) 233-4512**	**taylor@bhlandassociates.com**	**12/15/2023**
*** AAA KANSAS**					
*** ACADIA HEALTHCARE COMPANY, INC**					
*** ATMOS ENERGY CORPORATION**					
*** BRADEN HEIDNER LOWE & ASSOCIATES**					
*** CONSUMER DATA INDUSTRY ASSOCIATION**					
*** HALLMARK CARDS, INC.**					
*** KANSAS ASSOCIATION OF AIRPORTS**					
*** KANSAS OCCUPATIONAL THERAPY ASSOCIATION**					
*** KANSAS SELF-INSURERS ASSOCIATION**					
*** LAWRENCE CHAMBER OF COMMERCE**					
*** OVERLAND PARK CHAMBER OF COMMERCE**					
*** PRAIRIE GATEWAY CHAPTER OF THE AM SOC OF LANDSCAPE ARCHITECT**					
*** THE UNIVERSITY OF KANSAS HEALTH SYSTEM**					
SCHIMMELS, ROSS	**10139 S SHADOW CIRCLE**	**OLATHE, KS 66061**	**(913) 710-4210**	**ross.schimmels@stdbev.com**	**10/2/2023**
*** STANDARD BEVERAGE**					
SCHLESINGER, DAVID A	**1713 SYCAMORE CIRCLE / UNIT J**	**LAWRENCE, KS 66046**	**(316) 796-2904**	**david.schlesinger12@icloud.com**	**1/30/2024**
*** KANSAS NATURAL REMEDIES LLC**					
SCHLETZBAUM, HOLLI	**800 SW JACKSON STREET, SUITE 1005**	**TOPEKA, KS 66612**	**(316) 461-2698**	**Holli@1861consulting.com**	**12/20/2023**

* 1861 CONSULTING, LLC.
* AMERICAN MULTI-CINEMA, INC.
* CATALYST
* CENTER FOR THE RIGHTS OF ABUSED CHILDREN
* DISH NETWORK, L.L.C.
* ENVISION
* HCA
* KANSAS ASSOCIATION OF BROADCASTERS
* KANSAS BEVERAGE ASSOCIATION
* KANSAS PRESS ASSOCIATION
* KVC KANSAS
* MENORAH MEDICAL CENTER
* META PLATFORMS, INC.
* OVERLAND PARK REGIONAL MEDICAL CENTER
* PANASONIC CORPORATION NORTH AMERICA
* RAI SERVICES COMPANY
* SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION
* THEATRE OWNERS OF MID-AMERICA
* UNITED WE
* WESLEY HEALTHCARE
* ZERO EYES, INC

SCHNEIDER, DAVID P	814 OAKBROOK PLACE	MANHATTAN, KS 66503	(620) 381-3962	schneider.david.p@gmail.com	1/11/2024
* RISING STATES OF AMERICA ASSOCIATION					
SCHNEIDER, SCOTT J	800 SW JACKSON / SUITE 1520	TOPEKA, KS 66611	(316) 303-5379	scott@sjschneider.law	1/3/2024
* AIR CAPITAL CHARITIES INC.					
* ASSOCIATED GENERAL CONTRACTORS OF KANSAS					
* FIVE POINTS TECHNOLOGY GROUP INC.					
* KANSAS BUSINESS ROUNDTABLE					
* KANSAS CRAFT BREWERS GUILD INC.					
* KANSAS RESTAURANT AND HOSPITALITY ASSOCIATION					
* NAPEO					
* PROGRESSIVE HEALTHCARE ALLIANCE INC.					
* SCHNEIDER LAW FIRM LLC					
* THE BENEFICIENT COMPANY GROUP					
* WICHITA STATE UNIVERSITY					
SCHNEWEIS, DONNA	2044 SW STONE AVE	TOPEKA, KS 66604	(785) 271-1688	chair@ksabolition.org	12/26/2023
* KANSAS COALITION AGAINST THE DEATH PENALTY					
SCHULTE, MARK	789 EAST 125TH ST	SEDGWICK, KS 67135	(785) 735-7159	mschulte@serene-hospice.com	1/16/2024
* KANSAS ADULT CARE EXECUTIVES ASSOCATION					
SCHULTE, MATTHEW A	347 QUAIL RUN CT.	WICHITA, KS 67002	(316) 644-6406	mschulte440@gmail.com	1/18/2024
* WICHITA FIREFIGHTERS IAFF LOCAL 135					
SCHWARTZ, BECKY	540 NW BROAD ST	TOPEKA, KS 66608	(785) 354-1749	becky@pmak.org	12/26/2023
* PROPANE MARKETERS ASSN OF KANSAS					
SCHWEND, ADAM	2776 S. ARLINGTON MILL DR. #803	ARLINGTON, VA 22206	(202) 223-8073	aschwend@sbaprolife.org	12/4/2023
* SUSAN B. ANTHONY PRO-LIFE AMERICA					
SCOGGIN, BAY	40 WORTH STREET	NEW YORK, NY 10013	(212) 364-5344	ipregistrations@innocenceproject.org	10/11/2023
* THE INNOCENCE PROJECT					

SCOTT, PAM	**1200 S KANSAS AVE**	**TOPEKA, KS 66612**	**(785) 232-7789 (785) 232-7791**	**kfda@kfda.kscoxmail.com**	**11/3/2023**
*** KANSAS FUNERAL DIRECTORS ASSOCIATION**					
SCOTT, RILEY	**825 S. KANSAS AVE. SUITE 520**	**TOPEKA, KS 66612**	**(785) 766-3885**	**riley@scottconsultingks.com**	**12/11/2023**
*** AFLAC**					
*** AMERICAN EXPRESS TRAVEL RELATED SERVICES, INC**					
*** AT&T INC. AND AFFILIATES**					
*** CISCO SYSTEMS, INC.**					
*** CORECIVIC, INC.**					
*** DELTA DENTAL OF KANSAS, INC.**					
*** DILLONS**					
*** EVERGY**					
*** GRADUATION ALLIANCE, INC.**					
*** H & R BLOCK**					
*** HF SINCLAIR**					
*** KANSAS COUNTY ASSOCIATION OF MULTI-LINE POOLS**					
*** KANSAS ENTERTAINMENT, LLC**					
*** KANSAS FARM BUREAU**					
*** KANSAS FUNERAL DIRECTORS ASSOCIATION**					
*** KANSAS SPEEDWAY CORPORATION**					
*** LEWIS LEGAL NEWS**					
*** MERCK SHARP & DOHME CORP.**					
*** PITTSBURG STATE UNIVERSITY**					
*** SCOTT CONSULTING**					
*** SPIRIT AEROSYSTEMS INC**					
*** STATE FARM INSURANCE COMPANIES**					
*** TATA AMERICA INTERNATIONAL CORPORATION**					
*** UNITEDHEALTH GROUP**					
*** WATCO**					
*** WELLPATH RECOVERY SOLUTIONS, LLC**					
SCROGGINS, C E	**3101 SW TWILIGHT CT / APT 101**	**TOPEKA, KS 66614**	**(785) 286-7857**	**Biasbustersofkansas@yahoo.com**	**1/2/2024**
*** BIASBUSTERSOFAHHKANSAS**					
SEEBER, RONALD C	**816 SW TYLER ST / STE 100**	**TOPEKA, KS 66612**	**(785) 234-0461 (785) 234-2930**	**ron@kansasag.org**	**12/30/2023**
*** BIG BEND GMD 5**					
*** BIOKANSAS**					
*** KANSAS AGRIBUSINESS RETAILERS ASSOCIATION**					
*** KANSAS GRAIN AND FEED ASSOCIATION**					
*** RENEW KANSAS**					
*** SEABOARD FOODS**					
SEILER, ANTHONY P	**889 N MAIZE RD, SUITE 100**	**WICHITA, KS 67212**	**(316) 644-9597**	**seilera@kfb.org**	**10/10/2023**
*** KANSAS FARM BUREAU**					
SELLERS, AMBER	**P.O. BOX 3222**	**WICHITA, KS 67201**	**(316) 425-3215**	**asellers@itrustwomen.org**	**1/10/2024**
*** TRUST WOMEN FOUNDATION**					
SEMMEL, CHERYL L	**800 SW JACKSON STREET / SUITE 906B**	**TOPEKA, KS 66612**	**(785) 224-1377**	**cheryl@adastragr.com**	**12/29/2023**
*** AD ASTRA GOVERNMENT RELATIONS**					
*** KANSAS TRIAL LAWYERS ASSOCIATION**					
*** OLATHE USD 233**					
*** SOUTHEAST KANSAS EDUCATION SERVICE CENTER**					
SEXTON, ERIC L	**PAR STRATEGIES, LLC / 313 N. WALNUT CREEK DR.**	**DERBY, KS 67037**	**(316) 371-7553**	**elsexton@gmail.com**	**12/21/2023**
*** CONSOLIDATED CAPITAL INVESTMENTS, LLC**					

* DERIVA ENERGY
* FOULSTON SIEFKIN LLP
* KANSAS HEALTH SCIENCE CENTER
* SALINA AREA CHAMBER OF COMMERCE
* THE KANSAS AFRICAN AMERICAN MUSEUM

SHANKLAND, EMMA L	650 MINNESOTA AVE	KANSAS CITY, KS 66101	(816) 523-5353	eshankland@kchealthykids.org	1/10/2024
* KC HEALTHY KIDS					
SHAW, JEFFREY	12980 METCALF AVENUE / STE 130	OVERLAND PARK, KS 66213	(913) 213-5121	jeff@kansasjusticeinstitute.org	10/27/2023
* KANSAS JUSTICE INSTITUTE					
SHERARD, ASHLEY	11180 LACKMAN RD	LENEXA, KS 66219	(913) 888-1414 (913) 888-3770	asherard@lenexa.org	1/10/2024
* LENEXA CHAMBER OF COMMERCE					
SHIVELY, THERESA K	KANSAS LEGAL SERVICES, INC. / 712 S. KANSAS AVE., STE. 200	TOPEKA, KS 66603	(785) 233-2068 (785) 354-8311	tkshively@klsinc.org	11/27/2023
* KANSAS LEGAL SERVICES, INC.					
SHREVE, MEGHAN	700 SW JACKSON / SUITE 1100	TOPEKA, KS 66603	(785) 235-5103	mshreve@interhab.org	1/18/2024
* INTERHAB INC					
SHUMAN, IDALIA	715 SW 10TH AVENUE	TOPEKA, KS 66612	(785) 232-8271 (785) 232-6012	idalia.shuman@knea.org	10/12/2023
* KANSAS NEA					
SIMS, JAIDA	100 SE 9TH STREET / SUITE 100	TOPEKA, KS 66612	(785) 408-8866	info@wsks.us	12/21/2023
* WATKINS PUBLIC STRATEGIES					
SINELLI, SARAH	212 SW 8TH AVE. / SUITE 200	TOPEKA, KS 66603	(785) 233-1903	anne@kansasstatehouse.com	1/16/2024
* CAPITOL STRATEGIES					
SLAUGHTER, JERRY	623 SW 10TH	TOPEKA, KS 66612	(785) 235-2383 (785) 235-5114	jslaughter@kmsonline.org	11/17/2023
* KAMMCO					
* KANSAS MEDICAL SOCIETY					
SLAUGHTER, TOM	212 SW EIGHTH AVENUE, SUITE 200	TOPEKA, KS 666033939	(785) 233-1903 (785) 233-3518	slaughter.tom@gmail.com	11/20/2023
* ALS ASSOCIATION					
* ANHEUSER BUSCH COMPANIES, INC.					
* CAPITOL STRATEGIES					
* CHS, INC.					
* CONNECTED NATION DEVELOPMENT CORPORATION					
* CRAWFORD COUNTY					
* DUCKS UNLIMITED					
* ENTERPRISE MOBILITY					
* FRANCIS ENERGY					
* KANSAS ASSOCIATION OF CONSERVATION DISTRICTS					
* KANSAS BANKERS ASSOCIATION					
* KANSAS BUILDING INDUSTRY ASSOCIATION					
* KANSAS CITY KANSAS PUBLIC SCHOOLS					
* KANSAS DENTAL ASSOCIATION					
* KANSAS LAND TITLE ASSOCIATION					
* KANSAS OPTOMETRIC ASSOCIATION					
* KANSAS SPEECH, LANGUAGE AND HEARING ASSOCIATION					
* LEADINGAGE KANSAS					
* MAXIMUS, INC					
* MCCOWNGORDON CONSTRUCTION					
* MOLINA HEALTHCARE					

* NORTHWEST KANSAS GROUNDWATER MANAGEMENT DIST #4
* ORACLE
* PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA)
* SCHOOLS FOR FAIR FUNDING
* SECURITY BENEFIT CORPORATION
* SOUTHWEST KANSAS GROUNDWATER MANAGEMENT DISTRICT #3
* SUNFLOWER ELECTRIC POWER CORPORATION
* TEXTRON AVIATION
* VISA
* WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO 1
* WICHITA PUBLIC SCHOOLS USD 259

SMITH, DOUGLAS E	PO BOX 555	TOPEKA, KS 66601	(785) 235-6245 (785) 235-8676	dsmitty@sbcglobal.net	11/30/2023

* CITY OF GARDEN CITY
* CITY OF STOCKTON
* IHS MARKIT
* INTEGRATED TRUSTEE SERVICES, LLC.
* ITC GREAT PLAINS
* KANSAS ACADEMY OF PHYSICIAN ASSISTANTS
* KANSAS COLLECTORS ASSOCIATION
* KANSAS CREDIT ATTORNEYS ASSOCIATION
* KANSAS HOUSING ASSOCIATION, INC.
* KANSAS LEGISLATIVE POLICY GROUP, INC.
* NCS PEARSON, INC.
* PEARSON EDUCATION, INC.
* PINEGAR, SMITH AND ASSOCIATES
* SOUTHWEST KANSAS COALITION
* THE NORTON COUNTY COMMUNITY FOUNDATION, INC.
* WASHBURN UNIVERSITY

SMITH, GREGORY A	27747 W. 159TH STREET	NEW CENTURY, KS 66031	(913) 715-5257	gregory.smith@jocogov.org	10/10/2023

* JOHNSON COUNTY SHERIFFS OFFICE

SMITH, MARTHA NEU	3521 SW 5TH ST	TOPEKA, KS 66606	(785) 357-5256 (785) 357-5257	kmha@kmha.kscoxmail.com	10/3/2023

* KANSAS MANUFACTURED HOUSING ASSOCIATION

SMOLLER, ELIZABETH	815 SW TOPEKA BLVD	TOPEKA, KS 66612	(785) 232-0561	beth@kaia.com	11/7/2023

* KANSAS ASSOCIATION OF INSURANCE AGENTS

SMOOT, BRAD	800 SW JACKSON STREET / SUITE 808	TOPEKA, KS 66612	(785) 233-0016	dkurdziel@smootlawoffice.com	12/13/2023

* ADVANTAGE METALS RECYCLING LLC
* AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
* AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION - APCIA
* BINTI, INC.
* BLUE CROSS AND BLUE SHIELD OF KANSAS
* CHILDREN'S MERCY HOSPITALS AND CLINICS
* CVS HEALTH
* KANSAS GOVERNMENTAL CONSULTING
* LOANMAX
* NCCI (NATIONAL COUNCIL ON COMPENSATION INSURANCE)
* NETCHOICE
* NUCOR CORPORATION
* PRAIRIE BAND POTAWATOMI NATION

SNIDER, PAUL	9617 APPLERIDGE LANE	LENEXA, KS 66227	(913) 439-9723	paul@sniderpa.com	11/30/2023

* KANSANS FOR LOWER ELECTRIC RATES

* KANSAS CITY AREA TRANSPORTATION AUTHORITY
* KANSAS INDUSTRIAL CONSUMERS GROUP
* NRDC ACTION FUND
* POLLARD BANKNOTE LIMITED
* SNIDER PUBLIC AFFAIRS LLC

SOLOMON, STEVE	2733 CONEFLOWER COURT	LAWRENCE, KS 66047	(785) 840-7924 (785) 749-2691	sjsolomon@sunflower.com	12/20/2023

* TFI FAMILY SERVICES

SOSA, LIZ	900 S KANSAS AVEUNUE SUITE 300	TOPEKA, KS 66612	(785) 232-2557	liz@federicoduerst.com	12/6/2023

* AMERICAN BOARD
* CITY OF ABILENE
* FEDERICO // DUERST CONSULTING GROUP
* WESTERN GOVERNORS UNIVERSITY

SOULTZ, RYAN A	5650 E PLEASANT RUN PKWY N DR	INDIANAPOLIS, IN 46219	(317) 695-5595	ryansoultz@boydgaming.com	12/28/2023

* BOYD GAMING CORP/KANSAS STAR CASINO

SPAIN, TROY E	PO BOX 442473	LAWRENCE, KS 66044	(913) 534-4407	troy@kansastable.org	1/4/2024

* KANSAS CIVIC ENGAGEMENT TABLE

SPEARS, NORINE	1601 INVERNESS DR.	LAWRENCE, KS 66047	(785) 371-6336	norine@goochstrategies.com	12/29/2023

* KANSAS CANNABIS COALITION, INC.
* SALESFORCE, INC.
* SUMMIT STRATEGIES GROUP LLC
* SWOPE HEALTH

SPRAGUE SCANLON, HEATHER	800 SW JACKSON STREET, SUITE 1005	TOPEKA, KS 66612	(913) 568-1879	heather@1861consulting.com	12/20/2023

* 1861 CONSULTING, LLC.
* 3M COMPANY
* AMERICAN MULTI-CINEMA, INC.
* ASSOCIATED PUBLIC-SAFETY COMMUNICATIONS OFFICERS, KANSAS CHA
* CATALYST
* DIRECTV, LLC
* DISH NETWORK, L.L.C.
* EARNIN
* ENVISION
* HCA
* JUSTICE ACTION NETWORK
* KANSAS ASSOCIATION OF BROADCASTERS
* KANSAS ASSOCIATION OF CHAIN DRUG STORES
* KANSAS ASSOCIATION OF NURSE ANESTHETISTS
* KANSAS BEVERAGE ASSOCIATION
* KANSAS PHYSICAL THERAPY ASSOCIATION
* KANSAS PRESS ASSOCIATION
* KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS
* KANSAS WESLEYAN UNIVERSITY
* KVC KANSAS
* MENORAH MEDICAL CENTER
* META PLATFORMS, INC.
* MOTION PICTURE ASSOCIATION, INC.
* NATIONAL KIDNEY FOUNDATION OF KANSAS & WESTERN MO.
* NEW BOSTON CREATIVE GROUP LLC
* ONLINE LENDERS ALLIANCE
* OVERLAND PARK REGIONAL MEDICAL CENTER
* PANASONIC CORPORATION NORTH AMERICA

* RAI SERVICES COMPANY
* SAINT FRANCIS MINISTRIES, INC
* SECURE ELECTIONS PROJECT
* SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION
* SPORTS BETTING ALLIANCE
* THEATRE OWNERS OF MID-AMERICA
* TURO, INC.
* UBER TECHNOLOGIES, INC.
* UNITED WE
* WESLEY HEALTHCARE

SPURLING, ETHAN	1919 DELAWARE STREET	LAWRENCE, KS 66046	(620) 249-7325	ethan.spurling@sparkwheel.org	12/19/2023
* SPARKWHEEL					
STAFFORD, ERIC	835 SW TOPEKA BLVD	TOPEKA, KS 66612	(785) 357-6321	erics@kansaschamber.org	10/4/2023
* KANSAS CHAMBER OF COMMERCE					
STAFFORD, GEORGE	PO BOX 793	TOPEKA, KS 66601	(913) 645-1535	george_stafford@att.net	12/27/2023
* AFLAC					
* AMERICAN EXPRESS TRAVEL RELATED SERVICES, INC					
* AT&T INC AND AFFILIATES					
* BOYD GAMING CORPORATION					
* BURNS AND MCDONNELL					
* CARESOURCE MISSION					
* CORECIVIC					
* DAILYPAY, INC.					
* DELTA DENTAL OF KANSAS, INC.					
* ELI LILLY AND COMPANY					
* FORTINET					
* GRADUATION ALLIANCE, INC.					
* H & R BLOCK					
* KANSAS COUNTY ASSOCIATION OF MULTI-LINE POOLS					
* KANSAS FUNERAL DIRECTORS ASSOCIATION					
* STAFFORD CONSULTING, LLC					
* STATE FARM INSURANCE COMPANIES					
* UTILIZATION REVIEW ACCREDITATION COMMISSION					
* WELLPATH RECOVERY SOLUTIONS, LLC					
STAFFORD, SHAHIRA	8002 SW 28TH CT.	TOPEKA, KS 66614	(785) 845-8535	shahira@staffordpublicaffairs.com	12/22/2023
* DOORDASH, INC.					
* KANSAS COOPERATIVE COUNCIL					
* NEXTERA ENERGY RESOURCES					
* NEXTERA ENERGY TRANSMISSION					
* STAFFORD PUBLIC AFFAIRS					
STAHLY, DEE ANN	8120 E. FAIRMOUNT AVENUE	SCOTTSDALE, AZ 85251	(317) 750-2465	dee.ann.stahly@stateandfed.com	11/20/2023
* DEXCOM, INC.					
STALLBAUMER, ANGIE	1420 SW ARROWHEAD RD	TOPEKA, KS 66604	(785) 273-3600 (785) 273-7580	astallbaumer@kasb.org	12/13/2023
* KANSAS ASSOCIATION OF SCHOOL BOARDS					
STANGLER, CONNOR	2401 GILLHAM RD	KANSAS CITY, MO 64108	(573) 673-7388	cjstangler@cmh.edu	11/27/2023
* CHILDREN'S MERCY HOSPITALS & CLINICS					
STARK, WENDI M	300 SW 8TH AVE / STE. 100	TOPEKA, KS 66603	(785) 354-9565 (785) 354-4186	wstark@lkm.org	10/18/2023
* LEAGUE OF KANSAS MUNICIPALITIES					

STARNER, KRISTIAN E	**310 S MAIN ST 12TH FLOOR**	**SALT LAKE CITY, UT 84101**	**(573) 298-1398**	**ga@politicomlaw.com**	**12/27/2023**
*** GRADUATION ALLIANCE, INC.**					
STARR, KATHERINE	**800 SW JACKSON STREET, SUITE 1005**	**TOPEKA, KS 66612**	**(785) 319-9898**	**k.starr0623@gmail.com**	**12/20/2023**
*** 1861 CONSULTING, LLC.**					
*** 3M COMPANY**					
*** ASSOCIATED PUBLIC-SAFETY COMMUNICATIONS OFFICERS, KANSAS CHA**					
*** CATALYST**					
*** CENTER FOR THE RIGHTS OF ABUSED CHILDREN**					
*** DISH NETWORK, L.L.C.**					
*** EARNIN**					
*** ENVISION**					
*** HCA**					
*** KANSAS ASSOCIATION OF BROADCASTERS**					
*** KANSAS WESLEYAN UNIVERSITY**					
*** MENORAH MEDICAL CENTER**					
*** META PLATFORMS, INC.**					
*** MILAN LASER CORPORATE, LLC**					
*** NEW BOSTON CREATIVE GROUP LLC**					
*** OVERLAND PARK REGIONAL MEDICAL CENTER**					
*** PANASONIC CORPORATION NORTH AMERICA**					
*** RAI SERVICES COMPANY**					
*** REVENUE BASED FINANCE COALITION**					
*** THE SHAWNEE TRIBE**					
*** UNITED WE**					
*** WESLEY HEALTHCARE**					
STEELE, MATTHEW T	**P.O. BOX 1489**	**JUNCTION CITY, KS 66441**	**(785) 238-1483**	**matt@kansascattlemen.com**	**1/2/2024**
*** KANSAS CATTLEMEN'S ASSOCIATION**					
STEGALL, SIMON	**1200 SW 10TH AVENUE**	**TOPEKA, KS 66604**	**(785) 592-0952**	**simon.stegall@washburn.edu**	**12/7/2023**
*** KEARNEY AND ASSOCIATES, INC.**					
STEINER, MICHAEL	**13770 NOEL RD., SUITE 801889**	**DALLAS, TX 75380**	**(785) 227-2799**	**msteiner@komen.org**	**1/3/2024**
*** SUSAN G. KOMEN**					
STEMBRIDGE, KURT	**C/O 28 LIBERTY SHIP WAY, SUITE 2815**	**SAUSALITO, CA 94965**	**(415) 903-2800**	**jazz3@politicomlaw.com**	**12/27/2023**
*** JAZZ PHARMACEUTICALS, INC. AND ITS SUBSIDIARIES**					
STEVENSON, TROY	**P.O. BOX 69232**	**WEST HOLLYWOOD, CA 90069**	**(646) 456-3605**	**thetrevorprojectlobbying@venable.com**	**1/10/2024**
*** THE TREVOR PROJECT, INC.**					
STEWART, JOHN	**2500 INNOVATION WAY**	**GREENFIELD, IN 46140**	**(877) 352-6261**	**stewart_john1@elanco.com**	**11/8/2023**
*** ELANCO ANIMAL HEALTH**					
STIEHLER, MELISSA	**PO BOX 4045**	**TOPEKA, KS 66604**	**(816) 308-2687**	**melissa@loudlight.org**	**12/29/2023**
*** LOUD LIGHT CIVIC ACTION**					
STOOKEY, MEGAN	**816 SOUTHWEST TYLER STREET**	**TOPEKA, KS 66612**	**(785) 234-0461**	**staci@kansasag.org**	**1/2/2024**
*** KANSAS GRAIN AND FEED ASSOCIATION**					
STOOKEY, RANDY E	**816 SW TYLER STREET / SUITE 100**	**TOPEKA, KS 66612**	**(785) 234-0461 (785) 234-2930**	**randy@kansasag.org**	**12/30/2023**
*** BIG BEND GMD 5**					
*** BIOKANSAS**					

* KANSAS AGRIBUSINESS RETAILERS ASSOCIATION
* KANSAS AGRICULTURAL ALLIANCE
* KANSAS GRAIN AND FEED ASSOCIATION
* RENEW KANSAS
* SEABOARD FOODS

STORMENT, SARAH	909 1/2 KANSAS AVENUE	TOPEKA, KS 66612	(316) 409-9789	Stormentsarah@gmail.com	12/19/2023

* THE CAPITOL LOBBY GROUP
* THE HUMAN SOLUTION FOUNDATION

STRODA, TIM	2601 FARM BUREAU ROAD	MANHATTAN, KS 66502	(785) 776-0442 (785) 776-9897	kpa@kspork.org	12/27/2023

* KANSAS PORK ASSOCIATION

SULLIVAN, SHARON	P.O. BOX 66	BERRYTON, KS 66409	(785) 766-4022	sharon.sullivan@washburn.edu	1/18/2024

* INTERNATIONAL PUBLIC POLICY INSTITUTE/STARS

SVATY, ELI	PO BOX 980	HAYS, KS 67601	(620) 604-5136	eli@swks.org	10/18/2023

* WESTERN KANSAS RURAL ECONOMIC DEVELOPMENT ALLIANCE

SVATY, JOSHUA	3162 SW SHADOW LANE	TOPEKA, KS 66604	(785) 472-7794	joshua@joshuasvaty.com	12/22/2023

* CITY OF DERBY
* GENCUR SVATY PUBLIC AFFAIRS
* INVENERGY
* KANSAS ADVANCED POWER ALLIANCE
* KANSAS MUNICIPAL UTILITIES, INC.
* REGIONAL ECONOMIC AREA PARTNERSHIP (REAP)

SVATY, KIMBERLY	212 SW 8TH STREET / SUITE 207	TOPEKA, KS 66603	(913) 486-4446	kimberly@gencursvaty.com	12/22/2023

* CITY OF DERBY
* GENCUR SVATY PUBLIC AFFAIRS
* INVENERGY
* KANSAS ADVANCED POWER ALLIANCE
* KANSAS MUNICIPAL UTILITIES, INC.
* REGIONAL ECONOMIC AREA PARTNERSHIP (REAP)

TANG, CATHY	PO BOX 4184	NEW YORK, NY 10163	(646) 324-8250	lobbyreg@everytown.org	12/7/2023

* EVERYTOWN FOR GUN SAFETY ACTION FUND

TANKING, AVA M	1608 SW OAKLEY AVE	TOPEKA, KS 66604	(785) 640-8113	avawhisman@gmail.com	1/5/2024

* KATIE WHISMAN CONSULTING, LLC

TAYLOR, KATHY	610 SW CORPORATE VIEW	TOPEKA, KS 66615	(785) 232-3444 (785) 232-3484	ktaylor@ksbankers.com	11/14/2023

* KANSAS BANKERS ASSOCIATION

TAYLOR, MIKE	4530 N 108TH	KANSAS CITY, KS 66109	(913) 449-4848	miketaylor4530@gmail.com	11/7/2023

* ARKANSAS CITY PUBLIC LIBRARY
* KANSAS COUNTY COMMISSIONERS ASSOCIATION
* STRATEGYCONSULTANTS
* STROTHER FIELD AIRPORT/INDUSTRIAL PARK
* VOTER RIGHTS NETWORK OF WYANDOTTE COUNTY

TEAGARDEN, MATT	6031 SW 37TH ST	TOPEKA, KS 66614	(785) 273-5115 (785) 273-3399	matt@kla.org	10/4/2023

* KANSAS LIVESTOCK ASSOCIATION

TENPENNY, CHAD D	5004 W 131ST ST	LEAWOOD, KS 66209	(913) 609-4659	chad@tenpennylaw.com	12/13/2023

* BLUE CROSS AND BLUE SHIELD OF KANSAS
* CITY OF OSAWATOMIE
* GEIGER READY-MIX
* KANSAS GOVERNMENTAL CONSULTING
* PRAIRIE HILLS USD 113
* TENPENNY LAW LLC

THIESEN, GENTRY C	170 W DEWEY ST	WICHITA, KS 67202	(316) 263-3167	gentry@sckrealtors.com	10/23/2023
* REALTORS OF SOUTH CENTRAL KANSAS					
THOMASSET, COLIN	222 SW 7TH ST	TOPEKA, KS 66603	(785) 550-3458	cthomasset@wheatstatehealth.com	12/8/2023
* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS					
* INTEGRATED PSYCHIATRIC CONSULTANTS					
* KANSAS CHAPTER OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS					
* NETSMART TECHNOLOGIES					
* SYRA HEALTH Term Date: 1/31/2024					
* WHEAT STATE HEALTHCARE, INC.					
TICE MILLER, LAUREN	715 SW 10TH AVE	TOPEKA, KS 666121686	(785) 232-8271	Lauren.TiceMiller@knea.org	10/12/2023
* KANSAS NEA					
TOFFLEMIRE, BILL	1505 SW FAIRLAWN RD.	TOPEKA, KS 66604	(785) 273-4393	executivedirector@kaceks.org	1/10/2024
* KANSAS ADULT CARE EXECUTIVES ASSOCATION					
TOMB, MARK B	3644 SW BURLINGAME ROAD	TOPEKA, KS 66611	(515) 822-2772	mark@kansasrealtor.com	10/3/2023
* KANSAS ASSOCIATION OF REALTORS					
TRABERT, DAVE	12980 METCALF AVE. / SUITE 130	OVERLAND PARK, KS 66213	(913) 213-5038 (913) 213-5359	dave.trabert@kansaspolicy.org	10/2/2023
* KANSAS POLICY INSTITUTE					
TUCKER, CLAUDIA D	C/O 28 LIBERTY SHIP WAY, SUITE 2815	SAUSALITO, CA 94965	(415) 903-2800 (415) 610-7604	teladoc@politicomlaw.com	12/13/2023
* TELADOC HEALTH, INC.					
TURNER, AMANDA	800 SCUDDERS MILL ROAD	PLAINSBORO, NJ 08536	(571) 431-8282	AVWT@novonordisk.com	12/6/2023
* NOVO NORDISK INC.					
TURNER, IRIS	125 N MARKET ST / STE 1230	WICHITA, KS 67202	(620) 870-0998	iturner@oxfordseniorliving.com	1/16/2024
* KANSAS ADULT CARE EXECUTIVES ASSOCATION					
VAN ZANDT, TIM	901 E 104TH STREET	KANSAS CITY, MO 64131	(816) 932-8160 (816) 932-5138	tcvanzandt@saint-lukes.org	12/4/2023
* SAINT LUKE'S HEALTH SYSTEM					
VANCE, JAKE	901 E 104TH STREET	KANSAS CITY, MO 64131	(913) 909-1738	jvance@saint-lukes.org	1/15/2024
* SAINT LUKE'S HEALTH SYSTEM					
VANDEVENTER, CHEYENNE	1000 WINCHESTER STREET / SUITE 301	FREDERICKSBURG, VA 22401	(540) 834-4600	compliance@studentsforlife.org	1/16/2024
* STUDENTS FOR LIFE ACTION					
VANZWOLL, KELLY	PO BOX 4407	TOPEKA, KS 66604	(785) 232-3444 (785) 323-3484	kvanzwoll@ksbankers.com	11/14/2023
* KANSAS BANKERS ASSOCIATION					
VAUGHN, SHERRIE	1801 SW WANAMAKER RD., G6 / BOX 164	TOPEKA, KS 66604	(785) 233-0755 (785) 233-4804	svaughn@namikansas.org	11/28/2023
* NAMI KANSAS					
VOGELSBERG, PATRICK	501 SW GAGE BOULEVARD	TOPEKA, KS 66606	(785) 845-0988	patrick.vogelsberg@onegas.com	10/5/2023

* KANSAS GAS SERVICE

WAGAMAN, JEFF	1200 SW 10TH AVENUE	TOPEKA, KS 66604	(785) 234-5859	Jeff@kearneyandassociates.com	11/30/2023

* ASSOCIATION OF COMMUNITY MENTAL HEALTH CENTERS OF KS
* KANSAS ASSOCIATION FOR CAREER AND TECHNICAL EDUCATION
* KANSAS ASSOCIATION OF ADDICTION PROFESSIONALS
* KANSAS ASSOCIATION OF COURT SERVICES OFFICERS
* KANSAS ASSOCIATION OF TECHNICAL COLLEGES
* KANSAS AUTOMOTIVE RECYCLERS ASSOCIATION
* KANSAS COUNTY AND DISTRICT ATTORNEYS ASSOCIATION
* KANSAS COUNTY TREASURERS ASSOC.
* KANSAS HEALTH FOUNDATION
* KANSAS LIBRARY ASSOCIATION
* KANSAS ORTHOPAEDIC SOCIETY
* KANSAS PSYCHIATRIC SOCIETY
* KANSAS RECREATION AND PARKS ASSOCIATION
* KANSAS REGISTER OF DEEDS ASSOCIATION
* KANSAS STATE TROOPERS ASSOCIATION
* KEARNEY AND ASSOCIATES, INC.
* PAWNEE COUNTY
* PHYSICIAN HOSPITALS OF KANSAS, INC
* RETAIL GROCERS ASSOCIATION
* SOUTHWEST KANSAS IRRIGATION ASSOCIATION
* WASTE MANAGEMENT INCORPORATED

WAGES, PHIL	600 SW CORPORATE VIEW	TOPEKA, KS 66615	(785) 271-4822 (785) 271-4888	pwages@kepco.org	11/27/2023

* KEPCO

WAGGONER, AMY	C/O POLITICOM LAW LLP / 28 LIBERTY SHIP WAY, STE. 2815	SAUSALITO, CA 94965	(415) 903-2800	salesforce@politicomlaw.com	11/30/2023

* SALESFORCE, INC.

WAGNER, JASON	P.O. BOX 67273	TOPEKA, KS 66667	(202) 427-8942	Jasonwagner27@gmail.com	10/2/2023

* RJF CONSULTING

WALKER, KEVIN M	9001 W. 110TH STREET, SUITE 150	OVERLAND PARK, KS 66210	(913) 766-7602 (913) 491-0393	kwalker@opchamber.org	10/31/2023

* OVERLAND PARK CHAMBER OF COMMERCE

WALKER, MINDI	3165 SWEETEN CREEK ROAD	ASHEVILLE, NC 28803	(888) 345-1870	mindi.walker@aeroflowinc.com	1/29/2024

* AEROFLOW

WAMSLEY, SEAMUS	100 SE 9TH STREET / SUITE 100	TOPEKA, KS 66612	(785) 408-8866	info@wsks.us	2/1/2024

* WATKINS PUBLIC STRATEGIES

WAREHAM, DOUGLAS E	PO BOX 4407	TOPEKA, KS 66604	(785) 232-3444 (785) 232-3484	dwareham@ksbankers.com	11/14/2023

* KANSAS BANKERS ASSOCIATION

WATKINS, JASON P	100 SE 9TH AVE / STE 100	TOPEKA, KS 66612	(785) 408-8866	jason@wsks.us	12/21/2023

* AMERICAN HEART ASSOCIATION
* ARK VALLEY ELECTRIC CO-OP
* CHC/SEK
* CITY OF LIBERAL
* CLEAN ENERGY BUSINESS COUNCIL
* COWLEY COLLEGE
* EMBERHOPE YOUTHVILLE
* FREEDOM TO INVEST
* GOLDEN CIRCLE

* HEALTHTECH SOLUTIONS
* HUTTON
* IDEATEK
* KANSAS BEER WHOLESALERS ASSOCIATION
* KANSAS DENTAL ASSOCIATION
* KANSAS HOSPITAL ASSOCIATION
* KANSAS PHARMACISTS ASSOCIATION
* MARATHON HEALTH
* MUSIC THEATRE OF WICHITA
* NURTURE KC
* PROJECT ACCESS
* RETAIL GROCERS ASSOCIATION
* RUFFIN COMPANIES
* SEDGWICK COUNTY GOVERNMENT
* SHAWNEE CTY HEALTH ACCESS PROGRAM
* SHORT-TERM RENTAL ASSOCIATION
* SOLARITY
* WATKINS PUBLIC STRATEGIES
* WICHITA DISTRICT DENTAL SOCIETY
* WICHITA REGIONAL CHAMBER OF COMMERCE
* WYJO CARES

WATSON, C. EDWARD	1551 N. WATERFRONT PKWY / SUITE 100	WICHITA, KS 67206	(316) 291-9589	cewatson@foulston.com	10/12/2023

* CONSOLIDATED CAPITAL INVESTMENTS, LLC
* DUKE ENERGY SUSTAINABLE SOLUTIONS
* FOULSTON SIEFKIN LLP
* KANSAS HEALTH SCIENCE CENTER
* SALINA AREA CHAMBER OF COMMERCE

WEBER, GERALD C	204 SW 8TH AVE.	TOPEKA, KS 66603	(785) 227-9247	cweber3@cox.net	12/7/2023

* KANSAS CATHOLIC CONFERENCE

WEINGARTNER, ALICE	700 SW JACKSON / SUITE 600	TOPEKA, KS 66603	(785) 233-8483	aweingartner@communitycareks.org	10/2/2023

* COMMUNITY CARE NETWORK OF KANSAS

WELCH, LEA D	THIRD JUDICIAL DISTRICT / 200 SE 7TH STREET, ROOM 406	TOPEKA, KS 66603	(785) 251-6789 (785) 251-4917	lea.welch@kscourts.org	1/10/2024

* KANSAS ASSOCIATION OF DISTRICT COURT CLERKS & ADMINISTRATORS

WELLS, J.W.	PO BOX 4407	TOPEKA, KS 66604	(785) 232-3444	jwells@ksbankers.com	11/15/2023

* KANSAS BANKERS ASSOCIATION

WELLSHEAR, DODIE J	3600 SW RANDOLPH SQ / UNIT 3	TOPEKA, KS 66611	(785) 969-4643	dodiejw@earthlink.net	12/23/2023

* AD ASTRA GOVERNMENT RELATIONS LLC
* KANSAS ACADEMY OF FAMILY PHYSICIANS
* KANSAS COALITION AGAINST SEXUAL & DOMESTIC VIOLENCE
* SUNFLOWER FOUNDATION
* TINY-K ALLIANCE
* USD 115 - NEMAHA CENTRAL

WETZEL, JASON	201 N ILLINOIS ST / SOUTH TOWER SUITE 1601	INDIANAPOLIS, IN 46204	(317) 560-9401	jason.wetzel@gm.com	11/20/2023

* GENERAL MOTORS LLC

WHISMAN, KATIE	1608 SW OAKLEY AVE	TOPEKA, KS 66604	(785) 364-5885	kw@katiewhisman.com	12/12/2023

* AMERICANS FOR FAIR ENERGY PRICES
* KANSAS BAIL AGENTS ASSOCIATIONS
* KATIE WHISMAN CONSULTING, LLC

* MOTOROLA SOLUTIONS, INC.
* STAND UP FOR KANSAS
* USD 115 - NEMAHA CENTRAL
* USD 335 - NORTH JACKSON
* USD 380 - VERMILLION

WHITE, MICHAEL L	800 SW JACKSON / SUITE 100	TOPEKA, KS 66612	(785) 266-4152 (785) 266-6191	mwhite@webuildkansas.com	12/8/2023

* KANSAS CONTRACTORS ASSOCIATION

WIENS, ANDREW W	716 N 119TH ST. W #116	WICHITA, KS 67235	(785) 249-1534	andrew@duganconsult.com	12/28/2023

* ADVANTAGE CAPITAL PARTNERS
* AETNA BETTER HEALTH OF KANSAS
* ASSOCIATION OF CMHCS OF KS, INC.
* CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS
* CICERO ACTION
* CLUB FOR GROWTH
* COMMUNITY ORGANIZATIONS FOR RETIREMENT EQUITY
* DELTA DENTAL OF KANSAS, INC.
* DIRECTV, LLC
* DISH NETWORK, L.L.C.
* DO NO HARM ACTION
* DUGAN CONSULTING GROUP
* FINDHELP
* HOPE RANCH FOR WOMEN
* INDIGOV
* KANSAS BEER WHOLESALERS ASSOCIATION
* KANSAS EMPLOYERS FOR AFFORDABLE HEALTHCARE
* KANSAS OPTOMETRIC ASSOCIATION
* MIDLAND CARE CONNECTION INC.
* MISSION HEALTH COMMUNITIES LLC
* OPPORTUNITY SOLUTIONS PROJECT
* PACE-O-MATIC
* SAFE FAMILIES FOR CHILDREN
* STATE ARMOR ACTION
* UNDERDOG FANTASY
* VOYAGER SOPRIS

WILK, WILLIAM	534 S KANSAS AVENUE, SUITE 830	TOPEKA, KS 66603	(913) 683-8882	wilk278@gmail.com	10/4/2023

* KANSAS CHAMBER OF COMMERCE

WILLIAMS, BRIDGETTE	1100 WALNUT / SUITE 2950	KANSAS CITY, MO 64106	(816) 753-6443 (816) 753-1239	bwilliams@heavyconstructors.org	1/10/2024

* HEAVY CONSTRUCTORS ASSOCIATION OF GREATER KC

WILLIAMS, DEANN	PO BOX 1673	TOPEKA, KS 66601	(785) 267-1641	Deann.Williams@kmca.org	10/4/2023

* KANSAS MOTOR CARRIERS ASSOCIATION

WILLIAMS, LAVONTA K	3928 VESTA DR.	WICHITA, KS 67208	(316) 518-4208	lwilliams8249@gmail.com	1/31/2024

* KANSAS STATE NAACP CONFERENCE BRANCHES

WILLIAMSON, TAYLOR	1680 CHARLES PL / SUITE 200	MANHATTAN, KS 66502	(785) 477-2835	twilliamson@ksgrains.com	10/2/2023

* KANSAS CORN GROWERS ASSOCIATION

WILLIS, STEVEN L	709 S KANSAS AVE. STE. 200	TOPEKA, KS 66603	(785) 232-0550	steve@kac.org	10/24/2023

* KANSAS ACTION FOR CHILDREN

WILSON, JOHN	709 S KANSAS AVE. / SUITE 200	TOPEKA, KS 66603	(785) 232-0550 (785) 232-0699	john@kac.org	10/24/2023

* KANSAS ACTION FOR CHILDREN					
WING, ROBERT	4222 LEAVENWORTH RD	KANSAS CITY, KS 66106	(913) 302-1864 (913) 788-8852	rwing@iaff64.org	12/25/2023
* KANSAS STATE COUNCIL OF FIRE FIGHTERS					
WITT, BRUCE	8200 E. THORN DR.	WICHITA, KS 67226	(316) 719-3375 (316) 858-4199	bruce.witt@viachristi.org	10/30/2023
* ASCENSION VIA CHRISTI HEALTH, INC.					
WOOD, NICHOLAS C	700 SW JACKSON, SUITE 1100	TOPEKA, KS 66603	(785) 424-0779	nwood@interhab.org	1/2/2024
* INTERHAB, INC.					
WORD, MEGAN M	PO BOX 171335	KANSAS CITY, KS 66117	(816) 527-8625	Megan.Word@cancer.org	12/11/2023
* AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC.					
YEUBANKS, HANNAH R	KANSAS AUTOMOBILE DEALERS ASSOC / 731 S KANSAS AVE	TOPEKA, KS 66603	(785) 233-6456	hyeubanks@kansasdealers.org	1/2/2024
* KANSAS AUTOMOBILE DEALERS ASSOCIATION					
YORK, ADAM	9890 JASMINE TER	MANHATTAN, KS 66502	(202) 695-5802	adam@ksgrainsorghum.org	1/16/2024
* KANSAS GRAIN SORGHUM PRODUCERS ASSOCIATION					
ZAKERY, JORDAN	PO BOX 10691	TALLAHASSEE, FL 32302	(850) 391-4200	stateoutreach@excelined.org	11/29/2023
* EXCELLENCE IN EDUCATION NATIONAL, INC.					
ZICHELLI, ASHLEY	115 W MAPLE ST	ALEXANDRIA, VA 22301	(443) 223-3362	azichell@its.jnj.com	10/30/2023
* JOHNSON & JOHNSON HEALTH CARE SYSTEMS, INC.					

	Cost Proposal Rate Development Assumptions and Final PMPM			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Base Data				
Trend CY21 to CY22	2.6%	2.0%	2.8%	0.5%
Trend CY22 to CY23	2.6%	2.0%	2.9%	3.0%
Trend CY23 to CY24	2.7%	1.5%	2.9%	3.1%
Trend CY24 to CY25	2.7%	1.0%	2.9%	3.1%
Avg. Annual Trend	2.6%	1.6%	2.9%	2.4%
Managed Care/Efficiency Impacts	-4.0%	-1.3%	-4.1%	-0.4%
MC adj. annualized trend	1.6%	1.3%	1.8%	2.3%
Hep C Adjustment	0.1%	0.1%	0.1%	0.1%
Generic Dispensing Rate Adjustment	-0.3%	-0.2%	-0.2%	-0.2%
Additional Program Changes	0.0%	0.0%	0.0%	0.0%
NML: General Admin	4.7%	5.1%	5.5%	4.6%
NML: Care Coordination	3.2%	1.9%	3.7%	1.7%
NML: Risk Contingency + Proft	1.0%	1.0%	1.0%	1.0%
NML: Privilege Fee	5.77%	5.77%	5.77%	5.77%
Total Rate, pre-LTC				
Statewide Blended Rate	**$ 913.16**	**$ 891.98**	**$ 936.00**	**$ 921.50**
% to lower bound	-2.4%	-4.6%	0.1%	-1.5%

Initial Actuarially Sound Rate Range		
LB	**Minimum Offer Point***	**UB**
$ 935.44	**$ 949.47**	**$ 966.34**

**Accounts for projected proportion of P4P withhold anticipated to be unearned. Currently assumes 50% of the 3% withold will be unearned. Does not include any provision for HCBS withhold, as that metric is yet to be developed and finalized.*

	Cost Proposal Review			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
RFP Section 2.2: KanCare Bidder's Library Requirements: *Responsible Party - State*	**Section 2.2 outlines the bidder's library.**			
State Compliance with: Section 2.2 KanCare Bidder's Library Requirements	Optumas and the State complied with this requirement, and provided documents to the bidder's library.			
RFP Section 3.2.2: Pre-Bid Conferences Requirements: *Responsible Party - Bidders and State*	**3.2.2.A** **• The State will hold a pre-bid conference and an actuarial pre-bid conference. Potential bidders may ask clarifying questions at the pre-bid conferences; however, oral answers provided during the pre-bid conferences, per Kansas procurement law, are considered non-binding. Only answers formally provided in writing by the State's designated Procurement Officer are binding.** **3.2.2.B.** **• Both conferences will be conducted virtually, using Zoom, on the same day at the following times (times listed are CT):** **Monday, October 16, 2023:** **• Pre-bid conference: 9:00 a.m. to 10:00 a.m.** **• Actuarial pre-bid conference: 10:30 a.m. until 12:00 p.m. and reconvening at 1:00 p.m. to 4:00 p.m.**			
Bidder and State Compliance with: Section 3.2.2 Pre-Bid Conference Requirements	3.2.2 A) Complies 3.2.2 B) Complies	3.2.2 A) Complies 3.2.2 B) Complies	3.2.2 A) Complies 3.2.2 B) Complies	3.2.2 A) Complies 3.2.2 B) Complies
RFP Section 3.2.3 Questions Requirements: *Responsible Party - State*	**3.2.3.B The State will respond to written questions from potential bidders received on or before the response date in the Procurement Schedule. The State will make those questions and the corresponding answers available to all bidders in the form of an RFP addendum/amendment on the Office of Procurement and Contracts' website, http://admin.ks.gov/offices/procurement-and-contracts. It is the responsibility of all participating bidders to frequency check the Office of Procurement and Contracts' website for any and all addenda/amendment and updated RFP information and instructions.**			
State Compliance with: Section 3.2.2 Questions Requirements	1) Complies - the Bidders were allowed to submit questions regarding the financial terms of this RFP and the rate development process, and the State made those questions and the corresponding answers available to all Bidders registered for this RFP, consistent with Kansas procurement law. Amendments to the RFP that included written responses to the Bidders' questions.			

	Cost Proposal Review			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Section 4.5 Cost Proposal Submission: *Required Documents* *Responsible Party - Bidders*	**The bidders were required to submit the following documents for their cost proposal:** **4.5.A - Title Page** **• The title page must be labeled "Cost Proposal" and include: 1) the RFP Number; 2) the legal name of the bidder, including any doing business as; 3) the bidder's mailing address; 4) the name, title, and phone number of the bidder's designated contact person; and 5) the proposal submission deadline (date and time)** **4.5.B - Table of Contents** **• Tab 1 must be labeled "Table of Contents" and contain the table of contents of the cost proposal. The table of contents must include all cost proposal documents required in Tab 2 and the corresponding page number. The table of contents must be linked to appropriate pages in the cost proposal.** **4.5.C.5:** **a) Completed Attachment 9, Cost Sheet (Bidder's Rate Development Template Documentation that includes the accompanying actuarial narrative and rate methodology letter signed by the actuary);** **b) Completed Bidder's Rate Development Template (found in the bidder's library); and** **c) Completed Exhibit 1-3, Rate Estimate Form, in the Bidder's Rate Development Template.**			
Bidder Compliance with: *Section 4.5 Cost Proposal Submission:* *Required Documents*	4.5.A) Complies 4.5.B) Complies 4.5.C.5.a) Complies 4.5.C.5.b) Complies 4.5.C.5.c) Complies	4.5.A) Complies 4.5.B) Complies 4.5.C.5.a) Complies 4.5.C.5.b) Complies 4.5.C.5.c) Complies	4.5.A) Complies 4.5.B) Complies 4.5.C.5.a) Complies 4.5.C.5.b) Complies 4.5.C.5.c) Complies	4.5.A) Complies 4.5.B) Complies 4.5.C.5.a) Complies 4.5.C.5.b) Complies 4.5.C.5.c) Complies

	Cost Proposal Review			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Section 4.5 Cost Proposal Submission: *Cost Proposal Methodology* *Responsible Party - Bidders*	**4.5.C.1** **• Bidders are required to bid for all populations, services, and regions of the State.** **• Bidders are required to develop their rates assuming a normalized base risk adjustment factor of 1.0; assume that each Bidders' enrolled risk is equal to that of the statewide population risk.** **• Bidders must submit a single, statewide blended Bidder Initial Capitation Rate per member per month (PMPM) rate to reflect the proposed business model of that Bidder.** **4.5.C.2** **•The bids developed by Bidders should be developed by an actuary on an actuarially sound basis in conformance with 42 CFR § 438.4 and include a rate methodology letter signed by the actuary that follows the most recently published CMS Medicaid Managed Care Rate Development Guide, as applicable.**			
Bidder Compliance with: *Section 4.5 Cost Proposal Submission:* *Cost Proposal Methodology*	4.5.C.1) Complies 4.5.C.2) Complies	4.5.C.1) Complies 4.5.C.2) Complies	4.5.C.1) Complies 4.5.C.2) Complies	4.5.C.1) Complies 4.5.C.2) Complies
RFP Section 5.3.B Requirements: *Cost Propsosal Review* *Responsible Party - State*	**5.3.B** **• The State will schedule individual meetings with each bidder and require the bidder to substantiate the bidder's initial capitation rate development methodology, explain the bidder's prospective business model, and allow the State and its actuary to request clarification on any component of the rate development methodology and/or the bidder's prospective business model.**			
State Compliance with: *Section 5.3.B Requirements*	5.3.B) Complies - individual meetings were held with each bidder. Bidders provided additional substantiation and clarification on their Bidder Initial Capitation Rate development methodology. The dates and times of each meeting are outlined below. A separate document outlines the minutes from each meeting.			
Dates and times of individual meets with each Bidder	April 25th, 2024, 11:00am CT	April 25th, 2024, 1:00pm CT	April 25th, 2024, 2:00pm CT	April 25th, 2024, 10:00am CT

	Cost Proposal Review			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Section 5.3.C Initial Actuarially Sound Rate Range Requirements: *Responsible Party - State*	**• The State's actuary will calculate a blended statewide State initial actuarially sound capitation rate range to cover all populations, services, and regions in accordance with generally accepted actuarial principles and in conformance with 42 CFR § 438.4 governing actuarially sound capitation rates for Medicaid managed care programs and the CMS Rate Development Guide.** **• The State initial actuarially sound capitation rate range will be a narrow range of actuarially sound rates, developed by varying components of the rate development methodology such as the assumed savings, calculated trend, and/or non-medical assumptions, applicable for all populations, services, and regions of the state.** **• The State initial actuarially sound capitation rate range will use the same base data, and any fixed assumptions, as provided in the bidder's rate development template.** **• It may incorporate the substantiation provided by the bidders in the proposal submission and individual meetings on their rate development methodologies and prospective business models.**			
State Compliance with: *Section 5.3.C Initial Actuarially Sound Rate Range*	Complied - Optumas, working as the State's actuary, has developed a State initial actuarially sound captitation rate range to cover all populations, services, and regions in accordance with generally accepted actuarial principles and in conformance with 42 CFR § 438.4 governing actuarially sound capitation rates for Medicaid managed care programs and the CMS Rate Development Guide. The State initial actuarially sound capitation rate range is a narrow range of actuarially sound rates, developed by varying components of the rate development methodology such as the assumed savings, calculated trend, and/or non-medical assumptions, applicable for all populations, services, and regions of the state. The State initial actuarially sound capitation rate range uses the same base data, and any fixed assumptions, as provided in the bidder's rate development template.			
Section 5.3.D Offer Point Requirements: *Responsible Party - State*	**5.3.D** **• In consultation with the State's actuary, the State will determine the Offer Point within the rate range that it will offer to bidders after the bid submission. The State's actuary will verify that the Offer Point is within the State initial actuarially sound capitation rate range but will not disclose where within the rate range the Offer Point falls. The Offer Point may be specific to each bidder and be based upon the relative position of their submitted statewide blended rate within the State initial actuarially sound capitation rate range or may represent a single point offered to all bidders.** **• If the bidder submits a statewide blended rate below the State initial actuarially sound capitation rate range, the State will raise the blended rate to a point within the State initial actuarially sound capitation rate range that, after accounting for all additional payment components (e.g., projected quality incentives earned), will be at the bottom of the State initial actuarially sound capitation rate range.** **• In no instance would the Offer Point (for a bidder that bid above the actuarially sound rate range) be above the point to which rate proposals below the bottom of the rate range would be raised to incentivize bidders to bid appropriately.** **• Based on CMS requirements, the State will raise a proposed statewide blended capitation rate that is below the State initial actuarially sound capitation rate range despite the bidder's submission and attestation to ensure the bidder does not violate the access and/or quality of care standards as described in the RFP.**			

	Cost Proposal Review			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Bidder's initial position relative to Initial Actuarially Sound Rate Range	Below	Below	In Range	Below
Main driver(s) in bidders assumptions that result in being outside of the Initial Actuarially Sound Rate Range	Bidder assumed a higher level of managed care savings.	Bidder assumed a lower average annual prospective trend, higher level of managed care savings, and lower overall administrative and care coordination level of expenditures.	N/A - bidder is in the Initial Actuarially Sound Rate Range	Bidder assumed a lower overall administrative and care coordination level of expenditures.
Comments on position relative to Initial Actuarially Sound Rate Range	The bidder's rate is below the Initial Actuarially Sound Rate Range; however, the bidder was able to substantiate assumptions that resulted in being below the Initial Actuarially Sound Rate Range. The bidder may also have access to more recent information that helps inform their rate development assumptions based on their business model.	The bidder's rate is below the Initial Actuarially Sound Rate Range; however, the bidder was able to substantiate assumptions that resulted in being below the Initial Actuarially Sound Rate Range. The bidder may also have access to more recent information that helps inform their rate development assumptions based on their business model.	N/A - bidder is in the Initial Actuarially Sound Rate Range	The bidder's rate is below the Initial Actuarially Sound Rate Range; however, the bidder was able to substantiate assumptions that resulted in being below the Initial Actuarially Sound Rate Range. The bidder may also have access to more recent information that helps inform their rate development assumptions based on their business model.
Final Offer Point meets criteria outlined in Section 5.3.D	Confirmed	Confirmed	Confirmed	Confirmed
Final Review	All bids were reasonable and followed actuarially sound rate setting principles based on our review as the actuary of record for the State. The State can reasonably rely upon the information submitted in the cost proposals, and move forward with evaluation.			

EXHIBIT 7

	Current		*Current*	*Current*
	Cost Proposal Rate Development Assumptions and Final PMPM			
	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Base Data				
Trend CY21 to CY22	2.5%	2.0%	2.8%	0.5%
Trend CY22 to CY23	2.6%	2.0%	2.9%	3.0%
Trend CY23 to CY24	2.7%	1.5%	2.9%	3.1%
Trend CY24 to CY25	2.7%	1.0%	2.9%	3.1%
Managed Care/Efficiency Impacts	-4.0%	-1.3%	-4.1%	-0.4%
Hep C Adjustment	0.1%	0.1%	0.1%	0.1%
Generic Dispensing Rate Adjustment	-0.3%	-0.2%	-0.2%	-0.2%
Additional Program Changes	0.0%	0.0%	0.0%	0.0%
NML: General Admin	4.7%	5.1%	5.5%	4.6%
NML: Care Coordination	3.2%	1.9%	3.7%	1.7%
NML: Risk Contingency + Profit	1.0%	1.0%	1.0%	1.0%
NML: Privilege Fee	5.77%	5.77%	5.77%	5.77%
Total Rate, pre-LTC				
Statewide Blended Rate (PMPM)	**$ 913.16**	**$ 891.98**	**$ 936.00**	**$ 921.50**

	Aetna	**Healthy Blue**	**Sunflower**	**UHC**
Avg. Annual Trend	2.6%	1.6%	2.9%	2.4%
MCS adj. annualized trend	1.6%	1.3%	1.8%	2.3%

Notes

"Avg. Annual Trend" is calculated as the aggregate trend from CY21 to CY25, annualized across the four year projection period.

"MCS (Managed Care Savings) adj. annualized trend" is calculated as the combined aggregate trend from CY21 to CY25, and the aggregate impact of managed care savings, annualized across the four year projection period.

Summary

- The State reviewed the cost proposal information for the four bidders above who were selected by the Procurement Negotiating Committee (PNC) to advance to Phase 3, Review of Cost Proposals, based upon the State's review of technical proposals.
- One-on-one meetings were held with each of the bidders above to discuss their cost proposals per the RFP requirements
- The bidders were able to substantiate their cost proposal assumptions through the one-on-one discussions, in addition to the actuarial narrative that each bidder provided as part the RFP requirements.
- Each of the bidders also confirmed that they included provisions for all RFP requirements, including new requirements for Community Care Coordination (CCC)

EXHIBIT
8

From: Amanda Acuna [DAPC] <amanda.acuna@ks.gov>
Sent: Tuesday, April 2, 2024 11:13 AM
To: Proposal Development Inbox <ProposalDevelopmentInbox@caresource.com>
Subject: Additional Questions - EVT0009267 - KanCare Medicaid & CHIP Capitated Managed Care
Attachments: Additional Questions - CareSource.docx

Good afternoon,

The bid submissions for RFP EVT0009267 – KanCare Medicaid & CHIP Capitated Managed Care are still under review. During the review process the evaluation team has compiled a list of additional questions for CareSource Kansas LLC to review and respond to for further clarification. Please review the attached questions and return the completed form to me via email by end of day Wednesday, April 10, 2024.

Thank you,

Amanda Acuna
Procurement Officer | Office of Procurement and Contracts

Kansas Department of Administration
900 SW Jackson, Suite 451 S | Topeka, KS 66612-1216
Phone: (785) 296-5419 | Fax: (785) 296-7240
Amanda.Acuna@ks.gov | https://admin.ks.gov/offices/procurement-contracts
Follow Us: facebook.com/KSDofA I twitter.com/KSDofA

"Providing excellent customer service, 100% of the time."

EXHIBIT
9

Kansas Department of Health and Environment
Kansas Department for Aging and Disability Services

KanCare Medicaid & CHIP Capitated Managed Care

RFP EVT0009267

Follow up Questions for CareSource:

Q.1. Can you describe your organization's strategy and preparedness to meet the diverse needs of the HCBS population, specifically addressing how you will ensure person-centered planning, promote community integration, safeguard against institutionalization, and ensure an adequate HCBS network? Please include examples of tools, resources, and partnerships you will utilize to support this population, with a focus on those members who are most difficult to serve.

A.1.

Strategy and Preparedness

CareSource Kansas (CareSource) understands the diverse needs of both children and adults in HCBS populations across the nation and those served by the seven waiver programs in Kansas. We recognize those most difficult to serve are often Members with IDD that have behavioral health complexities and children in the child welfare system with challenges being supported in the least restrictive setting. Our strategy to meet these needs contains the following core elements:

- Unique Kansas-based partnerships through the CareSource HealthAlliance (the HealthAlliance)
- Direct support and oversight for Community-based Care Coordinators (CCC) assigned to each HCBS Member
- Advanced technology solutions that streamline person-centered planning and address rising risk

We believe that Members, families, and Providers, properly supported by CCCs, served by trusted local community partners, and empowered by person-centered tools and technology available 24/7/365, can improve health outcomes and offset growing workforce challenges. This support allows HCBS Members to maintain their natural supports in the least restrictive environment appropriate for their care needs.

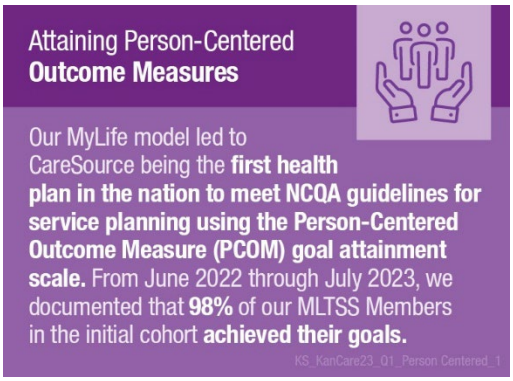
CareSource's preparedness to meet Kansas HCBS needs is evidenced by **over 30 years of providing managed care services for complex populations** and the work of CareSource's local Kansas-based team that **began nearly three years ago coupling CareSource's HCBS technology innovations with our HealthAlliance Partners' direct service capabilities.** Ninety percent (90%) of our business is exclusively focused on Medicaid and complex populations and continues to expand as states choose CareSource as a partner to solve complex care needs. One example is our Arkansas Provider-led Arkansas Shared Savings Entity (PASSE) which covers the health care for Arkansans who have a behavioral condition or an IDD. Our HCBS experience and current operations range from fully integrated managed LTSS, to provider Provider-led LTSS programs, to FFS LTSS waiver administration for state agencies. We also provide LTSS technical assistance, QI, and staffing support to Frail Elders, IDD, and other complex care populations nationally. This diversity in HCBS program design and implementation

prepares us to partner with each individual state and program, and our preparedness is proven by our performance. For example, our Ohio program, which serves the HCBS population, was **recently recognized as the top-rated health plan in the state**, and **one of the top three performing plans in the country** based on our CAHPS® survey results.

Ensuring Person-Centered Service Planning

We ensure person-centered planning by investing in and continuously refining the following:

- Proprietary HCBS care coordination model
- Automated care planning tools
- 24/7/365 support



Through our experience and in partnership with our Kansas-based HealthAlliance Partners and national experts, CareSource has developed a propriety person-centered HCBS care coordination model called MyLife. MyLife combines the best elements from a variety of evidence-based and national best-practice models, such as the NCQA Person-Centered Outcome Measures (PCOM). It also **has integrated assessments that align with Kansas' MFEI and other State person-centered service planning tools** that effectively identify needs and required services for all HCBS Members within the seven specific waivers. We train all our Care Coordinators (both internal and community-based partners) to use our MyLife person-centered engagement process to collaborate with Members and their circles of support to:

- Identify goals based on Member needs identified in the State-approved comprehensive needs assessment and focused on whole-person health addressing HCBS, physical health, behavioral health, and SDOH needs
- Track progress with Members through our ongoing assessment process
- Ensure Members have the appropriate services and supports identified in their PCSP to accomplish their established goals following the framework of Charting the LifeCourse

CCCs in Kansas will use the MyLife integrated assessment and service planning tools to work with Members and their circle of support to identify SMART goals across various aspects of the Member's life. MyLife ensures Members get the services they need from people they trust, and achieve outcomes that lead to optimal health, independence, and quality of life in the least restrictive setting of the Member's choice.

Within 24 hours of enrollment, Members are assigned to a CCC who conducts initial telephonic Member outreach to schedule a face-to-face visit as soon as the Member and/or their representative is available. For HCBS Members that require alternative methods beyond the initial phone outreach, we employ a variety of engagement strategies in coordination with our HealthAlliance Partners (e.g., contract with established Providers, street outreach for Members experiencing housing insecurity, and local CHWs). This ensures that Care Coordinators can work efficiently and at the top of their license. We ensure Members and their representatives know they can request alternative modes for assessments tailored to fit their preferred choice and their lives (e.g., telephone, virtual visit, or settings other than the Member's residence or service location). When possible, and with the Member's consent, the Care Coordinator works with the Member and their circle of support, informal and formal caregivers, legally authorized

representative, or other Member-identified individuals to conduct the comprehensive assessment in a setting convenient to the Member and their supports.

CareSource uses advanced assessment technology to reduce the time and effort needed to prepare for and complete Member assessments. This prevents Member assessment fatigue, and it creates Care Coordinator capacity which helps to solve workforce shortages. Care Intelligence is our proprietary tool that uses machine learning to streamline the overall care coordination workflow, reduce administrative burden, and allow more focus on the Member relationship. Many assessments ask repetitive questions, or information already known about the Member. Care Intelligence has this data mapped and can extract it from automatically transcribed conversations to reduce the time needed to complete the assessment along with reducing double data entry. Care Intelligence also supports gathering new information during the assessment, summarization, and completion. It prompts the Care Coordinator with timely recommendations enhancing the support the Member receives from the very first conversation. Care Intelligence promotes efficiency by auto populating a Member summary from multiple factors including claim history, medical, and non-medical data points. Care Coordinators can also better plan their day by using the Care Intelligence geo-targeted Member mapping features. Prepared with Member history, the Care Coordinator meets with the Member and their circle of supports and utilizes the State's approved comprehensive needs assessment to accurately identify needs and required services.

Member PCSPs include customized strategies and services based on each Member's needs, including covered and value-added preventative benefits and informal supports and services to address SDOH and care gaps proactively and avoid unnecessary or costly services not aligned with Member preferences or goals. Through our value-added services, we offer assistive or enabling technologies (i.e., remote patient monitoring) linked to our 24/7/365 CareNexus360 to support health, safety, and welfare so Members can live safely in their home. Once the Member and their support team have developed an initial PCSP, the Care Coordinator continues collaborations to confirm Member choice of Providers and their choice to self-direct their care, as well as communicates with each Provider to discuss and coordinate specific services they provide to assure seamless service delivery and continuity. While vetting and solidifying the Member's preferred Providers, the Care Coordinator shares information (at the approval/discretion of the Member) about communication and support preferences so Providers can learn the Member's qualities, interests, strengths, goals, and preferences to better support them in the community.

Care Coordinators are trained to develop PCSPs written in plain, direct language and accessible to IDD and persons who have LEP, consistent with 42 CFR §435.905(b). CCCs will also have training on the NCQA PCOMs and CareSource will work with them to ensure those elements are met. The assigned Care Coordinator monitors goal progression based on the NCQA PCOM goal attainment scale and works with the Member to update the PCSP, address barriers, and ensure the frequency of updates is based on the Member's needs. Depending on Member preferences, we immediately provide an initial printed copy or digital access through the Member portal of updated PCSPs as they are developed.

CCCs, in collaboration with our CareSource Care Coordination team, will document all assessment results and PCSPs in GuidingCare®, our care coordination platform. CareSource has made significant technology investments to integrate all data in GuidingCare to be available real-time for Care Coordinators and our CareNexus360 staff. CareNexus360 is our unique, rapid-response, one-stop-shop where Members, caregivers, and Providers can get support when the assigned Care Coordinator is not available immediately. It revolutionizes HCBS care coordination by monitoring rising risks and providing access to trained experts 24/7/365 to address and mitigate risks in real-time. CareSource's advanced data integration platform equips our trained CareNexus360 staff with immediate access to Member benefit information, up to date PCSPs, crisis plans, and the caregiver support plan. CareNexus360 also monitors EVV to ensure services detailed in the PCSP are being delivered as expected by the Member.

CareNexus360 is equipped to initiate Member backup plans immediately to ensure coverage of the Member's service and support needs. Through geo mapping of Member's home and CCCs location, CareSource is able to quickly assign available resources in the field to address a Member's immediate clinical, environmental, and social needs. It enables us to coordinate active, real-time support in-person, over the telephone, or virtually to avoid hospitalizations and readmissions and support Members to successfully remain in their community.

Promoting Community Integration

CareSource is dedicated to supporting and advancing community integration and the full inclusion of all KanCare Members. We demonstrate this commitment by ensuring Members have access to the full spectrum of social, educational, and employment opportunities embedded in their communities through a localized grassroots approach to collaborate with key local partnerships. This includes our HealthAlliance Partners, Kansas Providers, Kansas advocacy groups (e.g., KACIL, KCDD, SACK, Brain Injury Association of Kansas and Greater Kansas City, etc.), and community-based organizations. We recognize these partnerships are important in supporting Members as they pursue their interests, desires, and goals, which includes control over their own day and choice to receive services in the most integrated setting appropriate to their needs. As an example, CareSource has partnered with Kansas University Center on Developmental Disabilities to use the Self-Determination Inventory: Adult Report to support a Member's choice to increase self-direction skills to live independently in their home and community.

At the core of our commitment to promoting community integration is person-centered care. We support Members' choice and elevate their voice in developing their comprehensive PCSP. We will work with CCCs and Targeted Case Managers to help Members discover their unique opportunities, design their individualized goals, and choose who they want to participate in the meeting. To strengthen person-centered planning principles, CareSource will work with UMKC to deliver and make available Charting the LifeCourse trainings for Members, CCCs, Targeted Case Managers, and service Providers.

CareSource recognizes the importance of investing and expanding access to critical HCBS services and supports, such as supported employment, accessible community-integrated housing options, assistive technologies, and transportation to promoting community integration and greater independence. Through our CareNexus360, CareSource Community of Innovation™, and Project ECHO®, we offer Kansas-focused solutions to further opportunities for full inclusion. We will offer in-lieu of services and value-added benefits, such as providing Members with $25 to open an ABLE account, CaregiverConnect™, Nymbl Digital Fall Prevention Program, Brain HQ Brain Health & Memory Benefit, and enabling technologies to assist Members in being more engaged within their communities.

Safeguarding Against Institutionalization

All LTSS Members have the right to receive person-centered services that support them to live, contribute, and thrive in their homes, families, and communities. CareSource ensures this right by embedding community transition services at the core of our person-centered planning process and model of care. In one MLTSS program alone, CareSource has consistently rebalanced nursing facility enrollment to HCBS by more than 3% each year over a 10-year period. Supporting existing community-based Members to remain in their home is equally as important as successful transitions to the community. Our focus on successful community transitions and sustained nursing home diversion has led to **over 98% of our community-based Members aging-in-place and remaining safely in the community** and resulted in CareSource as the #1 Plan in Ohio for minimizing institutional length of stay. Successful transition and diversion services begin with supporting nursing facilities through collaborative partnerships. We use advanced MDS analytics technology in

partnership with skilled nursing facilities to identify potential safe transitions and increase the success of Members returning to the community. CareSource partners with nursing home Providers using methods such as VBP to align incentives and improve outcomes for Members while increasing Provider viability. **Our VBP payment structures have been proven to reduce readmissions by 20% by aligning incentives and rewarding nursing facilities for successful community transitions.** We offer our nursing facility VBP partners advanced MDS analytics technology through our vendor PointRight. PointRight performance and quality analysis allows CareSource to work with Providers to remediate any quality-of-care issues to improve Member outcomes while the nursing facility is their home. MDS Member-level risk scoring allows Members, Providers, and CareSource to make data-driven decisions on when Members can safely transition to a community setting of their choice.

Once transition Members are identified and they confirm their desire to move to the community, CareSource coordinates services, including but not limited to the following:

- **Home Modification:** If the Member needs home modification for a safe transfer back to their home or community, a physical or occupational therapist home inspection helps identify the modifications needed. Modifications may include the installation of ramps and grab bars, widening of doorways, modification of bathrooms and kitchens, and specialized electric and plumbing. We partner with community-based organizations to provide critical home repairs, energy conservation, lead poisoning prevention, accessibility modifications services, and community classes on fall prevention and how to stay safe and healthy at home.

- **Transportation:** In addition to the non-emergency transportation benefit, CareSource will cover and help Members plan and schedule transportation to and from specific locations or events. Examples include grocery stores, community, and religious activities, etc.

- **Trial Visits to the Community:** Based on Member preference and informed choice, trial visits may occur before a Member's return to the community. We offer initiatives like "Home for the Holidays" transportation benefit, which encourages this process for the value it can bring to the Member enabling preparation, readiness, and a greater understanding of the transition. This process can further highlight needs that may not have been as apparent in the assessment process while in an institutional level of care. CareSource is committed to deploying all necessary strategies to ensure a successful transition and ensuring Member's needs, preferences, and choices are considered, allowing them the opportunity to live fulfilling lives while experiencing optimal social inclusion and community belonging.

- **Employment:** When a Member seeks employment, we provide the opportunity to collaborate with our HealthAlliance Partners. InterHab and Association of Community Mental Health Centers of Kansas (ACMHCK), who are both recognized leaders in integrated employment best practices, can assist Members with accessing innovative employment supports.

- **Housing:** Housing options and availability are essential for a successful transition. To supplement the housing supply, CareSource created the **CareSource FastTrack Housing Program,** offering Members with a desire and clinical readiness to live outside of the institutional care setting options to move to the community safely and expeditiously. Our housing investments in Kansas offer temporary housing options until permanent housing is available. Included in our housing program, our CareSource team utilizes CareSource Life Services® (see below for more detail) and identifies and works through the obstacles of securing affordable, accessible, sustainable, and permanent supportive housing. This model combines federal housing vouchers and Fair Housing Act programs with comprehensive Medicaid HCBS waivers and other community-based resources. Our team of

licensed clinicians, housing team specialists, and peer supports work together for a safe and smooth transition to the community. Our process includes administrative support such as review of lease, purchasing items needed for transition, coordinating home modifications, utilities, arranging for transportation to view housing options, assisting with completing applications, assistance to secure household furnishings and goods, and move coordination. Our Housing team attends local or federal housing initiative meetings and engages private market landowners for recruitment and retention to develop housing stock. CareSource is working with the Kansas Statewide Homeless Coalition, the Kansas Housing Resource Corporation (KHRC) and the five Continuums of Care to integrate healthcare and housing. Our Care Coordinators and Housing Lead work with community-based organizations to assist with coordinated entry assessments and housing first strategies. Our relationship with the KHRC and financial support will reinstate a statewide housing locator tool linking landlords with housing agencies to Members. We will also utilize the strength of our HealthAlliance Partners who are skilled at permanent supportive housing, housing adults with disabilities, and transitional aged youth.

- **CareSource Life Services:** CareSource Life Services incorporates a suite of services designed to address and eliminate the socioeconomic barriers that Members often experience, such as access to nutrition, affordable housing, transportation, education, legal assistance, and sustained employment. These services include:
  - ***CareSource HousingConnect,*** a comprehensive strategy to address housing insecurity and affordability
  - ***CareSource FoodConnect,*** a triple-aimed strategy focused on decreasing food insecurity by connecting Members to food pantries, information about state programs (SNAP, WIC), food clinics, farmers' markets and other community-based organizations that assist with food,
  - ***CareSource JobConnect*** to foster personal responsibility and healthy lifestyles
  - **CareSource PeerConnect,** a multi-pronged strategy to increase the use of certified Peer Support Specialists to assist our complex health population

Ensuring an Adequate HCBS Network

For over 30 years, we have been building and supporting high-quality comprehensive Provider networks across the country to serve our Members at every point along the care continuum. We will ensure an adequate HCBS network by combining our national HCBS network engagement experience with our:

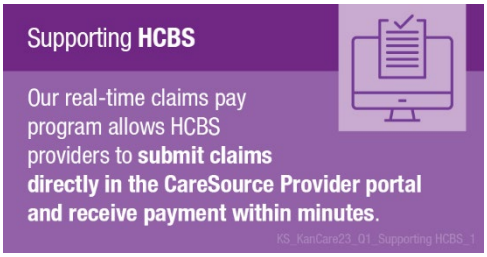
- Unique and strategic community-based partnerships in Kansas
- Investment in provider supportive technology
- Support of provider workforce development

We leveraged our HealthAlliance partnership with InterHab (IDD Providers), ACMHCK (behavioral health centers), and the Children's Alliance (children's mental health and child welfare service Providers), as well as MOUs with KACIL (persons seeking to regain independence) and k4ad (vulnerable older adults), to build and continue to grow a HCBS Provider network that will empower our KanCare Members. Each of our community partners has unique and valuable insights that span the HCBS network continuum from children to adults and have guided us in understanding local challenges, opportunities, and unique considerations while supporting the development of strong relationships with these Providers. Additionally, we launched CareSource Community of Innovation on February 6, 2024, to support innovation development driven by Providers themselves. Moreover, our HealthAlliance Partners have been working with CareSource in developing alternative payment methodologies, VBP programs, accreditation standards, standard quality measures, SDOH, and other arrangements to elevate the payor-Provider experience.

For example, as part of our collaboration with InterHab, we heard that HCBS Providers are asked to contract with MCOs via contract templates that may speak well to services offered by hospitals and physician groups but fall short of meeting the needs of the HCBS Provider community. Therefore, we worked closely with InterHab to develop a customized contract template for HCBS Providers to accommodate the differences in the robust services offered by these critical Provider types and streamline our contracting process. With consultation from our HealthAlliance Partners, CareSource has developed VBPs for Providers that historically had not been offered such arrangements by other Kansas MCOs. In these ways, they will be key collaborators in ensuring we offer a best-in-class Provider experience for all Kansas Providers.

While our Kansas Provider network currently **encompasses nearly 500 unique Provider contracts representing over 13,000 Providers,** we recognize that an effective HCBS network must continue to add innovative Providers that Members with special health care needs may choose to receive services. Our commitment to ensuring continuity of care at program transition, adequate Provider capacity, and Member choice to live full lives in their community with support to age-in-place drives our approach to continuing to build a high-quality network. To ensure continuity of care for Members, and to ease Provider transition and reduce administrative burden, **we will contract with any willing HCBS licensed Provider who can meet credentialing requirements** prior to the KanCare go-live. Once contracted, we will partner with each Provider to supply education and training and ensure each Provider meets or exceeds compliance and quality standards. If a Provider does not meet these standards, we will support them in remediation efforts with technical assistance and provide education to ensure Member safety and quality of care. CareSource does not simply pass over Providers who may need assistance navigating a complex regulatory environment but will provide the tools necessary to ensure the most accessible network possible for our Members.

We have dedicated teams of experts that serve and support each unique Provider type, including HCBS. Our commitment to network development, Provider engagement and support is shown in the Provider feedback survey results we routinely receive. **CareSource leads other MCOs for Provider Satisfaction in the states we serve, including having the highest Provider Satisfaction rates for three years running**. We look forward to bringing this experience, rapport, and support to all HCBS Providers in Kansas.



CareSource operates more efficiently than most large managed care companies allowing us to better serve our Provider partners. Our nonprofit status allows us to invest more in state-of-the-art specialized technology, which improves access for Members and increases capacity for Providers. The heart of our success is our ability to automate the basics, such as real-time authorization support and rapid claims processing. Our CareSource Provider portal allows 24/7/365 claims entry and process **payments to Providers within minutes.** We provide immediate claims payment to HCBS Providers to maintain their direct care workforce. Using our **real-time claims payment feature**, Providers submit claims for immediate processing and receive payment within minutes. This allows Providers to focus on caring for Members rather than focusing time and resources on complicated claims submission processes and worrying about timely payments.

Q.2. How will your organization ensure and promote compliance with the HCBS Final Settings Rule, ensuring that all settings where HCBS are provided meet the criteria for being integrated in and support full access to the greater community? Please detail the process for evaluating current settings, implementing, and supporting necessary modifications where warranted, and monitoring ongoing compliance with the rule.

A.2.

The HCBS Final Settings Rule (Rule) sought to guarantee rights to all persons receiving Medicaid HCBS, recognizing that for too long many people with disabilities and those needing LTSS have been deprived basic features of community life that most Americans are able to take for granted. **CareSource has unique experience in this area and stands ready to collaborate** closely with all stakeholders to implement both the requirements and the spirit of the HCBS Final Settings Rule throughout our work.

CareSource's Approach to Ensuring and Promoting Compliance

As noted in our response to A.1., CareSource is uniquely situated to support Kansas by ensuring that all HCBS settings meet the criteria for being integrated in and support full access to the greater community. The **CareSource HealthAlliance** (which represents a considerable number of HCBS Providers in Kansas today) is a perfect venue for promotion of the Rule information/education and we will deploy several strategies and rigor to ensure and promote compliance with the Rule.

Ensuring Full Access to HCBS to the Greater Community

Inclusion Analytics at Work

There are many tools we use to support people to live in the most integrated setting. One example, CareSource has **built out predictive analytics capacity designed to identify people with disabilities** who may require assistance in transitioning to more integrated service settings. Through our Inclusion Analytics program, CareSource is using machine learning tools to identify long stay nursing home residents who would benefit from affirmative outreach and additional services to transition to the community. We are also **preparing to deploy a new predictive analytics tool to identify children at risk of foster care transitions** to provide them with additional support to stay with their families. Thanks to effective use of data, CareSource is working to build a world in which everyone can enjoy inclusion in the community.

KS_ KanCare23_Q2_Inclusion Analytics at Work

We placed particular emphasis on supporting people with disabilities to reside in non-Provider-owned and controlled **residential** settings, an objective supported by the Rule's greater regulatory requirements for Provider-owned or controlled residential settings. CareSource will work closely with the State to identify settings that require heightened scrutiny review to be appropriately funded as HCBS and to work to achieve necessary remediation to ensure compliance with the Rule.

Moving the Needle on Autonomy and Independence

The Roommate Housing Program is a **cutting-edge model designed to enhance the lives of individuals with intellectual and developmental disabilities by promoting greater independence within the community through shared living arrangements.** This unique program, which officially launched in October of 2023, employs a tailored housing and matching process utilizing smart home technology.

In partnership with Easterseals in Arkansas, we aim to **foster independent living for adults with disabilities** through the Roommate Housing Program. The organization hosted a ribbon-cutting ceremony and open house with CareSource PASSE at the Palisades at Chenal Valley, marking the formal celebration of this initiative.

KS_KanCare23_Moving the Needle_2

The Rule also indicates that HCBS should provide people with disabilities with opportunities to seek **employment** and work in competitive integrated settings. CareSource has devoted substantial attention towards expanding the availability of and enhancing supported employment services in our work and is prepared to invest further in that capacity within Kansas.

Meaningful and **Integrated** Employment Today

CareSource's commitment to supported employment in Kansas can be seen through our support to expand the number of participating supported employment Providers in the Kansas Employment First Grant Pilot through the University of Kansas Center on Developmental Disabilities, University of Kansas Institute for Health and Disability Policy Studies, and the Washington Institute on Supported Employment (WISE). **This program will help assist Providers to expand their capacity to provide competitive, integrated employment opportunities for Kansans with disabilities.** The Providers will be paired 1:1 with a Mentor Organization that has undergone a similar transformation, and they will have the opportunity to participate in evidence-based, ACRE accredited training opportunities through WISE so that their staff can provide state of the art competitive, integrated employment supports and services.

CareSource will be working with Dr. Lisa Mills, a respected leader in HCBS system transformation, to increase competitive integrated employment opportunities and outcomes. **The initiative will focus on collaboration with service Providers and funding partners to build innovative approaches that reflect recognized best practices.**

KS _ KanCare_Q2_Meaningful and Integrated Employment Today_3

Ensuring and Promoting Compliance Through Person-Centered Service Planning

Compliance starts with each Member understanding their choices and understanding they have access to the same kind of choice regarding services and supports, who supports them, and where they receive their services. We strongly believe that adherence to the Rule requirement starts with the person-centered service planning process and help to ensure the PCSP reflects the Member's vision for a good life, and this absolutely includes choice of setting. We train and regularly re-train all CareSource staff and CCCs serving Kansas Members on the Rule, and we ensure Providers also comply with the Rule through audits, onsite visits, and Member reports as outlined below.

We develop PCSPs in collaboration with the Member, caregivers, and their chosen Integrated Care Team (ICT). ICTs must genuinely and comprehensively reflect Member choice, strengths, needs, barriers, goals, and identified resources to ensure well-being and optimal health outcomes. CareSource's MLTSS Program Plan Training and Auditing team will perform monthly random audits and schedule Care Coordinators to present case details at conferences for quality assurance and learning collaboration to improve Member outcomes. We will conduct audits of selected reports which include PCSPs when appropriate. Our audits verify the accuracy, completeness, and timeliness of case documentation and updates. We will submit our sampling methodology and protocols to the State for approval, which will account for a mix of PCSPs.

In addition, we will conduct additional reviews and audits on PCSPs that indicate a modification to the additional requirements of Provider-owned or controlled residential settings articulated in 42 CFR §441.301(c)(4)(vi) to ensure compliance with 42 CFR §441.301(c)(4)(vi)(4).

Care Coordination

The Care Coordination team, comprised of the MCO Care Coordinator and the CCC or Targeted Case Manager, will address issues regarding Provider ongoing compliance with the federal HCBS Settings criteria within 30 days of discovery. During the scheduled contact with the Member, the Care Coordination team will complete the HRA, PCSP, and environment survey ensuring compliance of the Rule. The assessments and survey will evaluate if the current Provider meets the federal HCBS Settings criteria (new Provider if in transition) and ensure the Member's preferences and supports and services are followed. If the Member reports any issues that may signify Provider non-compliance with one or more federal HCBS Settings criteria, the Care Coordinator will confirm the information the Member has shared

through a masked inquiry to protect the Member's privacy. If the Care Coordinator determines the Provider is not compliant with the federal HCBS Settings criteria or is not meeting the service needs committed to as part of the Member's PCSP, the Care Coordinator will immediately report the non-compliance to CareSource's Quality Assurance team and KDADS HCBS Program Integrity and Compliance (PIC) Unit for analysis and system compliance reporting. The team will arrange to meet with the Provider to develop and implement a CAP. We will incorporate onsite compliance reviews as part of our annual quality assurance audits and will document and share data relevant to ongoing compliance with KDADS' HCBS PIC Unit. We will note any areas of non-compliance with the federal HCBS Settings criteria, establish a CAP, and provide technical assistance to help the Provider achieve compliance. We will also conduct required training biannually for all network LTSS Providers to ensure leaders, Direct Support Professionals (DSP), and Provider entities understand federal HCBS Settings requirements.

Person-Centered Service Planning

You cannot advance human rights, choice, autonomy, and integration without an intentional person-centered philosophy and culture. A framework begins with the understanding that all people have the right to live, love, work, play, experience good health, and pursue their aspirations in vibrant, diverse, and inclusive communities. We are excited to support KDADS in the process of revising the PCSP policies and processes, specifically the universal options counseling form and the inclusion of the participant survey questions and the commitment to ensuring that all participants' services are tailored to their unique needs, preferences, and goals, emphasizing their right to direct their services and participate fully in their communities.

MyLife is CareSource's proprietary approach **(which incorporates the UMKC's Institute for Human Development's Charting the LifeCourse framework)** to person-centered service planning. It emphasizes the process of comprehensive discovery and exploration to experiences across the lifespan. Although supports and needs may change across the lifespan, pursuit, and achievement of what is essential to the Member remains the guiding force. We built our MyLife model around the following core principles:

- Robust Investment in Member Discovery & Exploration Process
- Strong Focus on Person-Centered Planning Facilitation Competency Building
- Blending of Key Models to Tailor for Each LTSS Population
- Cutting-Edge Quality Framework that aligns with NQF Outcomes Framework

Ensuring and Promoting Compliance Through Provider Support

We collaborate with Providers to ensure a supportive method for validation of existing PCSPs and assessing new and continued authorizations. We work in real-time to ensure Providers have what they need to continue providing the supports and services to our Members. We build our strategy to engage with the Provider continuum, including institutions and HCBS Providers, based on our experience in working with these groups to implement LTSS services in multiple states, including Ohio and Arkansas, as well as through our **affiliate, Columbus, which brings robust HCBS FFS care coordination experience to CareSource as it serves** Georgia, Indiana, Delaware, Florida, New Jersey, Kentucky, South Carolina, and New Mexico. Moreover, it also provides **HCBS QI service programs in** Alabama, Arizona, California, Iowa, Missouri, New Mexico, Pennsylvania, and Washington D.C. To foster Provider collaboration, we promote bi-directional communication with 24/7/365 access, and commit to engaging Providers to ensure we hear their voices and demonstrate, through action, that we value their expertise. We tailor our Provider portal experience to our LTSS Providers for ease of claims submission and review of PCSPs. We further align our Provider supports and our Provider portal with industry standards for LTSS claims submission processes and service authorizations to increase ease for all involved.

Ensuring and Promoting Compliance Through QI Monitoring

To ensure our care coordination program performs at the highest standards, CareSource's Quality staff conducts monthly (or more frequently depending on findings) programmatic-level audits to ensure contractual and NCQA adherence in care coordination practices and documentation. The quality team shares audit outcomes and feedback with Care Coordination team leadership, Training teams, and staff, to find areas for improvement and implement additional education and counseling as appropriate. We conduct a formal program evaluation that includes monthly programmatic-level audits, identified barriers to program success, improvements during the year, and updates or revisions to processes and resources to address opportunities for improvement. We will measure quality through HEDIS, CAHPS®, other surveys, and NCQA audit scores to ensure our PCSPs are consistent with the MLTSS Program quality framework. We will share the evaluation findings with the Board of Directors. With KDHE and KDADS permission, we will establish VBP methodologies based on CMS HCBS measures related to service planning.

In addition, we monitor the information from our clinical platform for compliance with the Rule and this reporting is core to our critical incidents program. What is important to call out is compliance with the Rule is not and will not be "a side of the desk effort;" it will take a collective team of thought leaders committed to this effort. To that end, we have a dedicated full-time employee (FTE) who will wake up every morning with this work squarely in front of them. This FTE, who is part of our Quality Assurance team, monitors data gathered from care coordination assessments and surveys, and other outside sources. This FTE will interface with Providers to address red flags or issues related to food security, medication, privacy, and other Rule compliance. They support providers through education, share best practices, etc. This Quality Assurance FTE will work directly with KDADS HCBS PIC Unit to ensure compliance with the Rule.

CareSource's Approach to Evaluating Current Settings

The key to evaluation is ongoing meaningful collaboration with Members, Providers and State Partners ***"nothing about us without us."*** CareSource believes the solutions to better health outcomes and overall quality of life lives in our Members, their families, Providers, and communities. We evaluate current settings, through our QM and UM Programs and our ongoing engagement with Members, Families, Providers, and stakeholders. As part of this evaluation, we also look at use of restrictive measures such as restraint, seclusion, and other methods that restrict the Member from access to their community, peers, and home. CareSource will monitor and report on any restrictive actions through the AIR and follow up immediately on any concerns, including working with the Provider on other behavioral interventions.

CareSource's QM and UM Approach to Evaluation

We will collaborate with the State including the **HCBS PIC** Unit to measure the effectiveness of care coordination for the MLTSS Program and will collect and report required data to comply with the 1915(c) waiver performance measures on PCSP and the applicable requirements of the CMS Recommended HCBS Quality Measure Set. The CareSource QM/QI Committee conducts annual evaluations of the Care Coordination Program to determine overall effectiveness using key indicators and metric outcomes from qualitative measures and quantitative data to ensure outcomes of PCSPs are consistent with the program quality framework.

We will use the PCSP to input and continue authorizations and ensure we properly pay Providers during the transition and thereafter. Because we recognize that many LTSS Providers are small and cash flow is critical for their continuous operation, we provide real-time claims payment for Providers. By providing customized training on navigating our Provider portal, PA, claim submission, and payment procedures; reinforcing the need for seamless care delivery; coordinating benefits; and eliminating service duplication, we help pave the way for Providers to successfully transition.

CareSource's Member and Family Engagement Approach to Evaluation

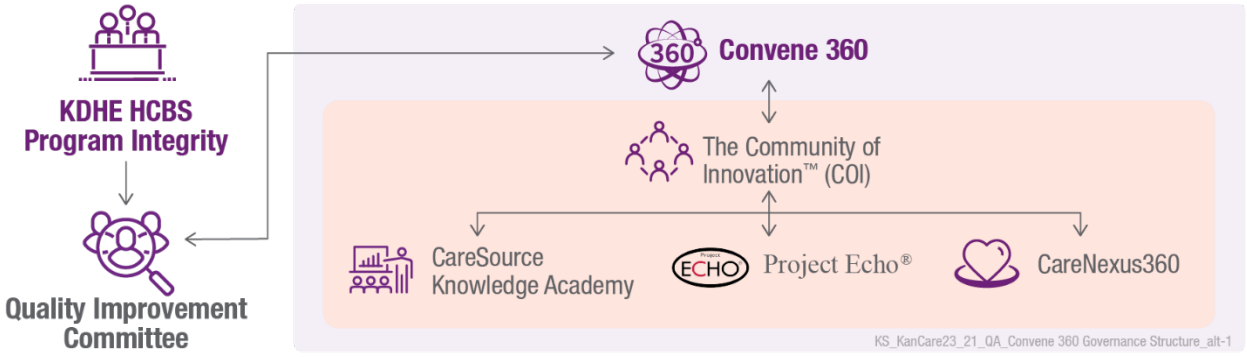
Member and family voice is core to all we do, at every step of the way. Simply asking the person receiving supports, "*Are you happy where you live, who you live with, and where you spend your day? Are you living your best life?"* is part of our everyday conversations. CareSource values input from Members, their circle of support, our Providers, and the larger community. We evaluate current HCBS through engagement with these groups to ensure our Members are receiving services in the most appropriate and least restrictive settings.

In addition, leveraging Columbus who has over a decade of experience supporting Providers and state agencies around HCBS policy including the Rule, with approval from the State, we will use the CAHPS® HCBS Survey to measure overall satisfaction with services and supports **from the perspective of individuals being supported** and served through face-to-face interviews. In addition, we will work with KDADS to develop and implement additional surveys (e.g., environmental) that assess if the current Provider meets the federal HCBS Settings criteria (new Provider if in transition) and ensure the Member's preferences and supports and services are followed. We will draw a sample of the individuals served by the Provider in each of their services. We will conduct in-person interviews with individuals in service and include a minimum of one relevant professional staff and at least one other person in the individual's life. We train all interviewers on how to conduct the interview and on the questions included in the interview tool.

At the end of the survey, reviewers conduct an exit conference where they identify both positive findings and areas in need of improvement. We will prepare a report of positive findings and areas in need of improvement to aid the Provider in addressing non-compliance. We produce monthly, quarterly, and annual reports to provide status updates and review progress. Additionally, we developed a dashboard where Members can easily review data by Provider. This data will also identify trends which we use to look at root cause and develop remediation strategies.

CareSource's Community and Stakeholder Engagement Approach to Evaluation

We ensure our stakeholders and community members have opportunities to share their input with us through a variety of mechanisms, including our Convene 360 Governance approach. Active engagement and communication with all stakeholders are key to our success. CareSource Convene 360 is our systematic approach to gather recommendations to address physical, environmental, and behavioral health gaps in care and service delivery, identify needed SDOH resources, and collaborate with the State and our HealthAlliance Partners, to best serve KanCare Members.



In addition, we are an active accessible partner, and are available 24/7/365 as needed. We are available to meet extensively with KDHE, and our executive leadership will meet monthly (or as frequently as needed) with the State to review our performance, discuss outstanding or commendable contributions, identify areas for improvement, and outline issues impacting CareSource or the LTSS Program.

CareSource's Process for Implementing and Supporting Modifications

Based on our ongoing evaluation of current settings, we can anticipate that at times, modifications will need to be made. This can apply to State level support for implementation to supporting modifications based on individual Members' current setting needs. We are well-positioned to implement and support necessary modifications in a timely manner. We utilize a comprehensive assessment in conjunction with our CCCs that is driven by the person-centered home modifications that are being requested. The CCC will also work with CareSource to complete an environmental assessment, evaluated by a physical therapist once the recommendations are made. We will also work with the AAAs in Kansas to develop the specifications for the work. Once that step is completed, an award for the modifications will be made. CareSource ensures that the modifications are made with quality and member satisfaction are met.

CareSource's Support for State Level Regulatory Compliance with Implementation

To support ongoing monitoring of compliance with the Rule, CareSource is prepared to work closely with state agencies, policymakers, the HCBS PIC Unit and advocates to identify settings in need of remediation to come into full compliance and to support them through technical assistance and additional resources to modify their service models and delivery methods to fully comply with the Rule's requirements. We stand ready to assist Kansas in facilitating full compliance with the Rule and alignment with its values of autonomy, choice and control, privacy, dignity, freedom from coercion and restraint, and other aspects of the full inclusion of people with disabilities receiving Medicaid HCBS in the broader community.

The Kansas Compliance team is integral in contractual and regulatory implementation. The team oversees all implementation and monitors with the use of metrics and compliance dashboards to ensure that regulations are timely and effectively implemented. We monitor dashboard and metrics and discuss our analyses with management and the compliance committees. On a monthly basis, we monitor timeliness and effectiveness of implementation and present these findings to management.

Olmstead Partnership

One example of how we engaged our State partners in Delaware is through our Olmstead Partnership. We were asked to assist the Division of Developmental Disabilities to conduct a comprehensive analysis of the service delivery system in the State. The focus of this effort was to **develop a response to Olmstead and a multi-year comprehensive plan for the Division.** This project included evaluation of the individuals currently being served (DC & Community), an evaluation of the waiting list, assessment of the services offered across the State, evaluation of the rate structures, a review of the Division's support and monitoring capacities, assessment of the political environment, and evaluation of the State's developmental center (current programs, services, physical condition, etc.) **This information was analyzed to identify service gaps, special population needs, revenue maximization opportunities, and alternative uses for the DC.** Findings and recommendations were condensed into a formal report that was approved by an executive task force with representatives from all affected stakeholder groups in the State. The final phase of the project involved the facilitated development of a multi-year comprehensive plan. **The plan was far reaching and outlined a 10-year plan for that will fully address the requirements of the Olmstead decision.**

KS_ KanCare_02_Olmstead Partnership_2

CareSource will collaborate with KDHE and KDADS to support full implementation of required quality assurance processes. This includes administering the quarterly person-centered monitoring tool, supporting implementation of the annual National Core Indicators – Aging and Disabilities survey, completing annual Provider compliance reviews, and any additional remediation activities delegated to us by KDHE and KDADS.

CareSource's Support for Members with Individual Setting Modification Needs

We are also well versed in home, vehicle, and adaptive equipment modifications to maintain or promote independence and autonomy. GuidingCare, our clinical platform, integrates assessments to trigger indicators of functional/cognitive assessment and the environmental supports to remain in setting of

choice. We collaborate with a physical therapist to assess home modification needs that will increase or maintain the independence and autonomy of the Member to remain in their setting of choice. We customize the home modifications to meet Member needs, support facilitating choice of services and who is providing home modifications. Our Home Modification Specialist assists in ensuring technical feasibility of the modification and creating specification used in the Provider bidding process.

Leveraging our Provider sourcing tool, we can load comprehensive information on home modification specifications and needs of the Member automatically to send directly to Providers in their preferred communication method. Providers can respond to the bid through the sourcing tool, and we award the bid based on quality and value to meet Member needs. Evaluating the modification process continuously through the build and including final review to ensure modification meets Member needs, specifications, and quality. Home modifications may also include the use of technology to support Members living in their setting of choice. Assistive technology also enables individuals maintain their independence by supporting daily living tasks. Smart home devices, voice assistants, and home automation systems can control lighting, temperature, and other household functions, making it easier for individuals to navigate and manage their living environment. *NOTE: We strongly believe in ensuring that all individuals are informed about the presence and use of all assistive and other technologies. This includes informed consent, notice of use, and always respecting the individual's rights and privacy in HCBS settings.*

Provider Sourcing Tool

In Ohio, we provide an **online Provider Sourcing tool that allows for immediate posting of services authorized on the PCSP.** This expedites services for our Members, eases the administrative burden for Providers in our request of services, and allows us to quickly culturally and linguistically align services to meet our Member's needs. The Provider Sourcing in OH is a direct result of Provider feedback derived from CareSource's Provider engagement efforts to ease Provider burden and increase the ability for more time with Members, in lieu of time spent seeking administrative approvals. **We look forward to implementing similar or new solutions to meet the needs of Kansas' LTSS Provider community.**

KS _ KanCare_Q2_Provider Sourcing Tool

CareSource's Approach to Monitoring Ongoing Compliance

We understand that evaluation and implementation are only the beginning of the process to ensure Members receiving HBCS have access to the support necessary to live a "good life." CareSource has multiple mechanisms in place to monitor ongoing compliance to the Rule, including our QM program, Member level ongoing engagement, and ongoing input from our Providers, stakeholders, and community Members.

Supporting our Kansas program, LTSS Complex Health Specialist - Community Transformation, Kyle Jones, a Wichita native with more than 30 years of experience working with all Kansas HCBS waivers. Prior to managed care, Kyle led his own case management company working with the Frail-Elderly waiver. Kyle is a member of the newly formed Kansas Council on Development Disabilities Coalition. We are invested in providing experienced resources, like Kyle, to lead and ensure compliance with the Rule and we are dedicating full time staff to focus on and serve as the single point of contact for all CareSource HCBS efforts in Kansas. CareSource will also partner with Kansas self-advocacy organizations such as the CILs, SACK, AAAs, KCDD, SILC and the Disability Rights Center of Kansas to increase awareness of the Rule requirements on the part of people with disabilities and to assist people with disabilities in filing complaints with regulators in the event of Rule non-compliance.

Monitoring Compliance Through Ongoing Member Assessment

We complete these assessments using integrated tools that align with Kansas' MFEI. We will use the MFEI outcome scales and Clinical Assessment Protocols to flag clinical issues, improve care planning and delivery of care, and provide a better quality of life. We require our Care Coordinators to assess at

least annually and during significant change events the Members living in setting of choice. We also offer tours, visits and trial runs giving people opportunities to exercise informed choice. In addition, our Care Coordinators will review the HRA, PCSP, and the HCBS criteria during each visit with our Member.

For Members who live in Provider-owned or controlled residential settings, where the Member lives in a private residence owned by an unrelated caregiver paid to provide HCBS, the Care Coordinator will document any modification of the additional conditions (under 42 CFR § 441.710(a)(1)(vi)(A) through (D)) as supported by an assessed need and justified in the Member's PCSP. In these cases, the PCSP will specify any individualized assessed need for the modification and document interventions or supports used prior to the modification. It will also document less intrusive methods of meeting Member needs that the team tried but were unsuccessful. We will document the conditions directly proportional to the specific assessed need and a schedule of contacts and time limits for periodic review of the PCSP to determine if modifications are still necessary. In all cases, we will ensure that the interventions or supports will not harm the Member. For Members who reside in a Provider-owned or controlled residential setting, the Care Coordinator will evaluate the ongoing effectiveness of any modifications and incorporate results into the Member's PCSP. We screen all Members at least annually and during each significant change event on preferred living arrangements, our Care Coordinators empower and assist Members in exercising informed choice in making decisions.

Monitoring Compliance Through Transitions of Care

During the transition from one MCO to another, we will ensure that Members can continue to receive services from their current Provider of choice to minimize service disruption and maintain established relationships for continuity. We strongly support and will promote the KDHE training that encompasses the five core characteristics of the Rule: rights, choice, privacy, autonomy, and integration. With KDHE's approval we will develop additional training opportunities to provide refresher support for existing Providers and overviews for new Providers (including contract requirements and CareSource expectations). We will participate in the Kansas learning collaboratives and conduct routine town hall meetings across the state to provide an open discussion and education on specific LTSS-focused topics customized to both HCBS and nursing facility Providers. While Providers can contact the plan through their Provider Relations Representative, they also have full access to our CareNexus360 which provides 24/7/365 access and support. CareSource understands and acknowledges that any system change can require intense support for the Provider community and this no-wrong-door, all-hours access meets the Providers' needs and busy schedules.

Aligning Value
with Community Today

CareSource is working with two Arkansas Providers to pilot a VBP model starting Q1 2024 that **incentivizes more individualized community-based care** and **supports funding to enable Providers to address the DSP workforce shortage through increasing wages.** The model, helped designed by Dr. Lisa Mills, is expected to create greater transparency of service delivery settings and reduce administrative burden, prior authorization requests and approvals, positively impacting Members and HCBS Providers.

KS_KanCare23_Aligning Value with Community Today_3

Monitoring Compliance Through Ongoing Provider Support

Empowering people to live, work, and socialize in the most integrated setting is our top priority. By taking a thoughtful and intentional approach we collaborate with Providers to prioritize 'independence and integration' through targeted incentives. Recognizing the transformative power of VBP with non-traditional partners like community-based organizations, we are poised to truly impact lives. Our approach integrates cultural, linguistic, and health literacy needs, ensuring personalized care for all. Success is not just measured in metrics; it is seen in the tangible improvements in the lives of those we serve.

CareSource's experience with VBP for HCBS can also support the State's articulated priorities within the State's CAP for Rule compliance. We support Providers with respect to unbundling residential and day

services to identify non-congregate settings more clearly to comply with the Rule. By doing so we can distinguish them from congregate and Provider-owned or controlled settings that will require more intensive monitoring. CareSource will also work to collaborate closely with Providers that receive Rule grants from the State to ensure that rate-setting is calibrated to permit the ongoing and sustainable management of innovative service models most likely to comply with the Rule's requirements.

Also, we structured our Provider relations strategy to offer ombudsman-like services to Providers through our Provider Relations Representatives. Provider Relations Representatives will function as an advocate for Providers, collaborating with them no less than monthly to offer a clear avenue for voicing their concerns and needs and having their issues addressed. We will continuously monitor needs assessments for completion, accuracy, and timeliness of Provider authorizations and payments. We will establish regularly scheduled meetings on a variety of subjects and use our Provider Relations team to provide ongoing education, training, and collaboration to Providers focused on continuity of care, no disruption of service, and timely payment for services.

In addition, we will administer the Provider self-assessment tool and submit results to the State annually to ensure Providers attest to following the Rule. CareSource will partner with the State to conduct bi-annual on-site reviews to assess compliance and identify areas where additional training and technical assistance would benefit the Provider network to expand and enhance quality HCBS. We will use our Provider Review Tool for ongoing evaluation of compliance which touches on several aspects of the Rule. This review tool currently assesses the following:

- Does the Provider have a system in place to assess its compliance with the Rule?
- Does the Provider have homes that were identified as requiring Heightened Scrutiny? What is the status of these homes?
- Do any of the locations visited present as isolating individuals from the community or as a segregated setting per Rule requirements?
- Has the Provider been educating individuals on the Rule?
- What methods have been used to educate individuals?
- Are individuals able to have visitors to their home at any time?
- Does the home provide individuals with the option of a private bedroom?
- Is the Provider's setting integrated in the community?
- Does its location support full access to the greater community and engagement in community life?
- For individuals who live in Provider owned or controlled homes, do they have a lease or other legally enforceable agreement providing similar protections?

Monitoring Compliance Through Community and Stakeholder Engagement

We will leverage our Convene 360 Governance approach to help monitor ongoing compliance to the Rule by making it a standard report at all meetings and committees and will create a dashboard for transparency. In addition, we will establish daily "huddles" where we will convene external and internal stakeholders to troubleshoot in real-time, share, report, address, and resolve issues as they arise. We build trust with the LTSS community through advocacy and stakeholder meetings and cultivate and nurture relationships with the CILs, SACK, AAAs, KCDD, SILC, DRC, and other advocacy leaders. For state and local entities, we attend all regularly scheduled meetings, set up additional meetings to discuss potential partnerships, and hold community events to disseminate information and field questions. In collaboration with KDHE, we will develop a dashboard of key metrics and performance indicators that will be available to ensure a transparent and collaborative relationship every step of the way.

Q.3. Can you describe specific efforts you plan to execute to address workforce shortages in Kansas, including specific workforce development strategies. Be specific as to the priority practitioners your focus will be on, and how you will address specific gaps in rural and frontier areas.

A.3.

Workforce development is a top priority for CareSource. Through our HealthAlliance Partners, **CareSource is closer than any other MCO to this issue and developing solutions that are directly related to and informed by the specific needs of Kansas**. CareSource has long understood the importance of workforce development and is an early champion in creating opportunities for new Provider types and established Providers including those in rural and frontier areas.

We will continuously work to address Provider workforce shortages in Kansas through proven strategies. We will use data and predictive analytics to identify areas and Provider types most needed to close gaps. We work with our HealthAlliance Partners; workforce partners like Wichita State University (WSU), Mission Care Collective, and Blitz; and our in-house DSP Provider engagement team (Columbus) to sustainable solutions that address the five 'Cs of Provider workforce development (capability, capacity, connectivity, culture, and commitment). Through this data-informed, consultative approach, we develop strategies that meet the needs of metro, rural, and frontier counties. Below are our efforts to address workforce shortages in Kansas, including specific workforce strategies.

Priority Practitioners

We have been in Kansas, listening, learning, and coming alongside Providers, advocacy groups and stakeholders to get a deep understanding of the healthcare workforce gaps throughout Kansas. We utilized the following sources to inform our strategy in Kansas:

- Insights and expertise from our HealthAlliance Partners
- Insights from subject matter experts on Kansas Provider challenges
- Contract negotiations for all Provider types
- Appeals and grievances related to access to care
- Data on CHW and Peer Support Specialist challenges
- Non-traditional Provider network adequacy scan

This research and analysis, along with our experience in other states, has led us to identify the following seven priority practitioners for our focus in Kansas:

1. **DSPs:** Through insights from our HealthAlliance Partners, access to care appeals, and DSP request waitlists, we have identified DSPs as a priority practitioner focus area. Our approach to address the DSP gap in Kansas engages local colleges and universities, like WSU, to build capacity, leverages expertise with our affiliate, Columbus, to build capability and draws on partnerships with organizations, like Mission Care Collective to build a culture that will promote retention of current workers.

   CareSource supports workforce development for DSP, CHWs, and other HCBS professionals through initiatives such as our Community of Innovation and through partnerships with organizations like ***WSU***. In this partnership, CareSource supports WSU in striving to increase the professional recognition of DSPs and creating career paths including recruitment, training, retention, and advancement. The WSU badge courses provide the formal curriculum used in InterHab's "DSP+" Registered Apprenticeship Program, which provides a national apprenticeship credential through the US Department of Labor. DSP+ is made possible via a grant from the Kansas Department of Commerce. Currently, 12 IDD Provider organizations and 65 apprentice candidates are participating

in the program. This enhances the employability and upward employment trajectory of DSPs by providing training that focuses on supporting the needs of members with IDD, including vocational, educational, and career support. The expected outcomes of this collaboration include demonstration projects highlighting the lifecycle of DSP digital credentials, advancement by employers in skills-based maturity, and a reduction in open DSP positions in Kansas. The collaboration also provides knowledge about the impact of SDOH and available resources to support Members. Additionally, students review crisis intervention strategies and organizational processes for DSPs. CareSource will continue to support this work and partner closely with WSU and InterHab in efforts to expand opportunities in this and other programs. In fact, building on previous grant submissions by WSU, CareSource is exploring support of a bold new initiative to catalyze a more equitable skills-based hiring ecosystem leveraging learning and employment records.

WSU, along with employers, state agencies, and the Education Design Lab, seeks to demonstrate an end-to-end, interoperable Learning Employment Records (LER) solution using digital credentials to address a talent shortage of DSP. This project will focus on the use of LERs to attract, upskill and retain talent for DSP roles with eight badges built on open standards and designed for interoperability. This project will use open wallet specifications to issue, review, and share credentials.

WSU and CareSource will work with employers and their Human Resources departments to understand the current state of their HRIS/ATS capabilities and lead a process that enables the LER architecture necessary for employers to consume these credentials of value. DSP employers will be asked to engage in design sessions with WSU, industry associations, state agencies, HR vendors, and others to illustrate how a learner and the credential itself would move through the LER lifecycle. Also engaging employers and badge students within their organizations to understand their perspectives and needs within the LER ecosystem. Creating skills-based hiring and upskilling support for employers, this project will serve as a catalyst for proving out the “how” of alternative credential consumption.

Additionally, through our Partnership with InterHab and WSU, InterHab’s DSP+ Registered Apprenticeship Program will be expanded in 2024 to include a new occupational category - Frontline Supervisor - for apprenticeship. WSU will develop an additional series of online college courses ("badge" courses) for this new apprenticeship category.

We believe the issue of workforce shortages and development is one of the most critical to face our industry since its inception. As a direct Provider of care to members with IDD and other complex populations, ***Columbus*** (a CareSource affiliate with over 40 years of experience supporting DSP Providers across the country) is continually confronted with the issue of finding, developing, and retaining a qualified workforce to perform the work necessary to achieve optimal outcomes for our Members.

Columbus will help build capability with Kansas DSP through a comprehensive model of support. Columbus will develop a unique and broad range of strategies to identify, recruit, train, deploy, and manage potential DSPs. We will work with DSPs across Kansas to develop a targeted recruiting campaign for the clinical supervisors and DSPs needed to close gaps in Kansas. We have a dedicated recruiting team in our Professional Clinical Staffing division for hard to fill positions that we will deploy in Kansas. This includes job fairs, the use of online tools and databases, national conference attendance and direct calls. Columbus also utilizes our national candidate database, Jobvite, which is an end-to-end Talent Acquisition Suite that enables Columbus to attract, engage, hire, onboard, and promote the talent needed to best serve our Members.

Many DSPs struggle to hire, attract and retain quality DSPs. The best way out of the 'DSP turnover' cycle is to change culture. ***Blitz DSP Academy***, a CareSource Ventures affiliate, is an organization wholly dedicated to training DSP Providers to be world-class employers who attract and retain the right people for DSP roles. This is culture change, and Blitz DSP Academy does this through training and technical assistance to Kansas LTSS Providers through the Blitz DSP Magnet Academy which helps HCBS and behavioral health Providers attract and retain staff to support people with disabilities and complex health needs.

2. **CHWs:** Insights from our HealthAlliance Partners and our Kansas Provider subject matter experts, like Dr. Sandra Berg, helped us identify CHWs as a priority practitioner. The gaps that CHWs can help close in Kansas affect all areas, including rural and frontier areas of the State. We address our CHW expansion strategy for rural and frontier areas later in in this response.

   We first identify opportunities to leverage and support the full array of health professional and Provider types that are already present in communities. We also collaboratively assist in promoting the recruitment and retention of health care professionals and develop and share resources and tools that support health and health care professionals.

   We engage in existing mobile integrated care or community paramedicine programs, or support establishing one where none currently exist, along with deploying CHWs to identify needs and support connections. We also integrate peer workers to expand and encourage behavioral health access.

   We grow CHW engagement partnerships with key organizations in-market already doing this work (e.g., medical and nursing schools, CHW and peer advocates, etc.). We also utilize our nationally recognized workforce development program, CareSource JobConnect, to increase the number of quality candidates looking to become CHWs.

   We also expand CHW capacity in communities by supporting community colleges in creating and expanding CHW career pathways. We do this through scholarships and employment support after graduation. We also encourage partnerships and growth of CHW programs by sponsoring co-location programs through our Alliance partners.

3. **Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs):** Through analysis of state and industry data, as well as insights from expert partners, like Mission Care Collective, we identified CNAs and HHAs as priority practitioners for Kansas. Our solution to increase the number of CNAs and HHAs in Kansas is to utilize our CareNexus360 Center to support current Providers by increasing connectivity while leveraging our partnership with Mission Care Collective to both increase the number of candidates seeking a career as a CNA or HHA while also supporting their employers to take specific steps to retain and reward current staff.

4. **Mental Health Technicians (MHTs) to Support PRTFs:** Interviews and insights from our Alliance partners and Kansas subject matter experts, like Dr. Sandra Berg, also guided us to identify MHTs to support PRTFs as a priority practitioner for our Kansas strategy.

   We work with our HealthAlliance Partners and local colleges, like Butler Community College, to expand online and remote MHT-C training programs. Through JobConnect, we partner with workforce development boards to find and enroll eligible Kansans through these WIOA approved programs. We also provide scholarships through our HealthAlliance partners to help expand MHT-C coverage to areas with the highest needs.

Building a sustainable direct care workforce career path requires partnership and commitment. Our dedicated Employment Relations Specialist will work with colleges and workforce development programs across Kansas to develop career training paths for Kansans interested in a healthcare career. Additionally, we utilize WorkReady Koncepts, a state of Kansas contracted employment training vendor, to deploy mobile workforce training for our Members in rural areas who are interested in a direct care career.

5. **Attendant Care Workers for SED Waiver:** Insights from our subject matter experts in Kansas and a deep analysis of the non-traditional Provider network adequacy allowed us to identify Attendant Care Workers for SED waivers as a priority practitioner for our Kansas strategy.

   Kansas is facing a behavioral health workforce shortage. The future prosperity of Kansas depends on its ability to foster the health and wellbeing of people who go through emotional distress and their caregivers; this includes adults with diagnosable mental illness, and caregivers of children with SED and/or SUDs.

   Our approach to address gaps in Attendant Care Workers in Kansas engages local expert resources, like InterHab and the Children's Alliance, to build capacity, leverages expertise with our affiliate, Columbus, to build capability and draws on partnerships with organizations, like Mission Care Collective to build a culture that promotes retention of current workforce.

   CareSource supports workforce development for Attendant Care Workers, CHWs through initiatives such as our Community of Innovation and through partnerships with organizations like the Association of CMHCs and the Children's Alliance. In this groundbreaking Kansas partnership, CareSource supports CMHCs and the Children's Alliance in their efforts to increase capacity of Attendant Care Workers through professional recognition while simultaneously creating career paths including recruitment, training, retention, and advancement that allows for increased awareness and funding for this critical role. Much like InterHab's "DSP+" Registered Apprenticeship Program, which provides a national apprenticeship credential through the US Department of Labor, we are working with the ACMHCK and Children's Alliance to deploy a hub and spoke training program that supports Attendant Care Workers to enhance employability and upward career trajectory by providing training that focuses on supporting the needs of children on SED waivers, including diversion of unnecessary hospitalization or out of home placement, increasing the child's self-esteem and reducing natural support burnout.

   Columbus will help build capability with Kansas DSP Providers through a comprehensive model of support. Columbus has 40 years of experience providing clinical and case management expertise to Providers who engage Members in home-like settings. Leveraging this experience, Columbus will support all identified Providers utilizing Attendant Care Workers for SED waiver participants across Kansas with a comprehensive phased, sequenced learning management protocol that increases employee support and recognition.

   Blitz DSP Academy, a CareSource Ventures affiliate, is an organization wholly dedicated to training Providers to be world-class employers who attract and retain the right people for challenging direct care roles. Blitz will adapt its DSP Academy to help Providers employing Attendant Care Workers to build the necessary culture to attract and retain quality candidates in this role. Additionally, Blitz will assist Providers in effectively communicating with and supporting their Attendant Care Workers.

6. **Peer Support Specialists:** Data and advocacy groups focused on peer support gaps guided us to identify Peer Support Specialists as a priority practitioner for Kansas. We are committed to developing and growing Peer Support programs across the country. The need for these programs, especially in rural areas, led us to add PeerConnect to our industry-leading Life Services solution.

   PeerConnect is our multi-pronged strategy to increase the use of certified Peer Support Specialists to assist our complex health populations. PeerConnect increases Provider competency on Peer Support, Member awareness of Peer Support Services, Peer competency through training, Behavioral Health workforce, and access to Peer Support. We hire peer support staff internally and work with our CareSource JobConnect program to provide our Members an opportunity to become certified peer support staff and work within CareSource or other organizations. The goal for CareSource certified Peer Support Specialists is to manage a caseload of Members and transition those Members to an external peer supporter in their own community within 90 days. We will engage PeerConnect and JobConnect to find, develop, train and support peer supporters in communities throughout the state. Beyond our PeerConnect program we also support NAMI in their peer initiatives.

7. **Autism Providers:** CareSource recognized the lack of availability and access to timely care for children with an autism diagnosis through listening sessions with advocates across the state, particularly in the rural and frontier areas. As a member of the advisory committee for the KSKidsMap program, Dr, Sandra Berg participated in a collaborative to address the needs and processes in Kansas for meeting these gaps for Autism diagnosed children.

   CareSource's approach to supporting Members with autism includes early identification, advocacy, a whole person approach, and support for caregivers. One workforce cohort cannot meet all these needs, so an ecosystem of care has to be developed to align with keeping families supported through needed services. Screening is the first step and training pediatric care Providers on how to recognize and utilize EPSDT for early identification is critical. This is done through CareSource's collaboration with the KSKidsMap team to support the pediatric care Providers in identification and assessment of a child when they present for early identification as well as through our Project ECHO collaboratives. CareSource will work with StationMD to help identify and assess children early when local resources are not readily available. We also worked with Integrated Psychiatric Consultants to utilize their large Provider pool to help with the testing. Once a child is identified and diagnosed, the work of finding the right Providers begins.

   With the workforce shortages and delay in families receiving services, CareSource developed tools such as Augment Therapy, Virtual Reality, and Attend Behavior. Other caregiver solutions include providing training through OASIS program at the KU Development Center and through our proprietary application, Caregiving.com, which provides education, training, and parent peer support. We also look at how we can support the families in providing care by taking care of themselves through our Life Services program. We work with K-CART to support training new Providers of all autism direct services. CareSource will support K-CART to travel to different parts of the state and can provide scholarships for the Providers to participate in the training. K-CART provides competency training so ensure the Providers are meeting the standards set out by the state.

   We know that historically Kansas rates for autism services have been low and the state has made great strides in leveling the payment for these services. CareSource will work with Providers of autism services to enter into VBP agreements, supporting positive outcomes and supporting whole person support solutions. We partnered with several agencies within our HealthAlliance Partners to provide skills system training for their population with Autism Spectrum Disorder.

Rural and Frontier County Workforce Strategies

Each of the solutions below are operated virtually and are available across urban, rural, and frontier areas of Kansas and take particular care to identify local challenges in each of these regions to ensure solutions are tailored specifically to the needs of the community.

Mission Care Collective: To build capacity, CareSource partners with Mission Care Collective to provide coaching for people seeking a pathway in and upwards in health care, and alerts them to scholarships, resources, and opportunities to fuel growth within the industry. Mission Care Collective will identify CNA schools in the rural and frontier counties to receive two supportive services from CareSource. The first support service is access to a new Kansas CNA scholarship fund available to these rural and frontier CNA schools that meets award criteria. Second, in partnership with myCNAjob, each school will be equipped with a 3-year recruitment program. Through this collaboration, the schools are able to tap into the vast network of over 30,000 caregivers across Kansas. Approximately 55% of these caregivers have yet to acquire CNA certification and represent a diverse group of individuals: some who are already engaged in caregiving, others that may have left the industry for better paying jobs. With nearly 53% deriving from underserved populations and relying on public assistance. By employing strategic zip code-based recruitment strategies, we aim to efficiently populate CNA classes in the rural and frontier areas in Kansas.

In addition to partnering with Mission Care Collective, CareSource also collaborates with COF Training Services providing employment opportunities for individuals they serve through JobConnect. COF's vision is to provide lifelong support and services to individuals with IDD and together, we will work to help those achieve success in both their personal and professional lives.

Through our JobConnect program, the Employer Relations Specialist (ERS) is a key role. Their job is to identify and recruit employer partners to create a pipeline of CHW and Peer Support Specialists from our JobConnect program at no cost to the employer. The ERS will intentionally target those employers in rural and frontier counties to add to the curated list of partners and maintain a working relationship with their Human Resource department. This allows Members to have access to better paying jobs with potential advancement opportunities and provides employers with a candidate pool. The ERS will also collaborate with WIOA boards, KansasWorks, and hopefully be a part of the Kansas Training and Retention Aligned with Industry Need (KTRAIN).

CareNexus360 Center: Building a healthy and sustainable direct care workforce is also about connectivity. Connecting direct care workers with the resources they need to serve Members is at the heart of our CareNexus360 Center. Through our CareNexus360 structure, we are well positioned to quickly identify and address gaps in care in real time, deploying immediate, short-term, and long-term strategies, including interim staffing solutions, to not only address the Member's immediate needs but begin to address long-term workforce challenges. Through the identification of Member level care gaps, we are informed of areas that may be experiencing workforce challenges and specific Providers that would benefit from workforce development support. This quick identification and deployment capability supports the immediate Member need and the coordination and retention the direct care workforce requires, especially in rural and frontier areas. This level of direct care worker support reduces abrasion and confusion about backup coverage options, manual work arounds and crisis situations when caregivers are unexpectedly not available and allows for additional supports in rural and frontier areas while additional solutions are being developed within those local communities.

CareNexus360 monitors availability and deploys field-based resources (plan staff, Providers, and contracted community-based organizations) in real time. Through the geographic mapping and immediate monitoring of our network resources and Members, including those who are technologically dependent

(e.g., those needing ventilator support), we deploy appropriate resources in response to Member needs. Thus, coordinating a more relevant, active matrix of immediate support to CareSource Members through our fully integrated care coordination platform, tracking Member status and quickly assigning available resources in the field to address a variety of dynamic clinical, environmental, and social needs.

Community of Innovation: The CareSource Community of Innovation is an innovative approach to improving Member outcomes by improving the experience of the Providers and stakeholders that serve them. All Provider types, community-based organizations, faith-based organizations, and other natural support systems are recruited and encouraged to participate in the Community of Innovation, building expertise and supporting integrated care across specialty systems. Through the development of a standardized approach to engaging Providers, assessing service needs/gaps, developing innovative solutions, and evaluating implemented outcomes, the Community of Innovation will produce quantitative and qualitive data that informs innovations and solutions specific to the needs of Kansans.

In demonstration of our commitment to this work, we officially launched the Community of Innovation in Kansas on February 6, 2024, with local Provider partners to identify and develop local solutions related to workforce and other systemic challenges impacting Member care. Members include GoodLife, COF Training Services Inc., WSU, and others. The Community of Innovation sessions are ongoing, and these local champions have identified specific workforce challenges, and are working together with CareSource, to build local and specific solutions that will be deployed and available to all Providers across Kansas, demonstrating that many of the best solutions are local solutions driven by those facing these very real challenges in their day-to-day efforts of supporting Members.

Project ECHO: Project ECHO CareSource is a component of the Community of Innovation and is an innovative telementoring model to help expand workforce expertise, capacity, retention, and subject matter expertise. Project ECHO was developed in New Mexico as a model to address chronic disease in a very rural and frontier setting. This model demonstrated wonderful success and has been in place for over 20 years addressing care delivery and knowledge gaps in rural and frontier settings by moving knowledge, not people. CareSource is approved by the University of New Mexico (UNM) as a Project ECHO Provider and CareSource is proud to be offering this program in true fidelity to the UNM, evidenced based model, of longitudinal clinics, which supports establishing and developing communities of practice and goes above and beyond webinars or content only educational opportunities. Project ECHO is informed by our existing network relationships with DSPs, CHWs, Tribal Liaisons, community Providers, and Patient Service Specialists. Additionally, all Provider types are actively recruited and encouraged to participate in Project ECHO to enhance their expertise, support improvement in clinical skills, improve integrated care, and increase staff satisfaction and retention. Providers that participate in Project ECHO CareSource are given free Continuing Medical Educations, Continuing Education Units, or Certificates of Attendance to continue to support their licensure and or continuing learning requirements. These can also be used to support non-licensed continuing education and career path educational goals. Participants in Project ECHO learn about trauma-informed, person-centered, recovery-focused care and the strategies to deliver services in a culturally aware and trauma-informed manner that has been demonstrated to increase employee satisfaction and retention, thus supporting workforce development in retention, access, and level of expertise.

Mobile Learning/Telehealth: We ensure Member access and ensure service delivery in rural and frontier areas through our virtual, telehealth network of Providers who specialize in chronic disease and LTSS. We work with StationMD to deliver telehealth services to members with IDD in their homes. Available 24/7/365, StationMD physicians complete more than 25,000 virtual encounters annually.

Q.4. Describe how you would identify HCBS service gaps to ensure authorized services are provided to members. How would you then address such gaps, particularly in areas of the state where self-direction may be the only option.

A.4.

Ensuring Authorized HCBS Services are Accessible to Members

Kansans across the state, but particularly in its rural areas, can find themselves on the outskirts of support, challenged to access essential HCBS services. Where others see an obstacle, **we see an opportunity to join forces with our Kansas community, who are already deeply engaged in this important work**. Our mission is clear: address these gaps and ensure every individual, especially in areas where self-direction stands as the sole option, receives the necessary services to support their well-being, independence, and ability to thrive. Restoring equity in care delivery is not just a goal; it's our imperative. To that end, our approach is highlighted below:

- CareSource has the technology in place to do **real-time gap analysis monitoring**, using multiple data sources, where historically this has been done retrospectively.
- Because of this, our CareNexus360 Center does **proactive outreach** to the CCCs and Members.

This gap identification and proactive outreach **support both** Members who are **self-directing** and those in **Provider-based** care.

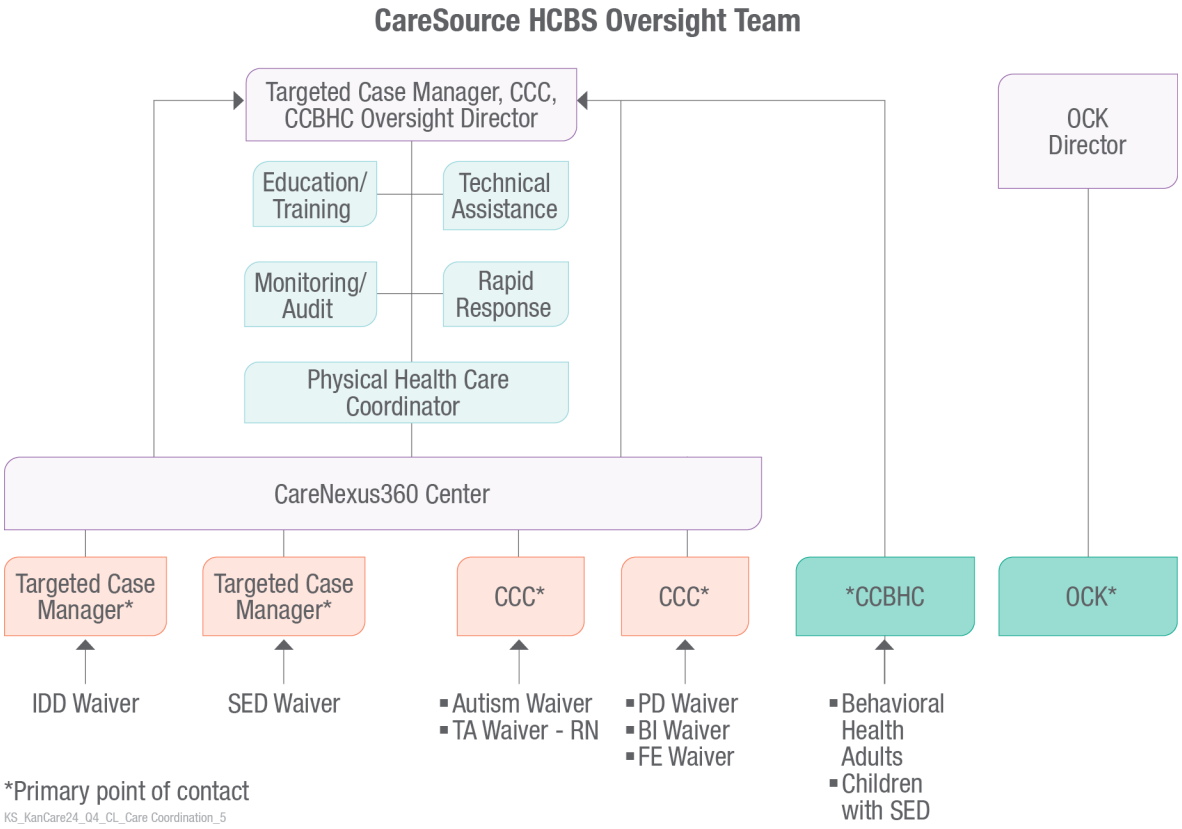
We are bringing additional resources to Kansas to support individuals who choose self-directed care:

- Our **CareNexus360 Center's** proactive outreach when care gaps are identified
- Our **CareGiverConnect™** program to strengthen natural supports
- For Members choosing to self-direct, we are partnering with the **Consumer Direct Care Network** and other national partners to provide another level of support

Identifying HCBS Service Gaps

We proactively work with Members, Providers, and other stakeholders to identify HCBS service gaps and to understand barriers including network and workforce issues and devise strategies to bolster our capacity to serve Members. CareSource will work with KDHE, KDADS, the fiscal agent, and the EVV to ensure HCBS authorized services are provided to Members in a quality and timely manner and will use data from the EVV, Operations meetings, and the fiscal agent to monitor for HCBS compliance and to identify service gaps. Currently, MCOs look at EVV information retrospectively and CareSource is changing that by using our modern data platform to immediately match service authorizations and EVV with services performed in real-time. The Provider portal displays approved PAs immediately allowing the Provider to review and acknowledge. This platform provides automation to easily enter claim information directly from the waiver PCSP. Providers can send messages to the waiver Care Coordinator regarding changes or updates needed to the waiver PCSP to receive a quick response and support. EVV data sources are integrated into a real-time monitoring process that alerts CareNexus360 of late arrivals, triggering potential back-up plans to support Members.

Our CareSource HealthAlliance embodies many of the amazing HCBS Providers working in Kansas today. Additionally, we have consulted (and have Memorandum of Understandings with) KACIL and k4ad, and other advocates across the State regarding the needs of Members, including those who self-direct and those who live in rural and frontier areas where service access is a challenge. To ensure that services identified on the Member's approved PCSP are being provided, CareSource has a dedicated HCBS Oversight team to provide monitoring, education and training, technical assistance, and rapid response when HCBS services gaps are identified.



Our HCBS Oversight team has established trusted relationships with the CCCs and Targeted Case Managers who are closest to the Member. The community-based Providers have the greatest understanding of the service gaps and collectively, we collaborate and work to ensure that services are being identified and provided. We further equip and empower our HCBS Oversight team with tools that allow for **real-time identification of HCBS service gaps**, addressing Members' needs with speed and focus. Our HCBS Oversight team will formally collaborate with the CCCs in the following ways:

- **HRA and Health Needs Assessments:** Our HCBS Oversight team proactively addresses Member service gaps, informed through our HRA and health needs assessment (assesses personal care services). At each contact, or change in status, our Care Coordination team (in conjunction with the CCC or Targeted Case Manager) reviews the Member's HRA and health needs assessment for completed services, gaps in services, and changes in health or functioning. The HCBS Oversight team and our HealthAlliance Partners review these updates and assessments to assure timely quality services and continuous QI to address care gaps.

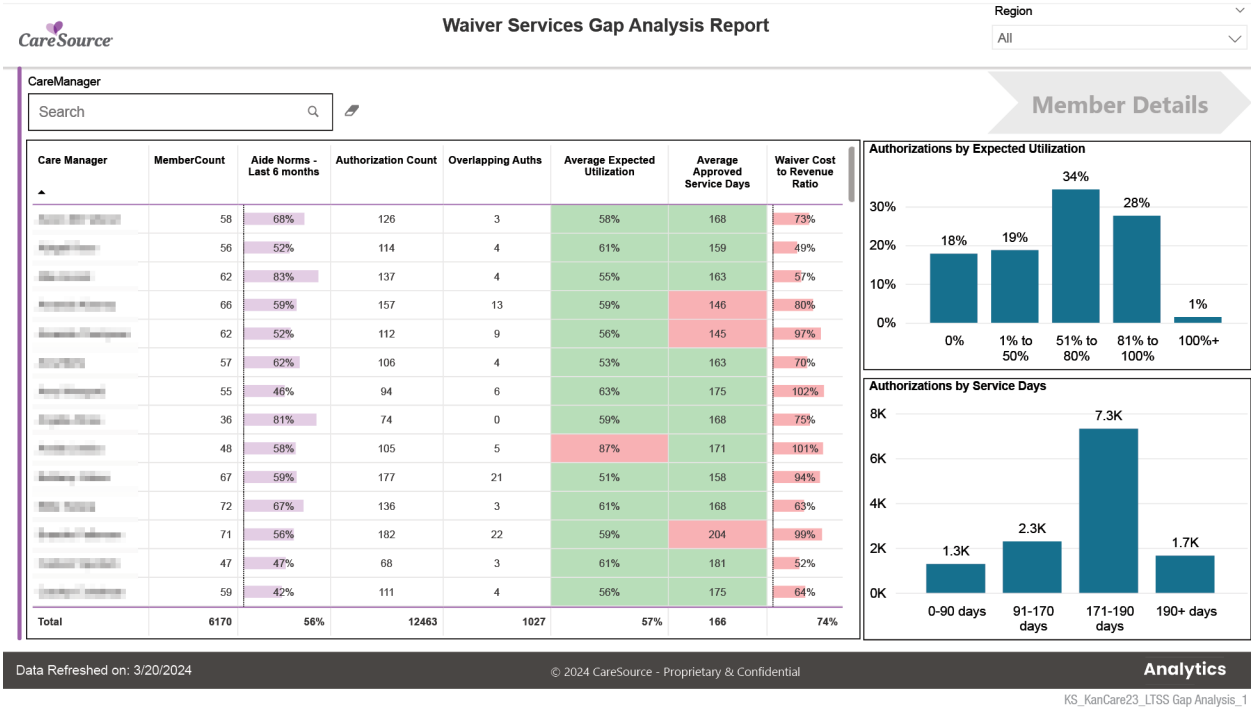
- **Coordination with the Financial Management Services (FMS) Coordinator:** Care Coordinators will work with the Member's FMS Coordinator and monitor for under or over-utilization of hours and budgets, as well as conduct reassessments if a change in allocation appears warranted.

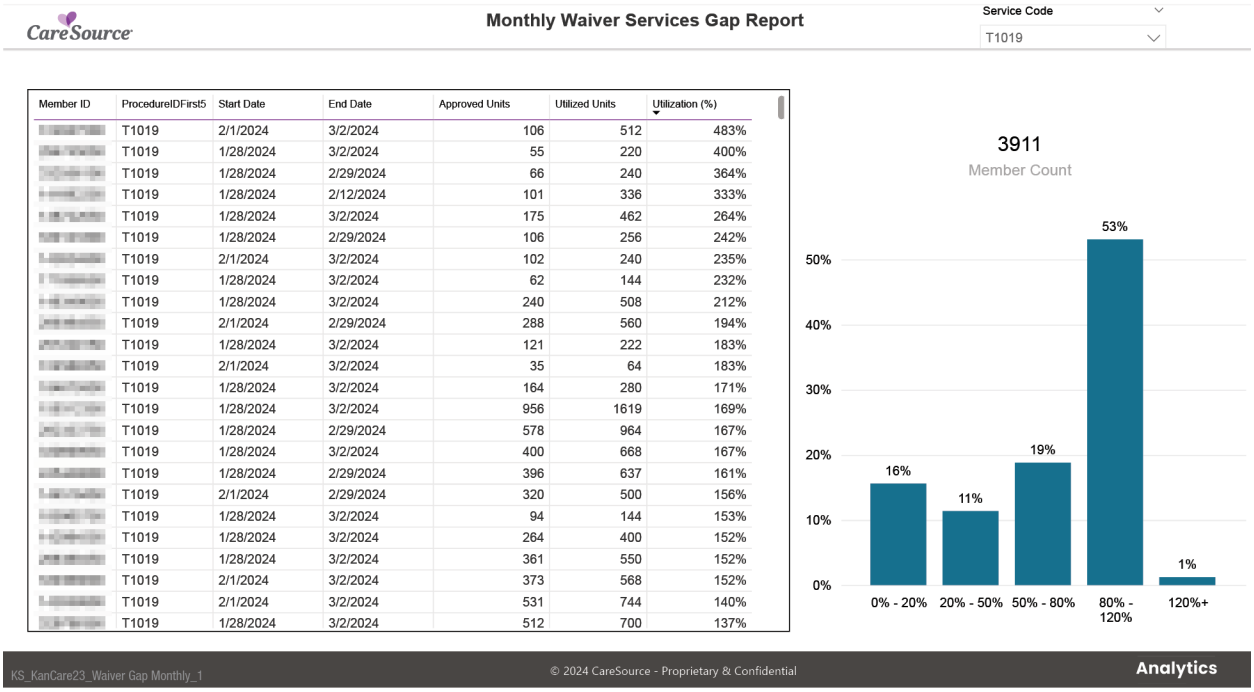
- **Case Conferences:** Every HCBS Member is case managed and receives regular integrated case conferences. We conduct regular case conferences with community-based Providers to facilitate continuous communication and align resources, preventing duplication of care services and addressing gaps as needed. The case conferences are tailored to the Member's needs, and the Member can include key internal and external stakeholders. This integrated approach provides

ongoing monitoring and evaluation of the PCSP so that any barriers can be proactively identified and addressed, and services can be delivered in a timely manner. Any gaps are also identified and addressed. The case conferences are opportunities for providing advocacy, health coaching, education, and support based on the Member's preferences. The Member's assigned Care Coordinator organizes these conferences, involving representatives from both CareSource and external entities responsible for the Member's care coordination.

- **Joint Operating Committees (JOC)**: CareSource holds quarterly JOC meetings with contracted community-based Providers to identify, track, and remediate any policies, procedures, or other gaps that lead to access challenges or duplication of care coordination services. We will include our HealthAlliance Partners, KACIL, and k4ad in these meetings to support collaboration with Targeted Case Manager, CCC, OCK, and CCBHC Providers, as necessary. During JOC meetings, CareSource reviews the Responsible, Accountable, Consulted and Informed (RACI) matrix established in the Provider contract to ensure fidelity.

- **HCBS Gaps Dashboard:** Our HCBS Oversight Team will utilize **continuous monitoring** using our proprietary HCBS Gaps Dashboard (samples of which are provided below and on the following page). This Dashboard utilizes multiple data sources such as approved PCSPs, authorizations, claims, and EVV data to confirm services are delivered based on need, frequency, and duration of the service as per the Member's approved PCSP. The Dashboard monitors the PCSP expected utilization vs. the actual utilization of services to determine if there is a gap that needs attention. Upon identification, a CareSource CareNexus360 Care Coordinator is alerted of the gap and tasked to engage with the Member and Provider to address the gap. A CareNexus360 Care Coordinator (described in further detail on the pages that follow) does proactive outreach to the CCC and Member to offer assistance and support on identified gaps. The Dashboard also monitors the completion of the task to ensure action is taken. Sample HCBS Gaps Dashboard screenshots are included below.





Monitoring Network Adequacy

CareSource has the experience and expertise to rigorously address any network, time, or distance concerns and ensure access to quality care for HCBS. We are committed to working with KDADS, KDHE, Providers, the community, and other stakeholders to ensure a robust Provider network to meet all the HCBS needs for Members in Kansas.

CareSource understands that one of the root causes for gaps in care is availability of Providers and adequacy of the network. We continuously monitor network adequacy using our Optimization, Prioritization, Tracking, Intelligence, and other Contracting (OPTIC) Model for developing and maintaining a comprehensive network, which focuses on OPTIC methods. For service Providers with physical locations, we use monthly GeoAccess reporting through the Quest Analytics reporting suite to measure, monitor, and trend our network's performance and adequacy standards across all specialties statewide. For field-based Providers such as CCCs, personal support services, and those who deliver meals, we can leverage CareNexus360 to monitor field-based resources. Because our CareNexus360 technology platform integrates Member, caregiver, and Provider data, the location and availability of all field-based resources are monitored and can be deployed immediately.

Addressing Systemic Gaps

We understand that many HCBS services gaps, particularly in rural and frontier areas, are long standing and chronic, needing creative solutions to address them. Our HealthAlliance Partners are active participants in various quality oversight committees to advise on the issues above, guide our programs, and ensure transparency and accountability to the State and our collective goals of holistic community care. Examples of such quality committees include: HCBS/LTSS Member Advisory Committee, HCBS/LTSS Provider Advisory Committee, Population Health Management Committee, Provider Advisory Council, Clinical Quality Outcomes Committee, and the Community Reinvestment Committee.

Ensuring Availability of Services Across Kansas

CareSource understands that it is our responsibility to address both the immediate service gap and to work towards addressing the systemic challenges that exist in accessing the full array of HCBS services.

Our CareSource HealthAlliance was created specifically to address these challenges. All four HealthAlliance Partners are committed to solving the "big" problems through silo busting, openness to innovation, and re-allocation of resources. Our QM structure is built to bring these partners to the table to work to solve service gaps through:

- A focus on workforce development (e.g., collaborating with the State and other MCOs to enhance existing statewide registries for workers)
- Creating rural and frontier access through partnerships, innovation, and technology
- Addressing super-utilizers and multi-system Members
- A focus on better assistance for natural supports and caregivers, wrapping non-Medicaid services around Medicaid Members, leading to a significant reinvestment of excess profits into Kansas Providers and innovative Kansas programming

Addressing Immediate Needs

Strategies to address HCBS waiver service gaps always **start with the Member,** making sure that their voice and choice is driving our solutions. We are committed to ensuring Members have access to timely, person-centered care in the least restrictive environment. By providing technical assistance and linking existing resources to interested Providers, we expand their ability to work with a more complex population, identify and address barriers to care, and assist in their ability to access needed resources in the community and with larger health care systems.

Whether self-direction is the chosen option or the only available solution, the CareSource team allows Members to choose to have the responsibility to self-manage all aspects of their service delivery in a person-centered planning process. We understand the importance of choice and Member voice. In self-direction, Members hire their caregivers and decide what services they need and how they would like to receive them. Self-direction is always a choice, and our Care Coordination staff are trained to ensure Members have control and choice when it comes to their lives.

Proactive Outreach from CareNexus360

As described, CareNexus360 can do real-time monitoring through our HCBS Gaps Dashboard, allowing for proactive outreach to the CCC and Member to offer assistance and support. CareNexus360 also links seamlessly to our CareSource24® nurse advice/behavioral health line, supporting a more efficient, non-duplicative deployment of care coordination resources in response to immediate Member needs, either in-person, telephonically, or virtually.


CareSource CareNexus360

CareNexus360 monitors availability and deploys field-based employed and subcontracted resources in real-time. This is particularly important for Members self-directing as our CareNexus360 team performs triage for inbound Member and caregiver inquiries and provides additional support and information such as coordinating benefits, scheduling NEMT services, coordinating respite, home safety assessments, and meals. To mitigate the challenge of providing timely care in rural or frontier areas, we use an electronic Provider sourcing tool to accelerate Member access to services by sending out texts or emails to identify workers who can accept open bids. Member needs are gathered at by our CareNexus360 team and entered in the Provider sourcing tool. This tool functions as a secure job board, connecting Members and Providers to mitigate gaps and delivering services. Using the sourcing tool and geographic mapping of

our HCBS/LTSS network resources and Members, including those who are technologically dependent (e.g., those needing ventilator support), we can deploy appropriate resources in response to Member needs. The CareNexus360 team collaborates with our Medical Directors, Care Coordinators, Providers, and Members and their representatives to provide efficient, quality services that are least restrictive and in alignment with Member identified goals. This team may be involved in reviewing additional services needed to assist the Member in remaining in their home versus facility placement and preventing avoidable hospitalizations.

Additionally, we will leverage CareNexus360 for opportunities to support access to evidence-based remote monitoring technological solutions, innovative direct service staffing methodologies, and ongoing technical assistance. We contract with GoodLife Innovations to deliver an iLink Technologies solution supporting safe and independent living for Members with LTSS needs. iLink is a nationally recognized remote support service that monitors and supports health, behavioral, and safety needs; controls smart home automations; and deploys and supervises in-home help when needed. These elements are critical in supporting adults with complex health needs as they transition from institutional care to apartments and family homes in the community. Additionally, we will utilize CareNexus360 to support families with children on the TA waiver where a lack of nursing care could be life threatening.

Supporting Caregivers and Natural Supports

We recognize that the HCBS workforce shortage is a national challenge and requires a bold local approach. As part of our initial and ongoing PCSP process, the Care Coordinator/CCC/Targeted Case Manager facilitates and supports the Member to develop a comprehensive life plan which includes a back-up plan within the PCSP. The Member's backup plan lists alternative care sources (including both formal and informal support) and is updated at a minimum annually, quarterly, or when life circumstances change. When we identify a situation where an HCBS service gap exists, we immediately refer to the Member's back up plan. If appropriate, we identify and reach out to the Member's natural support. We take seriously our responsibility to identify, train, and support all caregivers, and we know this support is critical to helping reduce immediate gaps in service. Robust support is the core of our CaregiverConnect™ program.

Starting from the point of enrollment, we work with our Members to identify a network of natural supports in and around their community and help them get the training needed to safely assist our Members. We stay connected through our interactive, educational CaregiverConnect platform, powered by Caregiving.com, and provide access to a library of articles and short, skills-based training videos. We also partner with community-based organizations, faith-based organizations and local Certified CNAs and nursing training programs to recruit a broader network of support. In the event a Member's back-up plan does not include available staff or natural support, we immediately coordinate with Mission Care Collective to work with Kansas Providers and leverage a much larger float pool of qualified staff.

Bringing Additional HCBS Options to Kansas

CareSource is bringing multiple national partners to Kansas to address rural and frontier access. These solutions include:

- **Telehealth Solutions:** Our telehealth strategy includes an immediate and ongoing approach to services in rural and frontier communities, as well as expanding service hours to evenings and weekends in other more urban communities. Our strategy is multi focal. We ensure Member access and service delivery in rural and frontier areas through a contract with PURE, a virtual, telehealth network of Providers who specialize in chronic disease and LTSS. CareSource brings a specialty telehealth network to rural communities in Kansas and will cate or provide the tele platform to local Providers and to community-based organizations. We also work with StationMD to deliver telehealth

services to Members with IDD in their homes. Available 24/7, StationMD physicians complete more than 25,000 virtual encounters annually. Our telehealth strategy is community based in a Hub and Spoke Model where care is delivered by our specialty virtual Providers in a rural spoke, while any Member can be served by a non-virtual, local hub if for any reason local, non-virtual care is needed.

- **Self-Directed Care Support:** We partner with the Consumer Direct Care Network to help Members self-direct their care to reduce unmet needs, improve quality of life, and maintain positive health outcomes. This partnership offers an alternative to traditionally delivered and managed services by customizing HCBS to specifically meet each Member's goals, desires, and support needs. In-home services include budget management services; choice/co-employment services; self-directed personal care services; training and support for people self-directing care; support broker services; in-home caregiving services; respite services; chore services; habilitative care; vendor and product services; and veteran care services.

- **Columbus:** As a part of the CareSource family of companies and a nationally recognized leader in onsite and community-based professional staffing services, Columbus provides technical assistance and staffing solutions for Providers with workforce challenges. With more than 40 years of experience providing and maintaining professional clinical teams at state hospitals, developmental centers, community programs, and school districts nationwide, Columbus is expert in serving individuals with IDD and behavioral health needs. Columbus' professional team members have extensive expertise in clinical practice, recruiting professional staff, clinical research, staff training, community services, forensic issues, litigation issues, and developing policies and procedures for agencies servicing individuals with IDD. Columbus successfully provides licensed professionals (e.g., psychiatrists, Board Certified Behavior Analysts, speech language pathologists, occupational therapists, physical therapists) and other vitally needed disciplines to agencies who serve individuals with IDD and mental health disorders.

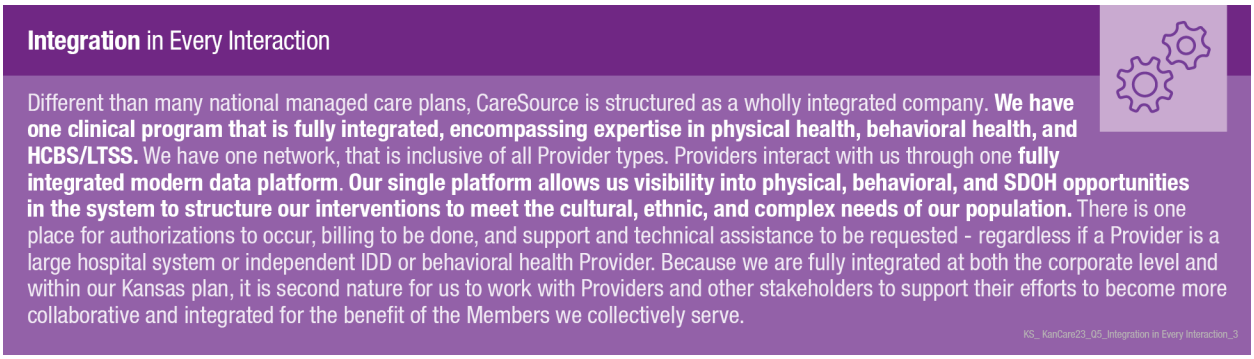
Q.5. Further describe the approach CareSource will utilize to advance integrated whole-person care. Specifically describe the role of incentives and value-based purchasing. How will your approaches address cultural, linguistic or health literacy needs? Finally, how will you know if your approaches are effective.

A.5.

Our Approach to Advancing Integrated Whole-Person Care

CareSource and our HealthAlliance Partners champion the importance of addressing the needs of the whole person and the impacts that physical, behavioral, and SDOH have on their journey to wellness. In fact, our HealthAlliance Partners already have focused integrated programs in Kansas such as the OCK Health Homes model, the CCBHC model, and cross-collaborative models within the system of care. Having behavioral health, IDD, and children- and family-focused Providers within the HealthAlliance enables us to uniquely understand the population needs and collaborate between systems. Further, CareSource has partnered with the Joint Commission on the CCBHC certification which focuses on whole person care and will offer training to our interested partners for specific CCBHC certification. Reaching certification will be a consideration for additional VBPs for Providers. CareSource's Project ECHO is an integrated care model and provides an opportunity for Providers to share experiences working with a diverse population and ways they can incorporate whole person care into their practices. We also partnered with NCQA on developing the PCOMs as part of our dedication to addressing all needs of all people.

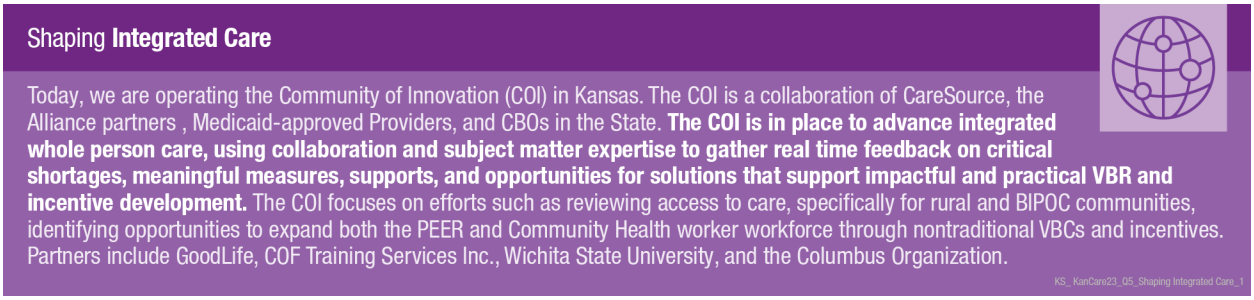
CareSource will incentivize Providers to shift their focus towards holistic 'whole person outcomes' beyond mere HEDIS scores. We understand that true transformation lies in VBP agreements, extending beyond traditional Providers to embrace the vital role of community-based organizations in effecting meaningful change in individuals' lives. By prioritizing incentives aligned with comprehensive care, we are committed to addressing cultural, linguistic, and health literacy needs, ensuring every individual receives personalized, culturally competent support. Our success is measured not just by metrics, but by tangible improvements in the lives of those we serve. Success will be further measured by work done with EQR partners to evidence cost effectiveness of programs, validate outcomes data, and show that quality assurance requirements are met for HCBS waivers.



The Guideposts for our VBP are rooted in providing integrated person- and family-centered services and supports to address health equity and disparities, ensure smooth transitions, and expand access to services by applying continuous QI. Drawing on our VBP experience and local expertise gained through our HealthAlliance Partners, we understand the positive impact that a well-designed incentive program has on Member health outcomes and on the SDOH that impact Member health and well-being. We also recognize that each Provider organization is at varying stages for a VBP. For example, InterHab VBP concepts include a spectrum of approaches for Providers at different levels of readiness. Feedback from

our HealthAlliance Partners informs us where they are prepared to focus efforts on VBPs and meet the State's goals.

We partner with Providers from the outset to assess their VBP capabilities and readiness, which results in their participation in the right fit VBP model. Consistent, reliable bidirectional data-sharing and communication enables the monitoring of performance and identification of Providers' readiness to move into more advanced VBP models**.** To support Providers, **CareSource pays a data integration fee to in-network community-based care coordination Providers to use GuidingCare, our care coordination clinical platform,** for better collaboration on Member care and to avoid duplication of care coordination efforts. Additionally, CareSource offers Providers access to Project ECHO, an evidence-based program through which Providers across the State can earn continuing medical education credits, qualify for additional incentive payments, and learn best practices to improve all elements of their care delivery, including care coordination. Additionally, locally driven VBP model partnerships are derived from the Community of Innovation, including input from traditional, nontraditional, and HCBS Providers as well as community-based organizations.

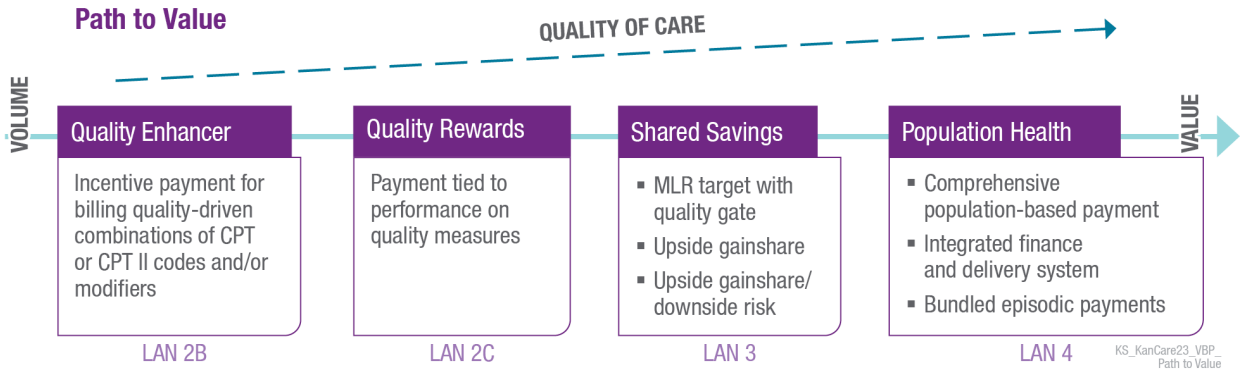


Role of Incentives and VBPs in Advancing Whole Person Integrated Care

The CareSource Path to Value foundation aligns with the HCP-LAN APM Framework and HCP-LAN HEAT recommendations and supports the advancement of whole person integrated care by providing all Providers the opportunity to participate in programs ranging from simple pay-for-reporting and infrastructure payments to full-risk models. We have experience developing VBPs to align payment incentives with improved community access and enhanced LTSS Provider engagement in underserved areas. We also use VBPs to incentivize Providers to adopt workforce initiatives to strengthen evidence-based training, support, compensation, and career opportunities for direct care workers. Providers who meet benchmarks for workforce development and staff satisfaction receive incentive Payments.

We use VBP to incentivize our Providers for completion of Member health screenings and HRAs. We also use Provider VBP arrangements to incentivize Providers to assist us in getting Members to engage in their care. For example, in Georgia, our VBP arrangements resulted in a 23.7% increase in PCP visits. We also have shared savings models through which Providers can earn a percentage of realized savings.

Incentives and penalties are tied to medical loss ratio and quality performance targets. We continuously evaluate opportunities to grow our VBP models. In 2022, we developed a model that incentivizes mental health and SUD Providers for implementing a coordinated, comprehensive system of care for primary and specialty care, acute care and ED visit follow-up, and referral to community resources. Quality measures include, for example, medication management and initiation and engagement of SUD treatment. We increasingly enroll more Providers and align more Provider payments with VBP models. **Today, more than 80% of our network Providers nationwide are enrolled** in VBP arrangements. Additionally, 82% of Members are affiliated with a VBP-participating Provider.



CareSource VBP Example: Aligning to the Kansas Framework for VBP Arrangements

To advance whole person integrated care through our VBP, we worked with our HealthAlliance Partners, other strategic Providers, and community-based organizations to develop specialty VBP programs in addition to our standard VBP programs. These programs, described in the table below, make available higher reimbursement to Providers to increase their success at closing gaps in care and improving access and availability.

VBP	Description
Adult Day Supports (ADS) Quality Enhancer	Incentivizes ADS for the achievement of goals related to improving readiness for community employment, individual functional skills, community integration, access to ADS among higher acuity individuals, Member and family satisfaction with ADS services, and increasing Provider capacity/training
Behavioral Health Quality Rewards	Compensates practices for developing and operationalizing a coordinated system of care that includes comprehensive behavioral health care, primary care, referral to specialty care, acute care follow-up, and referral to community resources.
D-SNP Quality Rewards	Tiered quality threshold program available to select Provider groups. Providers receive a quality rewards payment annually for achievement of designated target benchmarks on selected quality measures
Birthing Center Quality Rewards	Targets enhanced performance in pregnancy care and in birthing centers and focuses on improvement of the four maternal and newborn health measures. We customize the program for participating birthing centers to align with the community and population they serve
Dental Provider Quality Rewards	Incentivize Providers to increase preventive dental services to drive prevention of dental disease while building clinical and technological sophistication for higher risk and rewards in the future
SDOH	Supports community-based organizations and all network Providers in their role to connect Members with services to address SDOH by tracking and trending areas with higher SDOH and health equity needs and ensuring adequate support

VBP	Description
	services are in place for communities. We use Unite Us to identify community-based organizations to participate in our VBP for closing gaps through a closed loop referral.

Provider Participation in Advanced VBP Models

We have deep experience engaging Providers in advanced VBP models. Because of our work with the Children's Hospitals in Ohio, and due to the similar nature that VBP model, CareSource is well-positioned to execute and implement Children's Mercy's pediatric accountable care and payment delivery model which is led by Children's Mercy Integrated Care Solutions and carries the same tenets of our pediatric Accountable Care Organization (ACO) models in Ohio. There we implemented an innovative full-risk VBP model in collaboration with the Pediatric ACO Providers who represent all the Children's Hospitals across the State. Combined, this program impacts our 670,000 Ohio pediatric Members and links them with high quality local Providers. **We leveraged this experience and have negotiated critical terms with Children's Mercy and will be ready to implement a full risk capitated, delegated agreement for go-live**. We also have experience in Michigan, where we have a full-risk VBP model with Henry Ford Health that is delivering improvements in quality and utilization. Members served by Henry Ford Health had notable improvements in PCP and specialist visits, increasing 33% and 24% since 2021, respectively, as well as corresponding reductions in ED utilization and inpatient admissions. With respect to quality, from 2020 to 2022 for the HEDIS controlling high blood pressure and asthma medication ratio measures there was a 24.46% and 218.72% respective improvement.

Addressing Cultural, Linguistic, Health Literacy Needs

We have extensive experience incorporating equity considerations consistent with HCP-LAN's HEAT recommendations throughout our operations including VBP. All CareSource Medicaid plans are NCQA accredited and positive NCQA surveyor comments show our dedication to quality. We are also on track to obtain NCQA LTSS Distinction and Health Equity Accreditation/Health Equity Accreditation Plus. We have taken deliberate actions to address cultural, linguistic and health literacy needs as an organization on the whole and through our VBP program development. The following are actions we have taken to infuse health equity into our VBP approach:

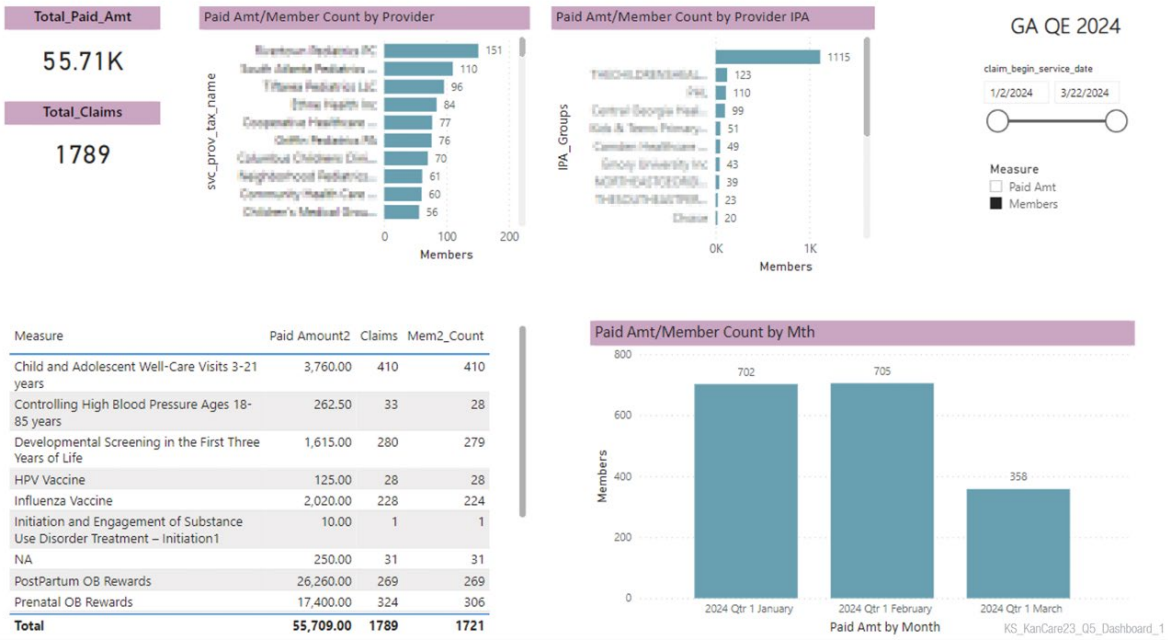
- Adoption of CMS' health equity definition into our VBP Provider contracts, our Provider Manual, and all other Provider communication collateral
- Implementation of our Communities of Innovation to provide ongoing community-based and participatory engagement related to health equity
- Incorporate health equity into VBP program data that is shared with Providers and engage the Community of Innovation to design solutions to impact disparities identified through advanced VBP reporting
- Annually modify VBP measures to impact observed disparities through investment and supportive involvement

Our VBP program impacts SDOH by helping community-based organizations and Providers to connect Members with services including food banks, housing, and transportation. For example, in Michigan, we implemented a VBP incentive for Z code reporting. Using a NCQA-approved evidence-based collection tool, Providers screen Members for social care needs (e.g., education and literacy, employment issues, occupational exposures and risks, challenges with housing and finances). **The program has resulted in a 233% increase from baseline in Z code submissions.** Our VBP programs in Kansas are developed using approaches incorporating SDOH metrics and supported by our Life Services programs, where we will expect to see similar results.

Measuring Effectiveness in Advancing Whole-Person Care

Our Provider Network Management staff regularly meets with Providers to review dashboard reports and actionable data on specific quality measures, including Members with open and closed care gaps, incentive dollars earned, and incentive payment earning potential. Below are two examples of VBP dashboards and reports we have built for other markets.

Attributed System	VBR	CY2021 System Admin Rate	CY2022 System Goal %tile	CY2022 Goal Rate	CY2022 Admin Rate	Run Rate	Members to Provider Goal	Non Compliant	Gaps Closed (Numerator)	Measure Population (Denominator)	Gaps Closed Since Last Refresh	Non Compliant 2 Years
[redacted]	**VBR**	**11.76%**	**25th**	**43.50%**	**37.29%**	**37.29%**	**692**	**6,980**	**4,150**	**11,130**	**309**	**3,245**
[redacted]	**VBR**	**11.76%**	**25th**	**43.50%**	**37.29%**	**37.29%**	**692**	**6,980**	**4,150**	**11,130**	**309**	**3,245**
[redacted]	VBR	42.45%	50th	48.93%	52.48%	52.48%	0	249	275	524	18	71
[redacted]	VBR	42.45%	50th	48.93%	53.36%	53.36%	0	215	246	461	18	65
[redacted]	VBR	42.45%	50th	48.93%	59.55%	59.55%	0	161	237	398	14	27
[redacted]	VBR	42.45%	50th	48.93%	42.18%	42.18%	23	196	143	339	12	59
[redacted]	VBR	42.45%	50th	48.93%	52.17%	52.17%	0	154	168	322	10	27
[redacted]	VBR	42.45%	50th	48.93%	70.00%	70.00%	0	57	133	190	13	6
[redacted]	VBR	42.45%	50th	48.93%	27.56%	27.56%	33	113	43	156	6	55



Measure	Paid Amount2	Claims	Mem2_Count
Child and Adolescent Well-Care Visits 3-21 years	3,760.00	410	410
Controlling High Blood Pressure Ages 18-85 years	262.50	33	28
Developmental Screening in the First Three Years of Life	1,615.00	280	279
HPV Vaccine	125.00	28	28
Influenza Vaccine	2,020.00	228	224
Initiation and Engagement of Substance Use Disorder Treatment – Initiation1	10.00	1	1
NA	250.00	31	31
PostPartum OB Rewards	26,260.00	269	269
Prenatal OB Rewards	17,400.00	324	306
Total	**55,709.00**	**1789**	**1721**

To support Providers, we align Member programs and incentives. In 2023, for example, Members were rewarded for well-child visits and adult well visits, while Providers earned incentives if they met national benchmarks for well-child visits and adult well visits. Provider feedback is critical for increasing adoption of VBP arrangements. We engage Providers through our Provider Advisory Council, Provider satisfaction surveys, webinars, targeted outreach, our Provider portal, and monthly JOCs. These forums help us understand issues affecting Providers, identify barriers, solve care delivery challenges, share program information, and collaborate to improve data sharing.

We also measure our effectiveness in addressing cultural, linguistic, and health literacy needs by developing a plan for monitoring and addressing any unintended negative consequences. This includes closely engaging with Community of Innovation participants to understand lived experience and incorporate suggestions for change into VBP program design; implementing a standing agenda item focused on disparities at Provider Advisory Council meetings and JOCs; augmenting Provider training to

address feedback received regarding disparities and unintended negative outcomes of efforts; and encouraging, tracking, and considering Member feedback to inform VBP program design.
As previously detailed in our proposal response, we will establish a two-year pilot ADS VBP program to test whether directed investments and quality incentives can achieve the following system goals:

- Incentivize individual achievement of their unique goals/Member choice
- Improve readiness for community employment
- Improve individual functional skills
- Improve community integration
- Improve access to ADS among higher acuity individuals
- Improve Provider capacity/training
- Improve individual and family satisfaction with ADS services

The goal is to establish a scalable quality program incentivizing and facilitating improvements in specific quality measures, concentrating on individual outcomes for those in day services with complex needs. The pilot will involve a focus on pay for reporting and capacity building in the first year, with payments linked to reporting completeness. This includes funding for a QI Manager, staff training, and technology investments. The second-year shifts toward pay for outcomes, rewarding improvements in PCOMs based on initial measures.

Q.6. Describe ways in which you would reduce the administrative burden on providers and streamline processes with regard to utilization management. What processes do you have in place to assure that providers will have a true peer (i.e. same specialty) when appealing a decision?

A.6.

CareSource is committed to continuing the reduction of our UM PA requirements by 20% in 2024 so we can better support and reduce Provider administrative burden. Over the past three years we've done an extensive review of all our PA requirements, and **we have reduced our PA requirements by more than 1,500 service codes.**

The heart of our success is our decades of experience as a trusted partner to Providers and our unique HealthAlliance perspective which allows us to understand what matters to Providers most. Our unparalleled operational excellence encourages Provider participation by decreasing administrative burden, with a focus on transparency. **This level of collaboration and transparency has led to Providers reporting high levels of satisfaction.**

We invest in automation and technology to reduce administrative burden and support efficient and timely authorization responses. Our 2023 Enterprise TAT compliance reflects the Providers' ability to obtain authorizations promptly and support timely access to care for Members.

2023 TAT Compliance	Percentage
Non-urgent	**99%**
Urgent	**98%**
Standard prior auth	**99%**
Concurrent	**98%**
Retrospective	**100%**

Methods to Reduce Administrative Burden and Streamline UM Processes

We are committed to reducing Provider burden through:

- Providing real-time decisions via Cite AutoAuth
- Automating authorization, concurrent review, and communication exchange via collaborative care
- HCBS Provider input
- Provider sourcing tool
- Population Health Focused PA Model
- VBP models focused on reducing PA
- Provider Advisory Council
- Enhancing Provider authorization status (Gold Carding)

Over 73% of PAs are submitted via the portal today, with nearly half of those receiving immediate decisions without further medical review. We always welcome Provider feedback within the designated Provider portal and have supports in place to help guide Providers while monitoring the portal for ease of use, resulting in increased electronic submissions.

Cite AutoAuth

Online portal requests have access to Cite AutoAuth within the authorization request. This application enables real-time communication between CareSource, Providers, and Members. This application is integrated with MCG Care Guidelines evidence-based criteria and offers the user the ability to complete a guideline review using Member specific clinical information directly from the team caring for the Member. If the user elects to use the application and provides the clinical information supporting medical necessity

criteria, they can receive a real time approval. If medical necessity is not evident via Cite AutoAuth, the PA will transition to the Clinical team for review. This approach translates to our Providers ability to receive immediate approval to implement the PCSP resulting in Members receiving care without waiting for an authorization.

Collaborative Care

CareSource became one of the first adopters of MCG Cite for Collaborative Care, a platform that uses interoperability technology to connect payers and Providers via our respective medical management and EHR platforms. Through this integration, **the Provider can select pertinent clinical information to share electronically, support medical necessity using MCG with only a few clicks, and in some cases receive an immediate approval.** If the authorization does not receive an immediate approval, it is reviewed by the clinical team. When complete, the decision is communicated directly back to hospital EHR. This process enables both the payer and Provider to avoid the tedious fax communication process (reducing incoming faxes by 60%) and allows data interaction to happen in near real time. When implemented, this engagement results in reduced administrative burden for the hospital and a reported savings of 20 hours per week in the authorization process. Collaborative Care is integrated with multiple EHRs such as Cerner, Meditech, and EPIC.

HCBS and Child Welfare Provider Input

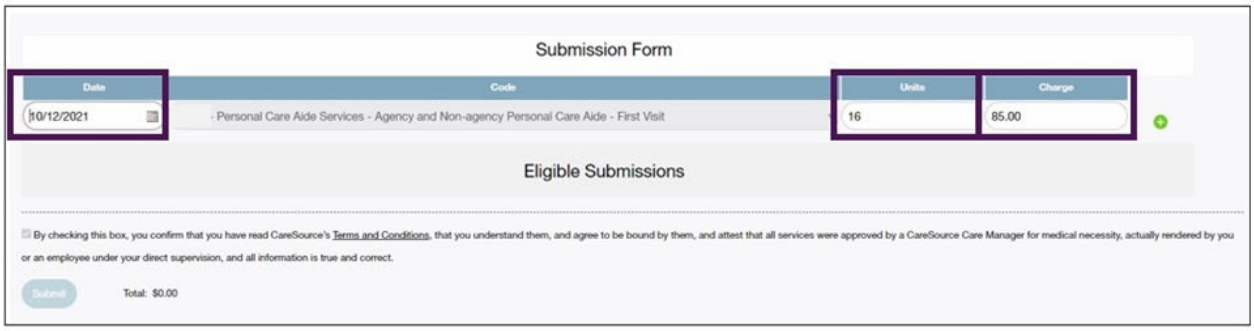
CareSource leverages HCBS Provider input to design and integrate the PCSP into Provider portal to streamline access for the HCBS Providers to sign/acknowledge PCSP, submit completed services that will audit generate a claim - the Provider can also view status of claim and receive near real time payment for certain criteria (rural and frontier Providers). This integration provides a user-friendly platform for the Provider to acknowledge/sign waiver services, enter services performed and automatically submit claim streamlining the process for HCBS Providers to ensure timely payments for services rendered. Our modern data platform immediately matches services authorization and EVV with services performed. The Provider portal displays approved PAs immediately allowing the Provider to review and acknowledge. This platform provides automation to easily enter claim information directly from the waiver PCSP. Providers can send messages to the waiver care manager regarding changes or updates needed to the waiver PCSP to receive a quick response and support.

Further, from our partnership with the Children's Alliance of Kansas, we have identified a key benefit of working collaboratively and regularly between child welfare advocates and programs which is that we can identify barriers through practical experience of child welfare Providers where current UM practices are negatively impacting timeliness of services. Together we identify barriers to health care access for children in foster care and develop targeted processes to leverage the child welfare case management Provider network to support removing UM barriers for children in foster care in ways that might not otherwise be available to other populations without a similar network of case management coordination. Child welfare Providers support CareSource by identifying PA barriers unique to this population and collaboratively develop procedures to remove delays in care. Furthermore, we welcome the opportunity to lead collaboration with other MCOs to remove barriers for children involved in the foster care system.

Provider Sourcing Tool

Implementation of a Provider Sourcing Tool helps to decrease multiple contacts to Providers when services or home modification is needed. This tool posts Member needs in a PHI protected format with specific information that allows all Providers to respond if they can to provide HCBS services and/or submit their bid for work home modifications, and plan logistics to ease Provider burden in locating resources and increases access for our Members.

Sample Images from the Provider Sourcing Tool



Population Health Focused PA Model

Our PA strategy is structed to ensure Members have timely access to care for clinically appropriate services, allowing Providers to obtain authorizations for adjunctive services with one authorization. This PA model ensures timely access to clinically appropriate, quality care. Our commitment and process on reduction of PA is provided through analytics, monitoring trends and governance structure, which all decrease the burden and support early access to care.

VBPs to Reduce PA

For high-performing Providers, we may offer additional relief from Provider burden by offering our VBP option, which enables these Providers to bypass our standard outpatient PA process for qualifying services.

Provider Advisory Council

Our Provider Advisory Council meets quarterly to discuss challenges our Providers face, including administrative and operational barriers, and works collaboratively toward resolution. We also receive feedback on referral gaps and gain insight regarding what works well for Providers and where they wish to see process improvements or additional support from us.

Enhancing Provider Authorization Status (Gold Carding)

We may identify a Provider who has a good track record of appropriate utilization, continually delivers quality and cost-efficient care and demonstrates above average consistency in authorization approvals and adequate volume of PA requests. When this occurs, we may identify the potential for gold card status for the Provider. Once a Provider is gold carded, the PA process is eliminated, and we will monitor the Provider's performance going forward to ensure ongoing quality. Though our oversight process, we review monthly performance metrics to ensure performance remains consistent and gold carding is successful. Any concerns are addressed through a collaborative partnership approach with the goal being to improve success and prevent reinstatement of the PA requirement. **We are committed to a refined PA experience for Kansas Providers ensuring PA requirements drive quality of care and minimize administrative burden for Providers.**

Ensuring Same Specialty Peer Review

We know the importance of same specialty peer reviews and our model ensures peers, with the same expertise and experience as the providing Medical Director, evaluate the most current clinical information available. If a peer review is needed during the clinical appeals process, the nurse will refer the case for review, making certain the same specialty Provider completes the review. We have more than 25 specialty Providers on staff and a full suite of Providers from every specialty at our disposal that assist in UM reviews. This includes essential behavioral health expertise such as addiction medicine, child psychiatry, and behavioral analysis. These specialty-specific Providers review claims within their field to help expedite PAs and ensure services are reviewed and facilitated correctly. For example, we have an internal team of NICU specialists available to review NICU cases, as well as other specialists who are experts in their designated field of radiology, oncology, and cardiology, just to name a few.

Commitment to Kansas

Our Member-centric, evidence-based UM model ensures Kansans receive appropriate, timely, and cost-effective medical, behavioral health, and LTSS across the care continuum to optimize health outcomes and improve the Member and Provider experience. The program we use to manage utilization of covered services is further enhanced by our NCQA-certified UM process, innovative programs, and sophisticated technology resources that we use to oversee utilization for 2.1 million Medicaid Members nationally. We will ensure our MCG certified UM staff are adhering to regulatory, CMS, NCQA, and clinical services processes and operations.

Our UM Program is purposely built to effectively ensure quality access to care for Members while simultaneously reducing Provider administrative burden and the ability to meet State requirements. We are committed to driving efficiency and innovation in PA management; therefore, we will continue to streamline our business processes and promote transparency and ongoing information sharing so Providers can focus on Member care.

Q.7. How will you ensure compliance with access and service standards for Non-Emergency Medical Transportation? How will all members be aware of how to access such transportation, including urgent needs? How will you measure effectiveness of this service?

A.7.

Kansas Members benefit from CareSource's partnership, collaboration, and disciplined oversight processes developed over time for NEMT services. Our NEMT solution brings an exceptional level of knowledge and experience to address health equity, challenging geographic areas, SDOH, and Members with unique needs. We collaborate with Medical Transportation Management (MTM), a leader in NEMT services for more than 25 years, because of their expertise in delivering NEMT and their familiarity with both rural and frontier access. MTM has many years of Kansas experience that CareSource will build upon through our partnership. Together, we will provide an experience and results focused solution to KanCare Members. This will ensure CareSource NEMT services exceed the standards set forth in the RFP.

Ensuring Compliance with Access and Service Standards for NEMT

The CareSource partnership combines many decades of thoughtful leadership to provide a seamless transportation experience for Kansans. Our experience coordinates and ensures timely and reliable provision of NEMT, transporting Medicaid populations with various abilities, including Aged, Blind, and Disabled, Members with IDD, or those receiving LTSS. CareSource's dedicated Member Transportation Experience team deploys a robust Member experience management and oversight program focused on ease of coordination of Members' timely, reliable transportation.

Ensuring Access

To develop, maintain, and oversee our high-quality NEMT Provider network, we continually assess network quality and adjust as necessary to serve the needs of our Members. MTM has currently reactivated their Kansas fleet and is ready to provide services upon contract go-live. The company engages only with drivers who are fully trained and credentialed according to all state and federal client requirements, including first aid, CPR, HIPAA, and hand-to-hand service. MTM is initiating a training protocol, along with the National Council for Mental Well-being, for their drivers who encounter mental health crisis to help support both Member and driver. CareSource will be at the table for implementing this protocol by offering training and any support needed for the success of the drivers. Within MTM's national transportation network are an additional 7,000 drivers in their VeyoRide on demand network, which is similar to rideshare, with drivers who are fully credentialed to meet all state and federal requirements for transporting Members. In this unique program, VeyoRide drivers work alongside traditional transportation Providers to form the most responsive network in the NEMT industry today. If service runs late or needs rescheduling, MTM can broadcast the need for additional drivers in specific areas in real-time. This model, which includes financial incentives for drivers, has proven to deliver higher on-time rates and respond faster to last-minute Member requests.

Innovation: Peer Transportation Initiative

In addition to the robust benefits CareSource plans to offer through MTM, we are engaged with the Johnson County Mental Health Center (JCMHC) to expand implementation of their peer-supported transportation program to benefit our membership. CareSource will enact similar programs, in collaboration with JCMHC's existing model and mentorship, to expand this Member-focused transportation solution into two additional urban areas and one rural setting.

Our goal as a KanCare MCO is create more than just a vendor relationship with MTM—we want to build additional NEMT access through local partnerships that truly solve longstanding access issues for

Members and improve satisfaction with services. By encouraging the use of trained peers for NEMT services, paired with MTM's technology and expertise, we maintain benefits for the peer drivers with employment and CareSource Members with available transportation. These transportation services can be utilized for NEMT services as well as appointments and testing. Peers offer an additional aspect of support for our Members as they are addressing their health and SDOH needs. Peer-to-peer services will be accessible in Johnson County but will also be expanded to other areas in the State with the established performance and success in Johnson County. We will evaluate performance and reliability goals of the peer program by using resources such as Member surveys, available driver reporting, and CCC/Targeted Case Manager feedback. CareSource will work to mentor other NEMT Providers in urban, rural, and frontier areas with a focus on being the most safe and reliable transportation option for Members.

Ensuring Member Awareness and Understanding of Using the NEMT Benefit

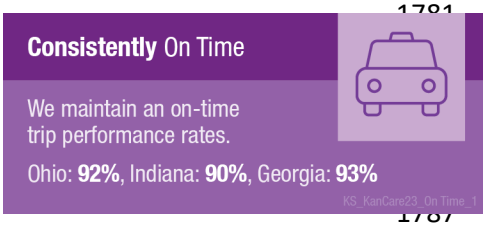
We ensure Member awareness through several Member touch points and through widely distributed and readily available Member information. Initially, new Members will receive a welcome call to understand their benefits, followed by a phone call from a Care Coordinator to review the Member's needs and create a PCSP. Members receive detailed information and instructions on NEMT services in the Member Handbook upon enrollment as well as the NEMT phone number on the Member identification card in compliance with RFP requirements.

Members are given instructions on how to access transportation, how to use it, and how to obtain reimbursement. This includes how to schedule trips for urgent needs that fall outside of typical protocols. Our Member newsletters, distributed quarterly, furnish refresher information and any news about added features within the NEMT program. CareSource also works with Providers to offer training to key staff on the types of transportation benefits available to Members, enabling the Provider to recommend using NEMT when the need arises. In addition, we continually leverage community-based organizations to help share the information. The NEMT guidelines are on our website, and our Member Services call center is equipped to expertly answer questions about NEMT and connect Members directly to MTM for ride scheduling.

Providing Urgent and Rapid Response Trips

We know not all health care needs can be planned in advance. That is why we do not place limits on Members' urgent trips. We arrange for pickup within three hours from when the urgent request is made. To confirm these trips are fulfilled on time, we require Members to request urgent trips by calling the Member Services toll-free number and they will be transferred to MTM via the interactive voice response system. In addition, Members can use self-serve options, such as web chat, the Member portal, or the mobile app.

When a Member requests an urgent trip, MTM verifies the urgency of the appointment with the medical Provider by phone. Once the appointment is verified as urgent, they proceed with scheduling transportation. If the trip request is determined not to be urgent, they will educate the Member of the standard NEMT benefit. The Dispatch and Logistics teams work to place short-notice, after-hours, and urgent trips with available transportation Providers. They call transportation Providers who cover the service area to determine availability, confirm the trip details with the Provider and the Member or representative, and negotiate rates for the trip if necessary. If MTM dispatches a trip to a transportation Provider less than 48 hours in advance, they contact that Provider by phone to confirm they can accommodate the trip or send the trip directly to a driver for acceptance.

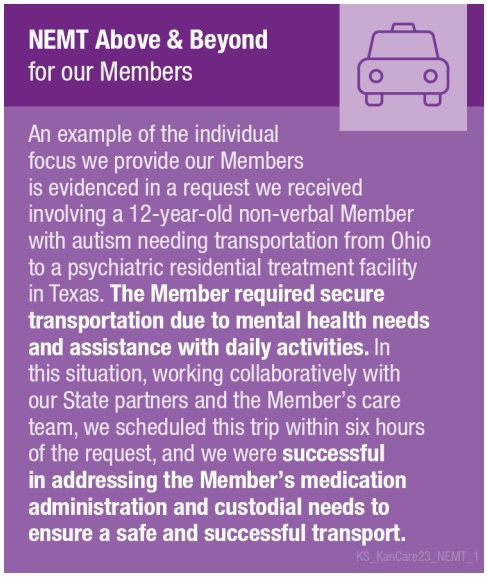


For rapid response trips, when a driver is running behind, the platform generates a notification so trips can be reassigned to an alternate driver or Provider in the area if necessary. During training, logistics staff also educate transportation Providers to notify MTM immediately in the event of any problem that might cause a trip delay. Immediately after notification, MTM contacts the Member and the facility or individual at the destination point and documents the notification. Once an alternate Provider is located and accepts the trip, we notify all appropriate parties of trip changes via phone call, text message, and email.

Our Members have at their disposal the MTM Link platform and mobile app for real-time tracking of vehicles. We educate our Members on using self-service tools to schedule and manage their trips, receive trip reminders and imminent arrival notifications, and submit claims for mileage reimbursement. MTM Link improves the Member experience by its intuitive routing and scheduling, leading to lower wait and ride times and preventing missed trips to appointments. The MTM driver app aids in assigning short notice trips and monitoring transportation Provider performance to maintain high quality service. It also confirms the trip's destination is to a covered service with an enrolled Provider, denying trips that do not meet CareSource's protocols. MTM Link automates the NEMT process from trip intake to ride facilitation.

Measuring Effectiveness of the CareSource NEMT Benefit

CareSource and MTM use data-driven sources to execute program improvements. Our teams continuously review data such as mileage, trip modality, trip type (recurring, multiple destinations, or on-demand), and trip reason to determine which data points may be driving correlations to missed trips, no-shows, or complaints. For example, trips involving ambulance, stretcher, or paralift modes; dialysis; or high mileage typically result in the highest rates of complaints and no-shows. Targeted solutions to improve the Member experience involve engaging transportation Providers with ambulance, stretcher, or paralift capabilities for added services and training, and using a risk evaluation scale for long distance trips to identify and solve for failure points that are a risk to the trips' success.



Additionally, under CareSource's leadership, MTM recently launched the Elevate Concierge Program to help improve transportation for the most critically needy population including Members with critical illnesses and physical limitations. By using predictive analytics and Member data to identify high-risk needs or special accommodations, this program supports transportation that requires a higher level of monitoring and oversight. Elevate measures risk factors identified through data analysis including the mode of transport, frequency of trips, preferred driver, distance of trips, and advanced scheduling of the trip. It then proactively auto-enrolls the Member in the program to meet their specific needs. Benefits of Elevate include direct access to a dedicated concierge team for all transportation needs with recurring trips being assigned to the same driver or transportation Provider when possible.

Meeting Service Standards

Our Member Transportation Experience team's sole purpose is to ensure a best-in-class NEMT experience for Members. The team monitors both compliance and service standards through proactive oversight. We monitor and trend a core set of critical success factors on a daily, weekly, and monthly

basis such as trip log data (pick up and drop off times, trip leg evaluation), Member Services call inquiries, grievance information, Care Manager feedback, and leg-by-leg and enroute monitoring of unique needs trips. This proactive approach and daily engagement ensure timely and dependable access to care while ensuring continuous improvement based on Member insights and feedback.

MTM operates a Facility Portal tool, giving real-time awareness of any impacted or no-show ride, empowering our team to take immediate action to address a Member's transportation need. We contact Members within 24 hours of any missed trip or no-show to understand the reason for the trip not taking place and ensure consistent individual Provider performance. Oftentimes, we facilitate long distance or secure rides that require detailed coordination with Members, their care teams, and transportation Providers. Care conferences occur between the Member, their Care Coordination team, and the Member Transportation Experience team to ensure we proactively plan and address every aspect of their transportation needs toward improving Member health outcomes.

Our Member Transportation Experience team participates in Member Advisory Committees to help shape benefits, policies, and procedures. For example, in Ohio, where we provide a similar set of covered services as those required in Kansas to an average of 1.4 million Members since 1989, we identified a growing need for secure transportation as requests increased by over 200% from Q1 to Q2 2023. We proactively worked with our vendor, MTM, to increase the number of transportation Providers and vehicles capable of meeting this need. As a result, we effectively scaled our transportation network to meet the eventual four-time demand increase for these types of trips.

In 2021, our Member Transportation Experience team identified a specific transportation need that involved Members requiring transportation support to attend SUD treatment appointments. Transportation requests for SUD rides were increasing exponentially, and because of this identified need our Member Transportation Experience team recommended updating our transportation benefit to allow for unlimited critical care trips during the second half of 2021. Through this change, Member SUD trips continued to increase in 2022 by over 219%, and by an additional 55% in 2023. Our Member Transportation Experience team worked with our vendor to develop their network in such a way that they were able to manage this increase in volume while maintaining a 99.89% complaint free ride percentage. Through our Member Transportation Experience team's ongoing engagement with our vendor and our transportation data, they were able to align our benefits to better meet the identified needs of our Member population.

Our Vendor Oversight team provides another layer of formal contract compliance with MTM. Our team proactively audits more than 16 service level agreements to which we hold MTM accountable. This ensures compliance with all contract and mandated requirements. The service level agreements include substantiated complaints and grievances (must be less than 1% of total rides), on time arrival (must meet 95% on-time arrivals for pickups), and no-show percentage (must meet less than 0.75%). This team issues CAPs if there is a failure to comply with agreed-upon metrics and service levels to quickly address the gap in service that caused the non-compliance. The Vendor Oversight team also enforces a financial penalty with contracted vendors should there be failures to comply with service standards.

Q.8. Provide specific details on your recruitment and contracting strategies to develop a provider network. How is that process different for varying provider types? Describe the current status of your network, including the current numbers and letters of intent by provider type.

A.8.

All Kansans deserve access to high-quality Providers who can meet their unique health needs, *wherever they live*. Our personal approach to developing an adequate, qualified Provider network is built on our decades of experience as a trusted partner to Providers and our unique HealthAlliance perspective.

> I am writing today on behalf of the Kansas Hospital Association (KHA) regarding CareSource, an organization that has been developing community partnerships and a provider network in Kansas over the past two years. KHA and its member hospitals' highest priority is to provide "optimal health for Kansans". We do this by **improving hospital care through the exchange of knowledge and ideas of our members**… We believe it is essential to recognize the collaborative efforts of various entities in advancing the cause of improving health and community support in Kansas. **We are pleased to see that organizations like CareSource share a similar dedication to this cause.**
>
> **Chad Austin, President & CEO, Kansas Hospital Association**

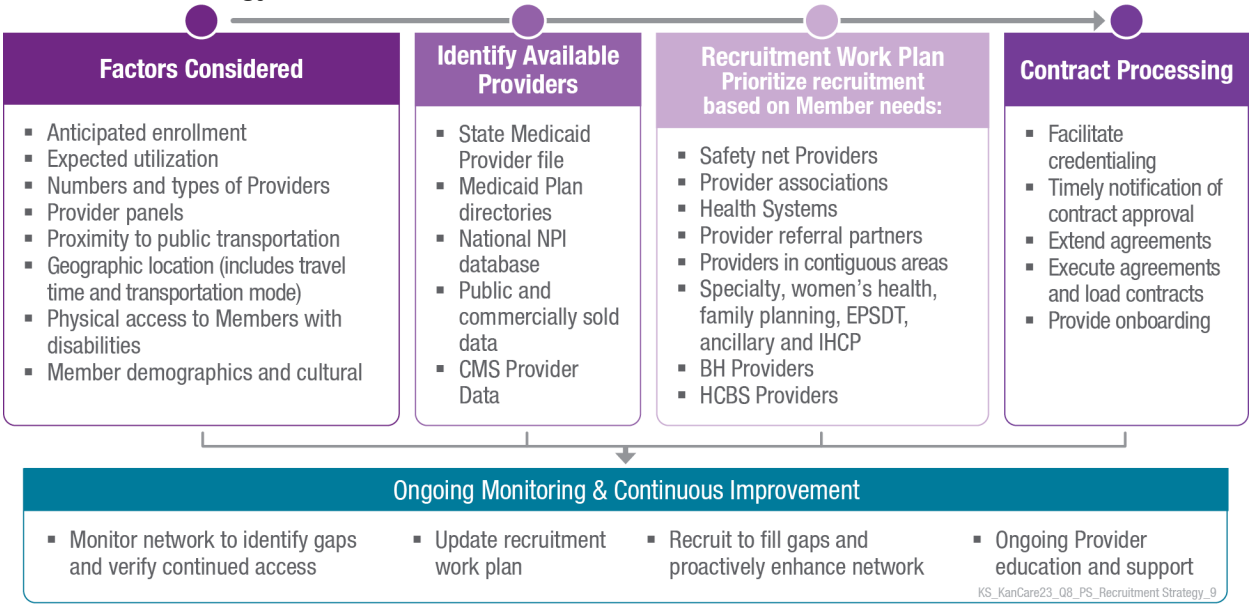
KS_KanCare23_Q8_CL_Kansas Hospital Association Quote_2

For the past three years, we have been actively immersed in Kansas, building relationships with Providers one-on-one so we can understand their unique experiences firsthand. While our contracting efforts are still ongoing, **we have exceeded 77% of the State's overall Provider network adequacy standards via fully executed agreements or Letters of Intent (LOI) which represents more than 96% of the acute care hospital adequacy requirements in Kansas**. These efforts have well-positioned CareSource to **exceed adequacy standards** in advance of go-live.

CareSource Provider Network Recruitment and Contracting Strategies

The foundation of our strategy is to identify and prioritize the contracting of available Providers by overlaying time, distance, and covered services requirements with Member location and network needs.

Recruitment Strategy



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Network Needs Analysis

Provider recruitment activities begin with the identification of all qualified Kansas Medicaid Providers through analysis of State Medicaid Provider files, Quest GeoAccess data, current Medicaid Plan directories, the NPI Database, and public and commercially available data. We evaluate this data for the following:

Data Point	Description
Anticipated enrollment	We project potential changes in membership quarterly and use the information to evaluate network needs and adjust to our recruitment strategy. We consider Provider count and need for specific Providers.
Expected utilization of services	We identify our Members' health care needs quarterly and evaluate the network to identify need for additional Provider recruitment.
Number and types of Providers	We generate monthly reports using Provider types from State guidelines, HEDIS requirements, and Member needs, including an assessment of Provider capacity.
Panel status and Providers not accepting new Members	We review the panel status of our PCPs by county and region quarterly and use this data to identify access barriers and implement additional targeted recruitment efforts. Upon identification of a closed panel, we review network PCPs in the same geographic area to ensure there are sufficient PCPs with open panels to provide appropriate access. We regularly monitor our network to confirm willingness to accept our Members.
Proximity to public transportation	Each quarter, we collect information about Provider proximity to public transportation. We use this information to identify recruitment opportunities and assist Members in selecting a Provider that is accessible via public transportation. If unable to use public transportation, we offer other solutions such as our NEMT vendor.
Member-to-Provider ratios	We incorporate Member-to-Provider ratios monthly to validate adequate Member access and Provider availability. We use results to target geographic areas and/or specialty types in need of recruitment and pursue contracts with those Providers.

Recruitment and Contracting

Our recruitment strategy entails connecting and engaging Kansas Providers located in the areas where our Members live. We prioritize the contracting of available Providers by overlaying time, distance, and covered services requirements with Member location and network needs. We contract with any willing Provider who wishes to be in our network and can meet our commitments to quality, cost, outcomes, and credentialing standards. Our locally based teams engage with Providers to secure contracts and initiate the credentialing process. As we contract each new Provider, we take steps to streamline and reduce any administrative burden associated with the contracting Provider.

Monitoring

CareSource demonstrates and continuously monitors network adequacy, in accordance with 42 CFR 438.206 and State requirements to ensure we maintain an accessible network in all geographic areas, across all Provider types, and in compliance with time, distance, and appointment time standards. We evaluate network development progress weekly using Quest GeoAccess and prioritize our contracting efforts based on time, distance, and covered services requirements. In addition, we leverage Trilliant competitor claims data to ensure that we are contracting with Providers that provide care to KanCare recipients. This technology assists in ensuring we combat against 'ghost network' issues experienced by many Medicaid managed care programs.

Network Accessibility Monitoring Activities

Monitoring Activities	Description
Secret Shopper Calls	**Reviewed Quarterly:** Secret shopper calls to assess PCP and specialist Provider compliance with availability requirements; surveys include 25% of the network every quarter or 100% annually; Providers who fail are put on a CAP and are reassessed again before the end of the year
After-Hours Calls	**Survey Conducted Annually:** After-hours survey via a vendor to confirm the availability of PCPs (or their designees) to Members after normal office hours
Utilization Analysis	**Reviewed Monthly:** Use of ED and urgent care services can be an indication that the Member could not secure a timely appointment. We analyze overall trends and trends specific to non-emergency and non-urgent billing codes
Use of Out-of-Network (OON) Providers	**Reviewed Monthly:** Analysis of OON single case agreement requests can be an indication of unavailable appointments
Inquiries, Complaints, Grievances, Appeals	**Reviewed Monthly:** ▪ Provider inquiries looking for assistance with scheduling a Provider appointment for a Member referral ▪ Member inquiries requesting assistance scheduling an appointment ▪ CareSource24® nurse advice/ behavioral health line call volume and type when a Member indicates they were unable to schedule an appointment ▪ Inquiries by Members looking for appointments related to their PCSP

Different Recruitment and Contracting Strategies Based on Provider Type

CareSource's recruitment strategy is more than just meeting adequacy standards. Our engagement is personal and our solutions for Providers is personal. Our recruitment strategy addresses the needs of all Providers in our network, with an understanding of the unique capabilities and capacity of varying Provider types.

This approach is based on the principals of effective communication, easy access to information and resources, and active representation and advocacy. Our local Provider Relations team has specialized expertise and experience in contracting with varying types of Providers. They utilize one-on-one in-person and virtual meetings with Providers to address needs and to work through how each Provider can be successful. We also customize our agreements, VBP programs, dashboards and meetings around the Provider, their practice, feedback and needs.

We have also expanded our definition of "Provider" to create strong alignment among all stakeholders that support our Members. Our Community of Innovation brings together Providers, including HCBS Providers, community-based organizations, advocacy groups, individuals with lived experience, and other stakeholders to the table as collaborative partners to identify problems, develop solutions, and make decisions, ensuring their voices and expertise are valued. This model develops innovative solutions to improve the Member and Provider experience, reduce service and product gaps and barriers, and strengthen industry partnerships."

HCBS Provider Approach

HCBS Providers require the most unique approach we employ to recruitment and contracting. We believe that to establish a strong HCBS Provider network, we must, and we have developed partnerships dedicated to the integrated care delivery. Our approach includes an intentional re-design of our Provider

contracting tools to effectively partner with HCBS Providers. We streamlined our Provider contract specifically for HCBS Providers to accommodate their differentiation. By abbreviating the contract, we reduced it from 17 to 8 pages and removed clauses and requirements that are not applicable to HCBS Providers, resulting in greater ease of contracting with us. This approach refined the contracting strategy to make it applicable specifically to the types of services delivered by HCBS Providers and accounts for how these Providers are identified, referred, and licensed/credentialed. As a result, HCBS Provider expectations are more clearly defined and more applicable to the specific populations they support.

Physician and Hospital Approach

We attract and retain our network of high-quality physicians and hospitals because we make it administratively easy for Providers to work with us and our Members do not need a referral to see these in-network Providers. However, if there is a reason a Member would benefit from seeing an out-of-network Provider, or in the event there is not a network Provider available within the access standards, we work with the Member and their care team to ensure access to specialty services using single case agreements.

Behavioral Health Approach

CareSource recognizes the importance of a high-quality and accessible network to serve our Members with behavioral health needs. As we noted in our response above to Q.3., we recognize the critical shortage of behavioral health Providers and the consequences that it has for all Kansans. It is a driving objective in assembling our HealthAlliance Partners, many whose member organizations are foundational to attaining network adequacy. Rather than taking a cookie-cutter approach to value-based contracting with behavioral health Providers, we have been exploring VBP arrangements that are tailored to their needs and complexities.

Dental and Vision Approach

We subcontract for dental and vision services and incorporate network development activities for subcontractors into our recruitment strategy. Our relationships with our subcontractors are based on delegated service agreements. This framework ensures we have a written agreement with all entities with whom we subcontract that defines subcontractor activities, reporting, and penalties if the subcontractor does not meet the contract requirements. Through our established oversight structure, we monitor subcontractor network development activities and ensure compliance with all requirements that are in our contract with KDHE.

Current Status of KanCare Network

CareSource is well positioned with a network that meets adequacy requirements before implementation. Thousands of Providers have already signed contracts and LOIs with CareSource, and more indicate they will contract with CareSource upon award. This includes Providers in all 58 specialties and throughout every corner of the State.

Current Status of Commitment by Provider Type

Provider Type	Contracts/LOIs	Providers Affiliated with Contracts/LOIs	Percent Adequate
PCPs	142	1,838	75%
Specialists	210	6,727	73%
Hospitals	49	56	96%
Behavioral Health	233	1,491	85%
Ancillary/Allied	483	3,325	80%

We have also secured nearly 100 contracts and LOIs with our HCBS Providers with similar commitments to move to full contracts after award and after CareSource has secured a complete HCBS Provider file from the State.

CareSource has developed a comprehensive network of Providers with the capacity and expertise to partner with us in the delivery of whole person integrated care to our Members. While we have made good progress in growing our network, there were some providers who would not contract in advance of the award announcement. For those Providers not yet contracted, they stated they would continue to work towards a contract but could not accommodate a timeframe to finalize before our submission date.

We will continue our recruitment activities to overcome barriers to contracting and establish the most robust provider network possible for KanCare Members. Our network foundation is strong and will fully meet the needs of the KanCare population for go-live.

> We have had numerous brainstorming sessions with CareSource to work through how they can invest back in Kansas communities in a way that is meaningful to Members across Kansas. This means conversations about how to assist with services for those on the HCBS waitlist as well as how to support the gap in services on the Physical Disability, Brain Injury, and Frail/Elderly waivers from losing case management services. CareSource is invested in looking at these problems from a new perspective and exploring options to use value-add and in-lieu of service strategies.
>
> **Kansas Association of Centers for Independent Living**
>
> KS_KanCare23_Q8_KS Assoc of Centers for Independent Living Quote_1

The diligent, on the groundwork in Kansas connecting with and meeting with Providers contributes to a strong and secure network for our Members. We developed relationships with our HealthAlliance Partners, Centers for Independent Living Services, the Area Agencies on Aging, and the CHW Coalition through WSU to identify and engage HCBS Providers as participants in our network. We are Members of the Kansas Hospital Association, the Kansas Association of Addictions Professionals, the Community Care Network of Kansas, and LeadingAge Kansas. We have contractual commitments from key health systems such as Children's Mercy, The University of Kansas Health System, Ascension Via Christi, Stormont Vail Health System, AdventHealth, HCA Midwest Health, Wesley Healthcare, and Saint Luke's Health System and we have a contract or LOI in place to cover more than 96% of the acute care hospital gaps in Kansas. Further, we have a firm understanding, from hospitals and Provider groups who have not yet signed a LOI, that they will participate in our networks upon award.

Providers Chose CareSource

Providers want to work with us as evidenced by our achievement of Net Promotor Scores of **>80%** for the likelihood that Providers would recommend CareSource to other Providers. Our operational excellence emphasizes Provider simplification with an unparalleled **99%** of claims paid in five days and a first call resolution rate of over **93%**. **Our goal is to make it easy for Providers to focus on the most important thing- Member care.**

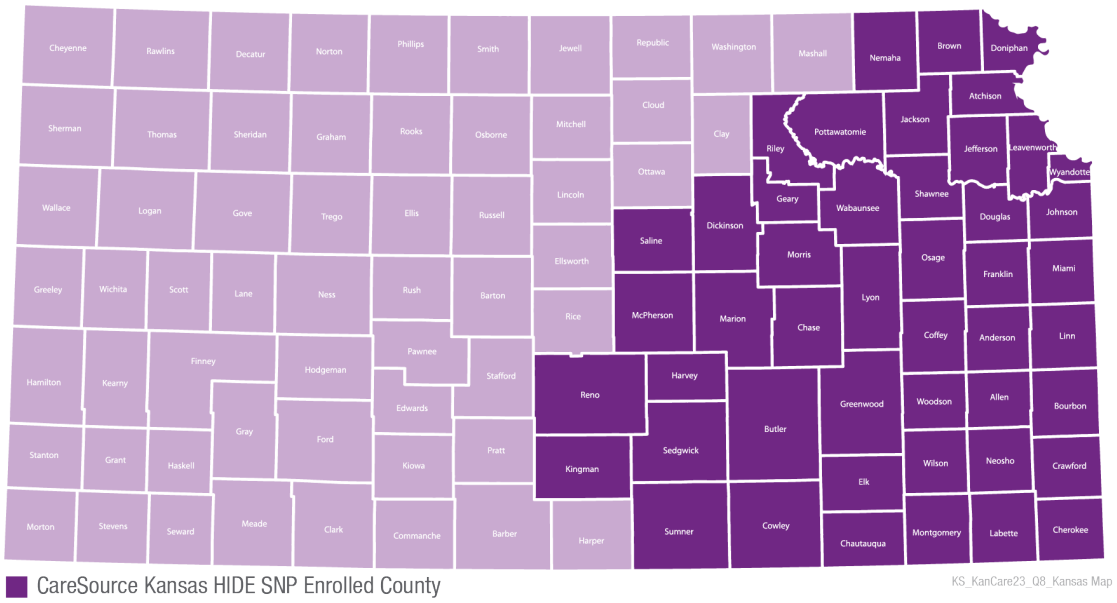
KS_KanCare23_Q8_Providers Chose CareSource_1

Current Highly Integrated D-SNP (HIDE SNP) Network

CareSource understands and is committed to Kansans served under a Highly Integrated D-SNP (HIDE SNP). We acknowledge that persons eligible for Medicaid and Medicare (dual eligibles) are among the nation's most vulnerable individuals because of their multiple chronic conditions and correspondingly complex health care needs. Currently, these individuals face the daunting challenge of accessing two separate health care systems which often lack effective communication and care coordination, resulting in difficult system navigation and unsynchronized costly care. As such, CareSource created our Model of Care (MOC) application (H Contract #1569) and a detailed Provider network to support our Kansas HIDE SNP and filed that application with CMS on February 14, 2024. CareSource is on track to offer a HIDE

SNP plan to KanCare dually eligible Members in 47 counties in North-East and South-East Kansas, as illustrated in the map below.

CareSource Kansas HIDE SNP Service Area (per CMS Application/Filing in February 2024)



CareSource has experience operating and managing programs and plans for dually eligible Members. We create better outcomes for our Members by providing a centralized point of contact between programs and streamlining a comprehensive network of Providers, community agencies, and other services and supports that are diverse enough to meet the dual eligible population's specialized needs. As part of a concentrated, focused effort since release of the KanCare RFP, CareSource has made considerable progress in building our Provider network to support the HIDE SNP on January 1, 2025. In our 47-county service area, CareSource is currently **95% adequate** pursuant to CMS' adequacy standards utilizing both fully executed agreements and CMS compliant letters of agreement. We will continue to build and expand this network following award to offer a competitive and attractive HIDE SNP program to some Kansas most vulnerable population.

Q.9. Please elaborate on specific strategies you will deploy to address the dental services gap Kansas has in the Medicaid population, particularly in the rural and frontier areas.

A.9.

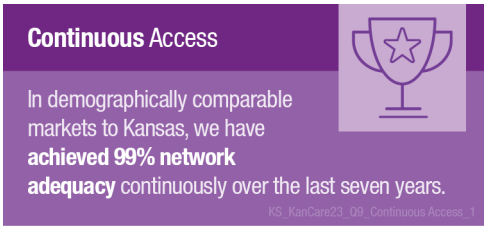
As a leader in whole person health care, CareSource takes an innovative and proactive approach to dental health services, tailored to each Member's individual needs. We cultivate an excellent dental Provider experience, incentivizing value, and quality to ensure our Members have access to culturally competent care. We overcome barriers to care through awareness, education, co-location of services, and transportation. Our experience combined with our collaboration with Oral Health Kansas and community needs assessments, will ensure we achieve similar increased access results in Kansas upon award.

Specific Strategies to Address Dental Services Gap in Kansas Medicaid Population

To achieve our goal for comprehensive dental health services, CareSource will leverage our vast experience and deploy key strategies to address dental services gap in Kansas.

Provider Recruitment and Enhancing the Provider Experience

CareSource intends to address existing dental barriers such as dental professional workforce shortages, especially in rural, frontier and areas such as south and west of Hays, retiring rural dentists, and limited dental schools in the region through our Provider strategy. We have developed a strategy inclusive of value-based incentives, student loan repayment programs pilots, and other incentives for new dental Providers in the region. Additionally, to combat dentist workforce shortages, we ignited work with dental hygiene schools and recruitment of more Kansas Extended Care Permit (ECP) Dental Hygienists who are key to addressing prevention and filling in access gaps. Additionally, we offer:



- **Provider Resources:** Increasing health equity and providing culturally and linguistically sensitive care are central to our VBP programs. Our team of dental directors, behavioral health, medical, and public health professionals developed a comprehensive toolkit to assist dental Providers with the tools and resources necessary to guide a Members' journey to better health and well-being. Toolkit topics include talking to Members about improving dental and physical outcomes through a drug-free, smoke- and tobacco-free life, and techniques on motivational interviewing to help overcome dental care hesitancy. We also offer cultural competency small group facilitated training and free continuing education for dental Providers. We encourage dental Providers to complete the U.S. Department of Health and Human Services' Cultural Competency Program for Dental Health Professionals, a free online educational program.

- **Provider Select Suite Solution:** CareSource is also evaluating the use of a program, in collaboration with our Dental network partner, to evolve dental VBP programs in Kansas. The Provider Select Suite highlights initiatives to improve Member and Provider Satisfaction, identifies and recognizes high-performing Providers, and helps direct Members to highly rated Providers. This guidance leads directly to increased Member and Provider satisfaction and substantial cost savings. One solution within the Provider Select Suite is the Provider Rating Tool. The rating process is currently built into an existing, State-approved VBP program, which allows us to provide support, data, and analytics for our VBP program. The tool automatically measures and rates Providers for quality, appropriateness of care, and efficiency based on your program's unique goals. The tool includes configurable criteria

based on claims history, authorization approval percentages, electronic adoption, and more. This tool can also incorporate any external data to apply to the ratings, for example, Member survey information could include Net Promoter Score (NPS) for each Provider.

- **Implementation of Dental Access and Availability Plan (DAAP):** The CareSource DAAP is for ongoing assessment and monitoring of KanCare service areas to ensure our participating dental Provider network is compliant and exceeds the KDHE network adequacy requirements and can deliver on our commitment to increase access and utilization of preventative dental as well as other essential oral health treatments and services.

Dental Quality Rewards VBP Program

CareSource will bring our Dental Quality Rewards program to Kansas. Through this program, we provided enhanced adult dental benefits and incorporated program initiatives with an investment of $27 million in Ohio and Georgia. This investment expanded preventive dental care and treatment utilization, resulting in improved oral health and improved overall health outcomes for Members with diabetes and pregnant Members, while reducing ED visits for nontraumatic dental conditions (NTDC). As an example, in the six months since implementing our Dental Quality Rewards program in Georgia, we increased preventive dental visits by more than 15%. Our Dental Quality Rewards VBP program includes:

- **Dental Home Provider Quality Rewards for Cavities Risk Assessments and Preventive Care:** This quality rewards program offers dental Providers the unique opportunity to improve clinical outcomes and receive compensation for their efforts in disease prevention and reduction in associated risks for dental cavities and adverse oral health outcomes.

- **CareSource MedDental™:** Our whole person coordinated care dental program will be implemented in two phases:
  - **Phase 1*:*** We will identify Members with specific conditions (e.g., diabetes, hypertension, respiratory illness, pregnancy) and dental care gaps, to provide support through innovative care coordination, health coaching, and covered dental benefits linked to improved overall health outcomes. The program also identifies Members utilizing the ED for non-traumatic dental conditions (NTDC) and provides outreach for follow-up dental care.
  - **Phase 2 (planned for 1 year, following Phase 1)**: We will offer incentives for interprofessional collaboration with coordination of medical-dental-behavioral health referrals, and care coordination at the Provider level. This will increase patient awareness of and Provider attention to the whole-person approach to helping Members attain optimal overall health. The program links value-based compensation to care coordination at the practice level and quality measures noted along with enhancer codes.

Increase Dental Health Awareness for Members

CareSource takes a multi-pronged approach to improving Member awareness and understanding of dental benefits and the impact oral health has on overall well-being and quality of life. Education begins at enrollment by completing a HRA to identify gaps in dental care and address barriers to access. Our multi-model outreach includes information on dental health, covered and comprehensive benefits, and how to access care, available in our welcome kit and Member handbook (available in all threshold languages), by mail, and on our Member website.

We support Members with selecting a dental Provider and assist with free transportation for dental visits. To incentivize Members to use their dental benefits, we offer our Member-incentive SmilePack with dental hygiene aids, education, and a $25 gift card for completion of their annual visit. We provide ongoing education to Members about dental care with these strategies:

- Call campaigns by county to Members who have not used their dental benefits to explain benefits, assist with locating a dental Provider, arrange transportation, and answer questions
- Newsletters distributed via text, email, or mail, based on Member preference, with education on dental care and covered benefits
- Informational texts with dental health reminders, tips, links to our Find A Doctor tool (where dentists can be selected as a Provider type), and other resources
- Postcard reminders with information on area dentists and targeted mailers to special populations (i.e. pregnant individuals, older adults, and Members with diabetes)
- Information prominently displayed on our website explaining free transportation for dental visits along with fun and engaging dental hygiene videos
- Advertising campaigns to raise awareness of the importance of preventive dental care Partnerships with community-based organizations to increase awareness and access through dental health education events and dental clinics, with onsite CHWs to engage with Members and provide additional support as needed

Closing Gaps in Dental Care

After identifying a gap in services for oral health in a juvenile justice setting, CareSource **committed resources to educate this population on the role good oral health plays in overall health and the overall ability to succeed in life enabling Oral Health KS to present "Success Begins with a Smile,"** to 24 young individuals residing in Wyandotte County Juvenile Detention Center in Kansas City, Kansas.

KS_ KanCare23_Q9_Closing Gaps in Dental Care_1

Coordinating Care for Dental Services

We take every opportunity to ensure whole-person health, including connecting Members to medical and dental homes; assessing for HRSN barriers, special needs, and medical complexity; and monitoring utilization of benefits. CareSource will contract with FQHCs and clinics throughout the State which have dental services onsite or in a mobile capacity. We prioritize connecting Members to these locations to receive physical health, behavioral health, and dental services in one location.

In addition to initial outreach and care coordination engagement, we utilize CHWs for outreach to Members with identified gaps in dental care. All staff have access to our GuidingCare care coordination platform for a complete picture of the Member's health history. Using motivational interviewing, staff identifies concerns, hesitancy, or barriers in accessing care. Staff review claims and identify dental related issues. Using our Find A Doctor tool, we help Members identify a dental Provider who meets their needs, such as language, accessibility, location, race and ethnicity, gender, and services offered. We can conduct a three-way call with the Member to a dentist's office to make an appointment, and we will help arrange transportation to the appointment, as needed. The team sets a reminder to call the Member the day before their appointment and follows up the day after to ensure the appointment was completed. In the event of a missed appointment, we follow-up with the Member to identify and address barriers such as transportation and help reschedule the appointment.

Stakeholder Partnerships and Community Engagement

Increasing community partnerships and activities that promote access to care, oral health education, and social support to promote oral health equity is at the core of our mission. By partnering and linking with community organizations, professional associations, schools, and community resources such as

foodbanks, education assistance and other organizations, CareSource promotes access to dental care and preventive services, and access to determinants such as nutrition, education and housing that support oral health outcomes. These partnerships play a powerful role in raising awareness about the importance of good oral health.

Collaborating with Oral Health Kansas

CareSource has worked closely with Oral Health Kansas to provide feedback on initiatives, gaps in care and educational resources. Partnering with Oral Health Kansas helps us promote not only access to dental care and preventive services but also address SDOH and to raise awareness about the importance of good oral health for Members. Below are a few of the initiatives that CareSource and Oral Health Kansas will continue to partner on.

- **"Begin with a Grin" campaign**: CareSource plans to promote medical dental integration with our Provider network. This program trains medical professionals to provide preventive oral health services for high-risk young children to decrease dental disease and reduce oral health disparities.

- **Dental Passports Program**: Parents fill out the passports with the necessary information related to their child's disability or health condition, as well as their likes and dislikes, certain things that make them happy, special in office conditions they would need, etc. The passport is then provided to the dental office prior to their visit. This information helps the provider to be prepared for the member's visit and to help make the visit as comfortable as possible. The Passport could include things like keeping the lights dim, turning off the music, etc.

- **Kansas Initiative for New Dentists Program (KIND)**: CareSource will make an investment to assist the KIND Program. The loan forgiveness program from the Kansas Dental Association (KDA), Kansas Dental Charitable Foundation (KDCF), and Delta Dental of Kansas encourages dentists to practice in rural Kansas. The program offers a Dentist Loan Forgiveness Grant of up to $50,000.

- **TeamSmile:** In Collaboration with Oral Health Kansas, CareSource recently sponsored an event providing free dental care for over a hundred students in Wyandotte County through TeamSmile**.** The event occurred in conjunction with the Kansas City Chiefs, Oral Health KS and TeamSmile, a national non-profit organization that provides free dental care and education for underserved children. CareSource will partner with TeamSmile and Oral Health Kansas to host its first Kansas exclusive event on June 18, 2024, with the Kansas City Monarchs. We are committed to a yearly event through TeamSmile and Oral Health Kansas in Kansas City and are proposing a similar event with the Wichita Wind Surge.

Children's Oral Health Institute Lessons in a Lunch Box: Healthy Teeth Essentials & Facts About Snacks®

Our goal is to educate not only Members on the importance of oral health, but the entire community on the importance of oral health. Lessons in a Lunch Box is an oral health literacy event, created by the Children's Oral Health Institute, to help children learn early about the importance of taking care of their teeth, healthy eating and snacking, and potential dental careers.

CareSource presented to 2nd and 3rd graders at a local elementary school. The day featured videos and interactive dental-related activities that included brushing and flossing lessons, a discussion about sticky plaque and how to make healthy food choices. Every attendee received an orange lunch box designed exclusively to teach elementary school children about oral health, healthy diets and encourages interest in careers in the dental profession. The brightly colored orange lunch box includes a color coordinated carrot case with a rinse cup top designed to store a toothbrush, toothpaste, and dental floss. The lunch

box also included oral health information for their parents. Teachers received oral health information and resources, as well as information on what to do in situations of dental trauma and emergency. We will implement this program in Kansas Unified School Districts.

CareSource has also helped to review items and make recommendations for Oral Health Kansas's Dental Passports program. Parents fill out the passports with the necessary information related to their child's disability or health condition, their likes and dislikes, certain things that make them happy, special in office conditions they would need, as well as other preferences. The passport is then provided to the dental office prior to their visit. This information helps the Provider to be prepared for the Member's visit and to help make the visit as comfortable as possible. The Passport could include things like keeping the lights dim, turning off the music, etc.

Rural and Frontier Areas Strategies

We will leverage our extensive experience to ensure timely access to quality dental care in urban, rural and frontier areas. Our proven interventions to increase access in these areas will assist Rural and Frontier Members with timely access to dental care.

Deploying the Dental Home Model

One of CareSource's key evidenced-based programs for improving access to care and implemented in several State markets is **Dental Home is Where the Heart Is ™** Our program leverages the Dental Home Model to create an ongoing relationship between a dental care Provider and a Member, similar to a primary care physician in health care. By establishing routine checkups every six months and treatment, when necessary, Members are provided with preventive oral health care that diminishes their risk of dental disease and establishes overall health and longevity. This is an essential solution for Kansas as the foundational goal of this model is to ensure that the Medicaid population we serve, in all geographic regions of the state, are assigned to or self-select either a general or pediatric dental office. We educate Members, caregivers and Providers on the features and benefits of the dental home model.

In implemented markets, the program has resulted in a **5-10% increase over the last three years, in measures tracked annually.** Children received oral health education and CareSource SmilePacks (oral hygiene kits with battery operated toothbrush, floss, other aides, and oral health education brochures). Both children and adults can also receive gift cards up to $20 per year for having their dental check-ups.

We will identify all Providers in Kansas who are eligible to serve as a Dental Home (i.e., General or Pediatric Dentists), and work diligently to increase the Medicaid participation rate. CareSource will auto-assign a KanCare Member to a dentist with whom, the Member has a historical relationship, provided regulatory geo-access requirements are met. However, Members will have the option and flexibility of selecting or changing their dental home. If the Member has no historical relationship, CareSource will auto-assign the Member to the assigned dentist of an immediate family Member also enrolled in CareSource as age appropriate. If no immediate family member has a historical relationship with a dental Provider, CareSource will auto-assign the Member to a dentist using an algorithm that is based on the age of the Member, geographic proximity, and Provider panel size.

Mobile Dental Van – Reaching Rural and Frontier Areas

CareSource Wellness on Wheels (WOW) is our experienced mobile health unit launched in Georgia where we created multiple partnerships with mobile clinics to serve rural and high-need communities. In 2023, the impact of CareSource WOW was hugely significant with over 15 WOW health stops, hosting more than 15,000 attendees. CareSource has committed to incorporate a Mobile Sprinter Dental Van that

will be used in partnership with contracted FQHCs and Community Centers serving the frontier and rural regions of Kansas. We will partner with mobile dentist through an enhanced fee schedule arrangement to provide mobile dental services throughout Kansas.

CareSource's Virtual Dental Home Collaborative

One strategy to increase access to care in Medicaid populations and specifically rural and frontier regions in Kansas, CareSource will launch its **Virtual Dental Home Collaborative**. The Virtual Dental Home initially launched in CareSource's Georgia market to assist in access to care gaps, encompasses components of the "brick and mortar dental home," but does so using geographically distributed, telehealth-connected teams. The **Virtual Dental Home Collaborative** through mobile dental equipment and technology donations provided by CareSource, uses technology and innovations in the workforce to bring safe, high-quality dental care to children and adults where they already spend time, such as at schools, early learning sites, skilled nursing homes and other sites in the community.

CareSource partners with public health programs and safety net clinics, operating per state mobile and telehealth practice acts, looking to improve the oral health and dental care of the population they serve. The program promotes expansion of the Provider's capabilities to bring safe, high-quality dental care to individuals where they already spend time in the community. Most importantly, it brings much-needed care and preventive services to individuals who might otherwise receive no care.

In Kansas, the Extended Care Permits (ECP) I, II and III workforce model that has expanded the dental hygiene scope of practice, allowing dental hygienists to provide oral care to Kansans in different settings beyond the dental office, is an optimal opportunity to incorporate the **CareSource Virtual Dental Home Collaborative**, as studies show the ECP workforce model in Kansas through the years has resulted in a dramatic increase over 50% in patient contacts in safety net clinics, a main hub for many ECP Providers. Training and implementation of the Virtual Dental Home Model is supported by CareSource.

Kansas community partnership targets include:

- FQHCs
- School-based health clinics (SBHCs)
- Community Health Centers (CHCs)
- RHCs
- Local health departments or agencies
- Volunteer community health setting
- Post-secondary educational institutions, (Kansas City University Residency programs)
- Skilled nursing facilities, Senior centers
- Family violence shelters
- Juvenile Justice System programs

We will also:

- Collaborate with general dentists in rural areas to identify any dental specialties that are qualified to perform and credential them appropriately. These specialties can be included as part of their listing in the Provider directories and that information is available to help Members find the dental services they need.
- Work with non-participating specialty dental Providers to arrange services in areas of need via single case agreement to ensure access to Members and provide opportunities to transition to in-network Providers; this contact with non-participating Providers can also lead to discussions regarding becoming a contracted or participating Provider. These situations are often handled through a single case agreement, where specific fees and services are agreed to with the Provider on a one case basis to see the member in needed. However, these situations often lead to out-of-network Providers joining our network.

We have a number of key partnerships in our current dental network. Currently, we partner with at least two larger oral surgery groups, both of which have hospital privileges, to allow for the more complex

dental cases to be handled in a hospital setting. There are two rural counties where we have a Provider contracted that is the only dental Provider in their area. We have also partnered and contracted with a number of mobile units and FQHCs in the state of Kansas as well as the largest dental Provider group in the State.

CareSource is also exploring a number of innovative solutions with our dental partner, SKYGEN, to bring value-added solutions focused on Member and Provider satisfaction, a streamlined experience, and services specific to IDD (Intellectual/Developmental Disability) Members.

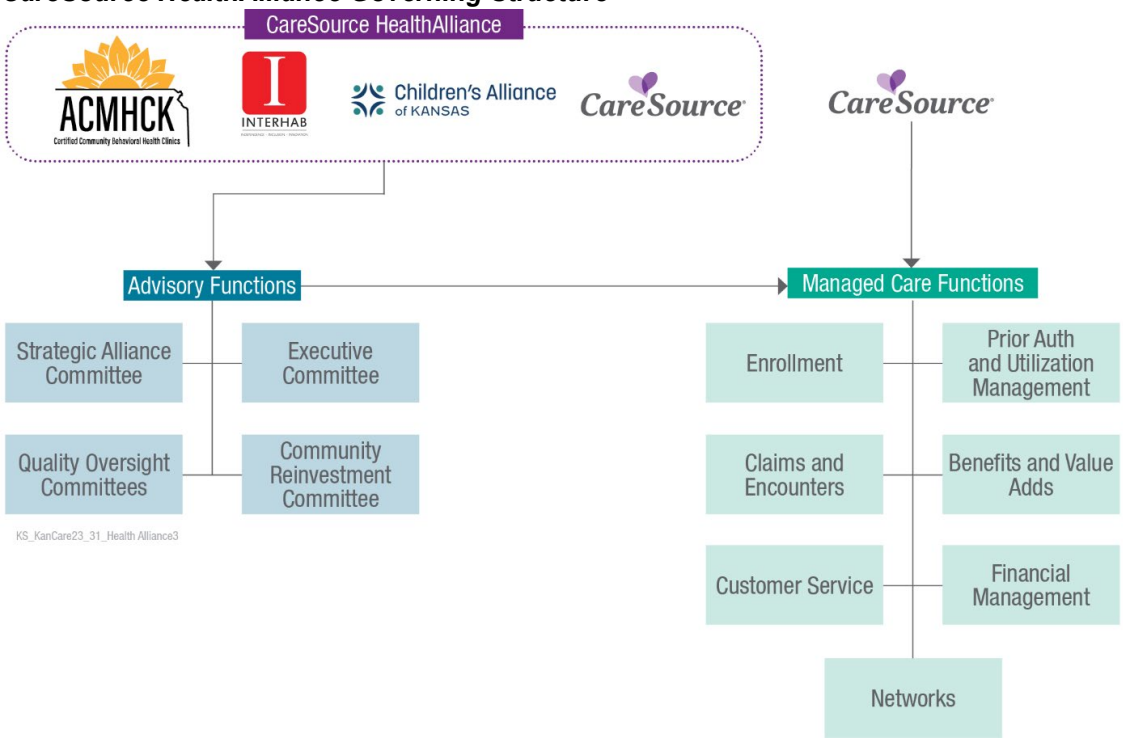
Q.10. Please describe how the members in the health alliance model would be structured/work coordinated, including what level of staff would have ultimate accountability for them. Also, describe how you would address potential conflicts of interest.

A.10.

CareSource seeks to transform healthcare from reactive to proactive and from fragmented to comprehensive, which is why we established the **CareSource HealthAlliance**. The alliance is composed of three prominent and well-respected statewide nonprofit organizations with deep Kansas roots that understand and address the unique needs of the most vulnerable: The Children's Alliance, InterHab, and ACMHCK (collectively, our HealthAlliance Partners). Key components of our HealthAlliance include:

- CareSource retains **sole responsibility and 100% financial decision-making authority** for all day-to-day operations and compliance with KanCare contract and program requirements.
- **All staff will be CareSource employees**, reporting to our Kansas Senior Executive/Project Director, Chad Moore.
- Our **HealthAlliance Partners serve as advisors to the program**, informing our model of care, quality oversight, Provider relations and community reinvestment.
- The structure and composition of the HealthAlliance **is intentionally built to guard against any conflicts of interest.**

CareSource HealthAlliance Governing Structure



CareSource HealthAlliance Work Functions

Under the CareSource HealthAlliance, CareSource will retain sole responsibility and 100% financial decision-making authority for all day-to-day operations and compliance with KanCare contract and program requirements. Chad Moore, CareSource's Kansas Senior Executive/Project Director, will be accountable to the HealthAlliance Partners, ensuring they are properly informed and offered a meaningful opportunity to collaborate on program development and operations. The HealthAlliance Partners will serve in an advisory capacity to CareSource in the following key areas:

- **Model of Care**: We worked closely with our HealthAlliance Partners to develop a unique Kansas model of care specifically targeted to meeting the needs of the most at risk KanCare Members. This collaboration spanned over 18 months and included face-to-face conversations with InterHab and its Members to develop a Kansas informed model of care that leverages CCCs and Targeted Case Managers to meet the person-centered needs of individuals with IDD.

- **Quality**: Each HealthAlliance Partner will sit on CareSource's quality oversight committee to ensure transparency, maintain accountability to the HealthAlliance's Member-focused mission, and allow the HealthAlliance Partners' valuable perspectives to guide and inform us in serving the KanCare population. As detailed below, these committees address topics such as clinical management / care coordination, population health management, HCBS/LTSS services, SDOH and clinical quality outcomes.

- **Provider Relations**: Each HealthAlliance Partner has unique and valuable insight regarding certain key subgroups of CareSource's Kansas Provider community: IDD Providers (InterHab), children's mental health and child welfare service Providers (Children's Alliance), and ACMHCK. For this reason, our HealthAlliance Partners have guided us in understanding local challenges, opportunities, and unique considerations while supporting the development of strong relationships with these categories of Providers to ensure we can collectively and most effectively achieve positive outcomes for the complex health needs of their KanCare Members.

  This is demonstrated by our launching of the CareSource Community of Innovation™ on February 6, 2024, to support innovation development driven by Providers themselves. Moreover, our HealthAlliance Partners have been working with CareSource in developing alternative payment methodologies, value-based and risk-sharing programs, accreditation standards, quality metrics, SDOH, and other arrangements to elevate the payor-Provider experience. For example, we worked closely with InterHab to develop our abbreviated contract template for HCBS Providers to accommodate the difference in their robust services. With consultation from our HealthAlliance Partners, CareSource also intends to offer these types of value-based arrangements to certain categories of Providers that historically had not been offered such arrangements by other Kansas MCOs.

- **Community Reinvestment**: Of particular importance to the HealthAlliance, each partner will serve on CareSource's Community Reinvestment Committee and will contribute to the development of a Kanas Community Reinvestment Plan through which CareSource will contribute funds to Kansas community-based organizations. **We committed to contribute 10% of our KanCare underwriting gain to reinvestment back into Kansas communities, with a minimum commitment of $500,000 per year even if a gain is not realized**. Our HealthAlliance Partners will help us ensure these funds are directed to supporting systems of care that best address the goals of the KanCare program.

CareSource HealthAlliance Structure

To accomplish the above work functions, CareSource signed a Strategic Alliance Agreement with each of our HealthAlliance Partners. Pursuant to the Agreements, CareSource and our HealthAlliance Partners established the following committees:

- **Strategic Alliance Committee:** The Strategic Alliance Committee will be comprised of at least one Member from each HealthAlliance Partner. The committee will be responsible for, among other things, ensuring cooperation between CareSource and our HealthAlliance Partners, developing and enforcing an antitrust policy to prevent conflicts of interest (as further described below), advising CareSource regarding certain populations associated with our KanCare program, advising on Provider relations topics, and overseeing our community reinvestment strategy. CareSource's committee members will always maintain majority voting rights.

- **Executive Committee:** The Executive Committee will be comprised of at least one member from each HealthAlliance Partner. This committee will be responsible for, among other things, resolving any disputes between CareSource and/or our HealthAlliance Partners and any other matters as may be agreed upon by both parties. CareSource's committee members will always maintain majority voting rights.

- **Community Reinvestment Committee:** The Community Reinvestment Committee is a subcommittee of the Strategic Alliance Committee and will have equal representation from CareSource and each HealthAlliance Partner. It will be responsible for developing a Community Reinvestment Plan, identifying community organizations to whom CareSource will contribute community reinvestment funds, overseeing disbursement of community reinvestment funds, monitoring outcomes of the use of community reinvestment funds by community organizations, and evaluating the success of the Community Reinvestment Plan.

- **Quality Oversight Committees:** Various quality oversight committees, all of which are subcommittees of the Strategic Alliance Committee, will advise on key aspects of CareSource's KanCare program, and each HealthAlliance Partner has a seat on these committees. The quality committees comprise of the UM/Care Management Committee, Operational Excellence Committee, Population Health Management Committee, HCBS/LTSS Stakeholder Advisory Board, Provider Advisory Council, and Clinical Quality Outcomes Committee.

Preventing Conflicts of Interest

Our Strategic Alliance Agreements include safeguards to prevent COI. For example, all committees are governed by an antitrust compliance policy to ensure protections are in place against sharing competitively sensitive information, such as Provider rates and pricing-related information, among competing Providers and our HealthAlliance Partners.

Moreover, CareSource retains authority over our network, and our HealthAlliance Partners do not have the ability to enter into any network participation agreements on behalf of CareSource.

Finally, when our HealthAlliance Partners serve on committees, we will ensure CareSource information and data presented to them during those committee meetings is limited to only that information necessary to ensure their effective participation on the committee. Each committee will also be governed by a charter statement outlining the committee's rules and procedures. Each charter includes language that, at a minimum: defines COI, outlines a process to resolve potential conflicts, and specifies when a committee member must recuse themselves from a discussion.

Q.11. With the health alliance model, please provide an outline of the approach you would take to assure all information technology systems are integrated and tested for readiness for a January 1, 2025, go-live. Please briefly describe the "modern" data platform that is mentioned in the bid response.

A.11.

As the Managed Services Organization for the CareSource HealthAlliance, CareSource has full responsibility for the day-to-day managed care functions of the KanCare program. The HealthAlliance model exclusively uses CareSource's own internal Information Technology (IT) platform; **therefore, no systems integration is necessary among our HealthAlliance Partners.**

CareSource's Proven Implementation Success

We are confident in our ability to successfully meet a January 1, 2025, go-live. Our IT systems readiness is the foundation of our program implementation success and **has enabled CareSource to meet 100% of the readiness requirements** to implement Medicaid procurements and re-procurements for over 2.1 million Members in the last six years. We will leverage this experience and our proven success as we implement the KanCare Program.

Flawless Implementation

On April 12, 2023, CareSource and the Health Alliance Plan of MI announced a new Joint Venture to serve Michigan Medicaid members. Over the next 6 months, **more then 780 staff across CareSource operations provided the State a seamless implementation**. This implementation included full configuration of all Michigan Medicaid edit and audits, transitioning thousands of providers to our Guiding Care platform, and ensuring our members were aware of their changing plan and knew where to seek assistance. On Oct. 1, 2023 **HAP CareSource went live with zero disruptions in care**, no significant increases complaint volumes, and a significant increase in operational efficiency including **increased auto adjudication from 81% to 98.3%** and **first pass claims accuracy starting at 98.3%** on day one and **increasing to 99.5% through first 6 months of operations**.

KS_ KanCare23_Q11_Flawless Implementation_1

We recognize some MCOs in Kansas have historically experienced challenging implementations and **we have proactively initiated work with our HealthAlliance Partners to ensure a seamless and hassle-free implementation for KanCare.** At program transition, we will focus our resources to ensure Members continue to get uninterrupted current services, and ensure Providers get paid accurately and quickly for continuing to deliver those services. Our approach and technology systems prevent Member and Provider disruptions and do not allow service or Provider changes until an updated person-centered comprehensive needs assessment may require change.

Our modern data platform, explained in more detail later in this response, is a single system of record linking all Member and Provider data elements (both real-time and historical) and allowing 24/7/365 access and support for our Members, their caregivers, Providers, and CCCs. Unlike most MCOs who have multiple systems and platforms that must be configured and retrofitted for each state implementation, **our single system of record is easily and rapidly configured and tested prior to any go-live.**

Successful Implementations over the Past Six Years

Implementations	Member/Population Focus	~ # of Members at Implementation
2023 — Michigan	Adults and children up to age 19	90,000

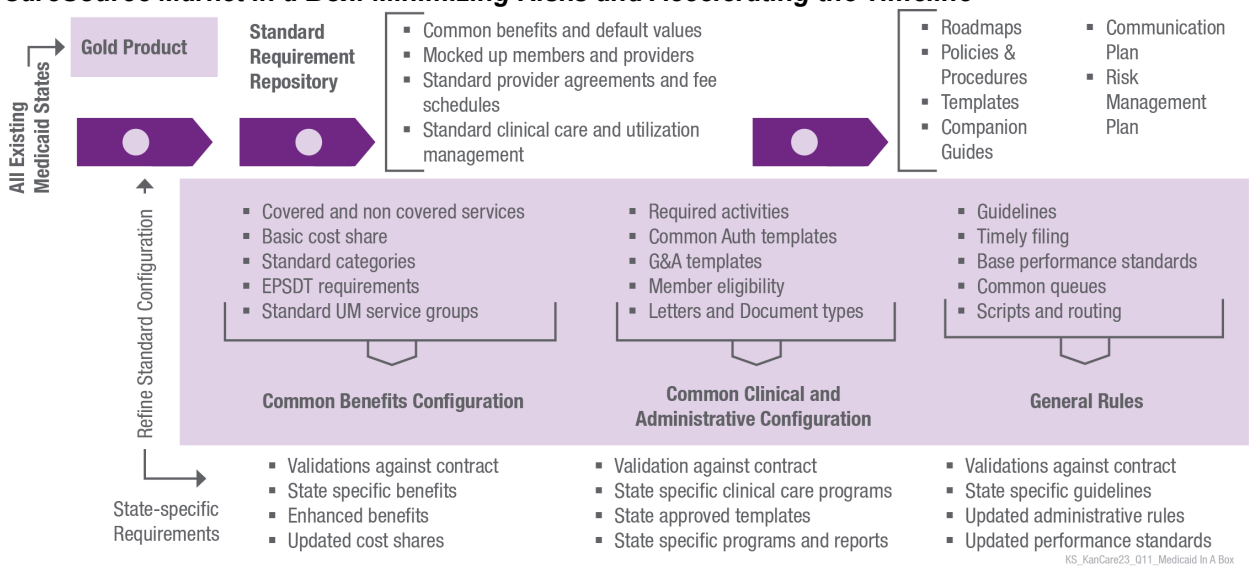
Implementations	Member/Population Focus	~ # of Members at Implementation
2023 — Indiana Medicaid	Children up to age 19, pregnant women, families, and expansion program covering uninsured adults, ages 19 – 64	150,000
2022 — Ohio Medicaid	Children up to age 19, behavioral health care for certain patients under the age of 21, and adults	1,300,000
2022 — Arkansas PASSE	Children and adults with intellectual and developmental disabilities and complex behavioral health needs	2,500
2018 — Indiana Healthy Indiana Plan (HIP) 2.0	Expansion program covering uninsured adults ages 19 – 64	75,000
2017 — Georgia Medicaid	Children up to age 19, pregnant women, newborns, women under 65 with breast or cervical cancer, adults, and refugees	425,000
2017 — Indiana Medicaid Hoosier Healthwise (HHW)	Children up to age 19, pregnant women, and families	75,000
2017 — Indiana Medicaid HIP	Expansion program covering uninsured adults ages 19 – 64	75,000

Approach to Readiness

CareSource's thorough readiness review process **guarantees all necessary elements are in place for a successful launch.** Out of consideration and respect for KanCare staff and their time, we intend to conduct an internal readiness review before any KanCare-led readiness activities, ensuring preparedness. Our proven and successful internal readiness review includes examining all elements necessary to ensure a successful go-live. We verify testing results, complete an inventory of deliverables, confirm requirements and implementation plan tasks line by line, and walk through all facilities, processes, and system functions. Once ready, we will follow KanCare's lead and provide all demonstrations, artifacts, and requested proof of ready status.

One of the tools in our implementation toolbox is our **Market in a Box Program** (illustrated on the following page). This program consists of pre-configured and fully tested system components, including but not limited to benefits administration, clinical care management, UM, and standardized interfaces, as shown in the below figure. This prepares us to apply Kansas-specific needs quickly and easily, requirements for a faster and lower risk technology implementation. This alignment of our core system capabilities with the ongoing process and care model initiatives we've already initiated alongside our HealthAlliance Partners **empowers us to swiftly and accurately launch our systems and begin testing with key KanCare partners.**

CareSource Market in a Box: Minimizing Risks and Accelerating the Timeline



The “ready-to-customize for Kansas” concept is rooted in the premise that at the core of all Medicaid programs there are commonalities and base functionality that can be operationalized and leveraged for subsequent implementations. The outcome of the approach is a base configuration for each of the components that have been tested and available for fast and efficient state-specific configuration. This allows us to jumpstart the implementation efforts, minimize time to build, improve time to market, and achieve high-quality deployments. The benefits of this approach can be seen beginning with integration testing with state and other partners carrying through into operations improving timeliness and accuracy.

Proven Testing Process

Our agile team is ready to meet all KanCare timeline requirements for submissions and response file analysis based on State dictated timeframes. Our teams, typically consisting of architects, developers, testers, and other relevant roles, use a single team board with stringent standards to visualize and manage their work. We maintain rigorous and high-quality testing across all development phases, from scrutinizing code at its foundational level to conducting user acceptance and scenario-based end-to-end testing.

In adherence to quality standards, the assignment, refinement, and execution of test cases are fully traceable to requirements. These records are readily available at our team boards for regular audits, ensuring compliance with built-in quality standards. From contract initiation through to releases, and partner testing (including, but not limited to, 820, 834, 837, and all other file transfers), our process, customized to KanCare contractual requirements, includes regular product and project demos every 10 days, where business owners approve all changes. This ensures transparent and continuous stakeholder engagement and certification throughout the development lifecycle.

This meticulous approach to left shift release readiness ensures that our deliverables are fully prepared for deployment. This close coordination between business and technical experts throughout the software development lifecycle guarantees precision and accountability pre-production and post-production.

Modern Data Platform

CareSource’s modern data platform is our single system of record and real-time data repository. We describe the platform as “modern” because it:

- Uses industry-leading Microsoft Azure technology, which enables real-time access to insights in ways our competitors cannot, and enables us to take immediate action when it's needed, rather than days, weeks or months later

- Incorporates data science logic, including sophisticated predictive analytics and modeling, as well as artificial intelligence and machine learning, to enable proactive population health by early identification of healthcare risk driving outcomes for effective intervention and care coordination

- Offers accurate, secure, real-time data acquisition and ingestion from multiple sources (e.g., enrollment data, authorizations, Providers, pharmacies, HIEs, etc.) providing comprehensive visibility and transparency essential for effective healthcare delivery

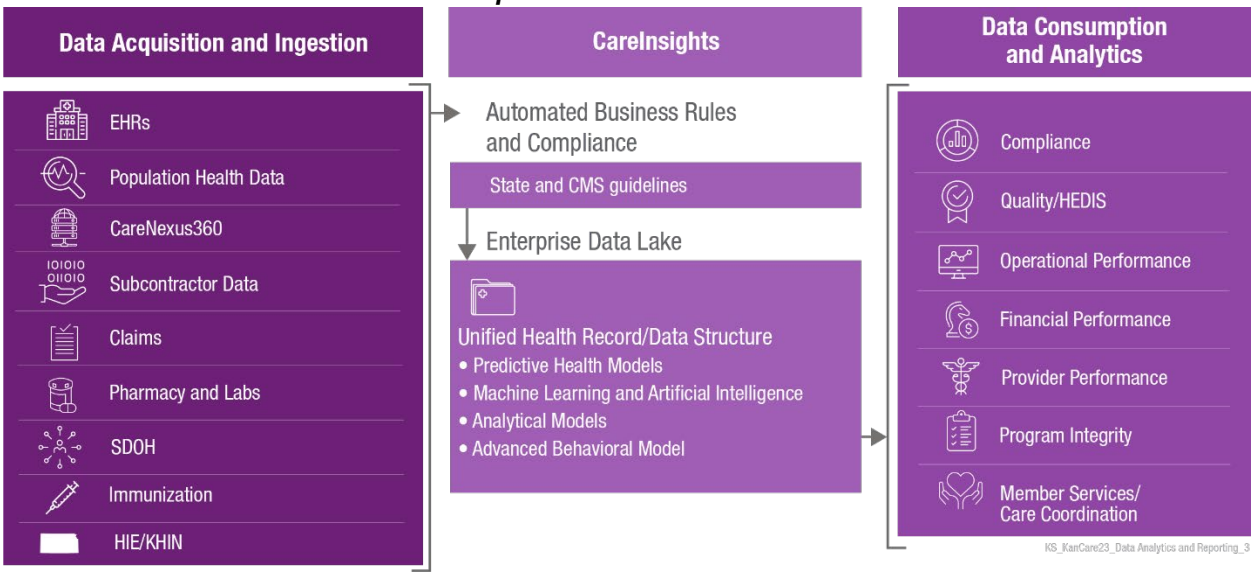
- Serves as the foundation for sharing medical information with our Members, Providers, State partners, and community-based organizations and enabling accurate, complete, and prompt reporting to address compliance, manage administrative efficiencies, and reduce medical costs

- Enables real-time field-based resource monitoring that allows our 24/7/365 CareNexus360 Center to deploy appropriate resources in response to Member needs

- Revolutionizes informal caregiving support by integrating cargiving.com and our care coordination system with customizable (Member-specific) and interactive tools, ensuring informal caregivers see the most relevant resources based on the person-centered needs and goals identified by their loved one during our ongoing comprehensive assessment process

The following graphic depicts an overview of our modern data platform inflows, capabilities, and outputs available to the State to manage both population health and overall operational performance.

Modern Data Platform Foundational Capabilities



The result is a centralized source of truth for data that enables actionable insights enhancing our ability to anticipate, take action, and coordinate care on behalf of our Members like no other plan can. Our technology drives transparency, innovation, and higher quality data through a holistic view of insights,

performance, and meaningful outcomes at the Member, Provider, and regional levels. This approach ultimately reduces administrative burden and drives reporting and data governance excellence.

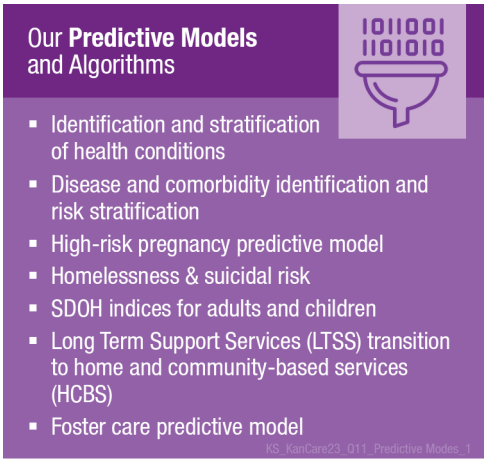
Capabilities and Process to Support Actionable Information

Our architecture includes technologies for automation, advanced data science, and scalability. It is the very foundation for complete and accurate reporting. It supports data gathering for all business programs, including population health initiatives, UM, grievances and appeals, enrollment and disenrollment, Member and Provider hotlines, authorizations, claims management, SDOH, and benefit administration. We designed the infrastructure to purposefully scale, addressing market and regulatory changes while accommodating the volume of processing data and the workload associated with outcomes and data reporting.

We deliver reports satisfying all regulatory requirements using Microsoft Power BI and SQL Server Reporting Services. We tailor and customize reports, satisfying both interactive self-service and targeted ad hoc needs. We build and use analytical dashboards for our internal leadership and offer customization according to the State's preferences.

Predictive Models and Algorithms

Data within the modern data platform powers our advanced risk stratification algorithms. Our algorithms include output from the Johns Hopkins Adjusted Clinical Groups ACG® System, an industry-leading population risk stratification engine, along with proprietary algorithms (i.e., high-risk obstetrics, social determinant risk indices, foster care prevention index, LTSS transition HCBS services, homelessness and suicidal risk) developed by our dedicated Data Science team experts comprised of statisticians and artificial intelligence/machine learning experts. Our capabilities enable proactive population health by early identification of healthcare risk driving outcomes for effective care coordination intervention. Two specific examples of how we use our real-time modern data platform and proprietary models to inform our population health management approach are detailed below:



- Our Inclusion Analytics Early Identification Model assesses risk factors, including social determinants, prior claim history, family claim history, medication, and behavioral health profile to create a detailed assessment of a child's risk of crisis that could lead to family separation and foster care enrollment. This algorithm powers our CareSource® Stronger Together program by identifying risk drivers—enabling preventative intervention strategies that organize available community, Provider, and care team resources. This model **accurately predicts 61% of all cases that result in foster care enrollment while accurately screening out 99.8% of non-risk children**, enabling an upstream preventative approach that allows for; earlier detection, outreach, engagement, and mitigation through our Stronger Together partnership (a total positive predictive value of 85%). By utilizing this model, it allows for limited resources to be deployed to those most in need, at a time before a crisis occurs to prevent family separation.

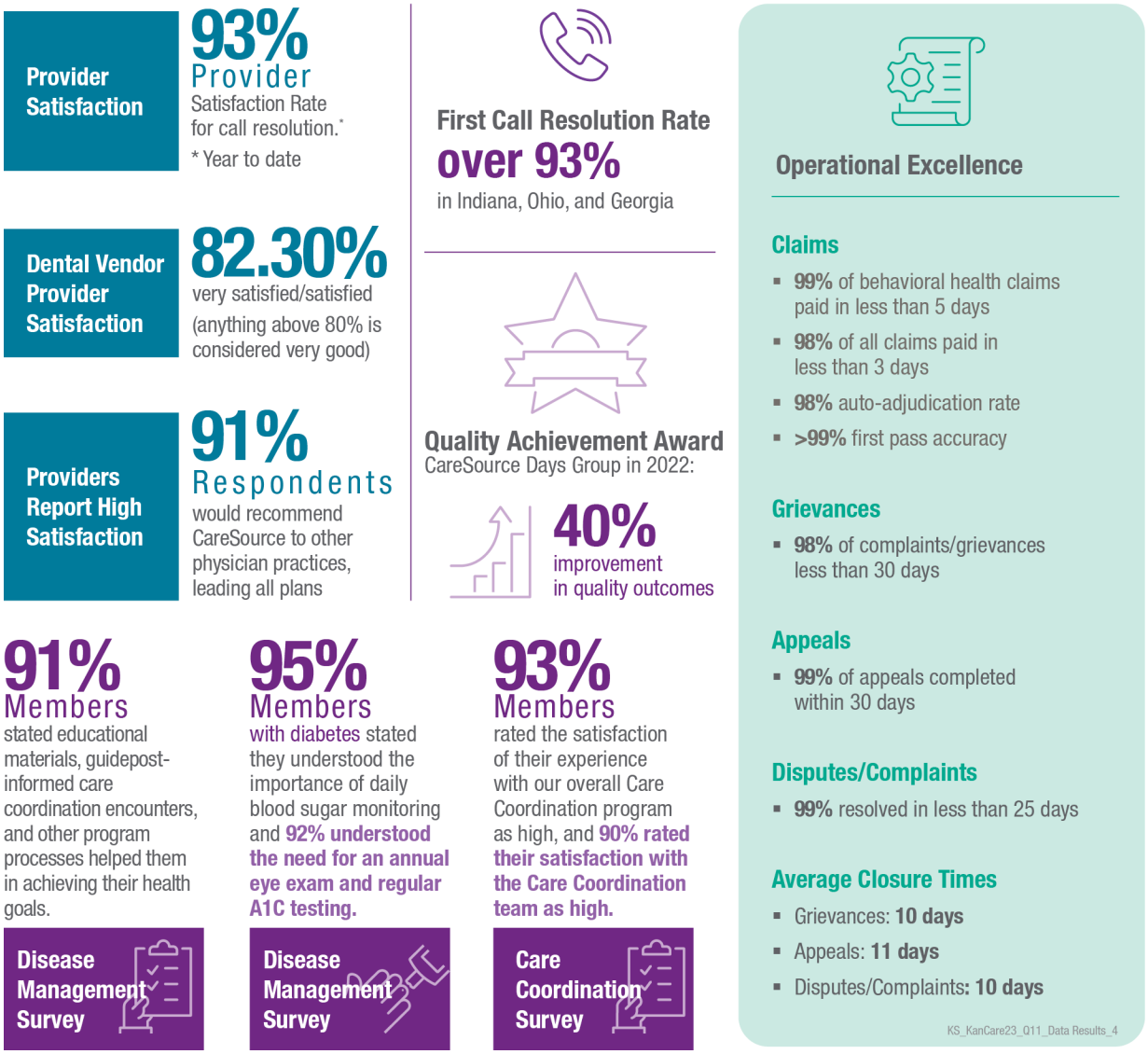
- Our High-Risk Obstetrics Predictive Model identifies Members who may be at high risk of pregnancy complications through mining internal and external data, Provider and care coordination referrals, and notification of pregnancy files. Our model allows daily referrals to care coordination for Member outreach, completion of HRA, and assessment for pregnancy risk based on each Member's needs.

This innovative proprietary analytics model has an **82% accuracy rate predicting complications, low birth weight, premature delivery, neonatal abstinence syndrome, failure to thrive, NICU admissions, and stillbirths**, allowing us to intervene with Members early and often.

CareSource's Modern Digital Ecosystem

Our modern data platform is vital component of our larger modern data digital ecosystem which was purposely built for Medicaid and is fully integrated and upgraded. Comprised of best-in-class technology/modular systems and coupled with our modern data architecture, our digital ecosystem enables us to scale vertically and horizontally, easily supporting specific program and population needs and increasing reporting needs. **It also promotes our delivery of industry-leading operations, which are among the best in the nation**, as demonstrated below.

Industry Leading Operations



Our modern data digital ecosystem is comprised of the following four foundational capabilities:

1. **CareEngage**: Digital enablement for our Members, Providers, and state Medicaid clients

2. **CareCore**: Our CMS-compliant Management Information System (MIS), which leverages best-in-class applications like Facets®, Edifecs, GuidingCare (our care coordination platform), and SAP

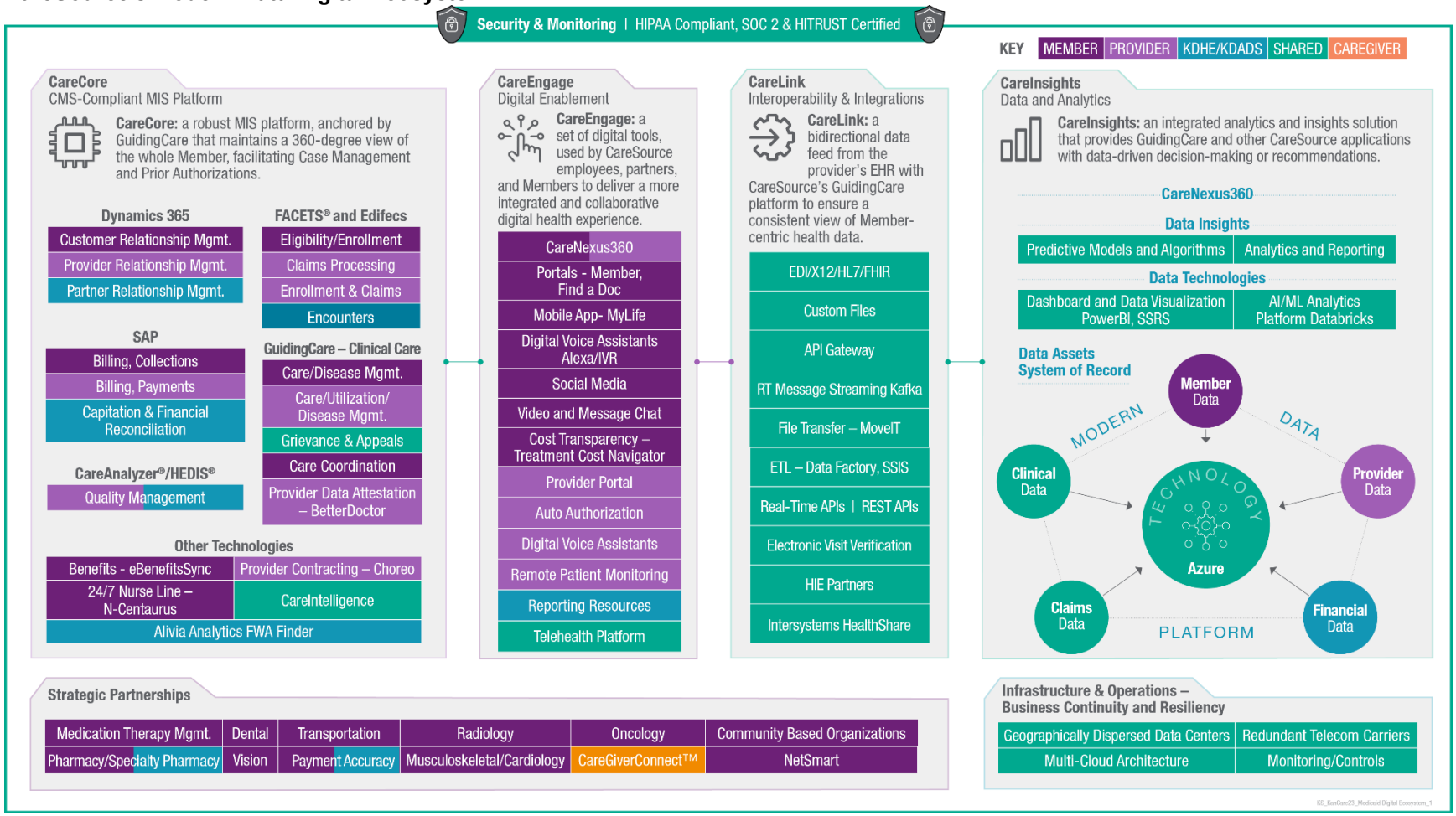
3. **CareLink**: An Integration and Interoperability gateway that supports X12 and custom integrations, various file transfer protocols, message streaming, and internal and external Application Programming Interface (API), including Fast Healthcare Interoperability Resources (FHIR)

4. **CareInsights**: Our modern data platform, which supplies real-time data and serves as a sole source of truth for every aspect of our operations enabling accurate, complete, prompt reporting

These capabilities enable real-time sharing of information between the State, Providers, community-based organizations, and care team members. They create multiple channels for Provider and Member interaction and support automatic and bidirectional data exchange to arm Providers with the latest information they need to design and communicate the right PCSP for Members. They also efficiently and effectively enable Medicaid program administration, from claims processing to Provider data management, clinical care coordination, customer service, program integrity, and compliance.

The graphic on the following page depicts the technology components that comprise our IT platform. It also provides a crosswalk of major operational functions to the technologies that enable them.

CareSource's Modern Data Digital Ecosystem



Q.12. Please outline the criteria you use to determine the placement of Community Health Workers. Please describe how you will collaborate with the Medicaid team on Community Health Worker strategies/deployment?

A.12.

CareSource considers CHWs, *both directly employed and Provider/community based*, priority practitioners in our integrated whole-person care model. CHWs have a close understanding of their communities and are uniquely equipped to act as an integral part of our Care Coordination team and as extenders to community Providers. The CHW's trusting relationship with the Member enables them to serve as a link between healthcare, social services, and our community and to bridge the trust gap and allow for real health improvement to thrive.

Data-Driven Approach in Determining Placement of CareSource CHWs

CareSource leverages multiple sources of data to determine placement of CHWs and avoid duplicating services. One source we use is the State's CHW Coalition (KSCHW Resources) map allowing us to ensure needed services are met throughout the State. Additionally, we identify opportunities for CHW placement through:

- Data and insights from our population health assessments (described below)
- Feedback from the State on targeted areas of interest
- Input from public health departments, RHCs/FQHCs, and other care coordination entities to identify potential CHW placements
- High-volume Providers (with Member panels of 500+) who need support with scheduling visits, arranging transportation, or arranging services and/or resources to close care gaps
- EDs with high volume and/or significant behavioral health volume
- Hospitals with high inpatient volume and/or high volume of pregnant Members
- Care coordination centers that require additional staff to assist with Member needs during regular business hours
- Data shared from Food Banks, Continuums of Care and local community-based organizations
- Retail organizations (e.g., Walmart) where CHWs can assist Members with resource navigation
- Placing CHWs in schools to work collaboratively with the Mental Health Intervention Teams and guide them to resources such as SparkWheel
- Attach CHWs to large correctional facilities for Members reintegrating into the community to guide them to the resources they will need to be successful

We leverage an evidence-based population health assessment framework on an annual basis to improve the health of the population, Member care and experience, and to target strong community partnerships. The data becomes available through our Population Health Dashboard that allows us to look at the State's landscape and determine best placement for CHWs depending on need. The analysis of qualitative and quantitative data helps to prioritize key population health strategies to develop specific action plans including the deployment of resources such as CHWs.

During our collaboration meetings with the State and Community Based Care Entities, we share the population health assessment to develop strategies and interventions while ensuring no duplication of services and to help allocate resources. CareSource's CHWs proactively reach out to Members through interactive telephone calls and text messages to remind them of screenings or care gaps and inform them of wellness resources. We also utilize CHWs to conduct monthly outreach calls, including cold calls to Members; distributing plan materials on doorknobs; and working with Care Coordinators to update contact information in the Member's record. If the Member is enrolled in HCBS, the CHW will collaborate

with those Providers when they are in the home to determine an opportune time to outreach to the Member. Using strategies like the ones described above have significantly increased the number of Members we are able to initially engage and keep engaged.

Preventing Unnecessary ED Utilization

CHWs work with Members to address preventable ED utilization, such as where to go for care and using Members' PCP, behavioral health home, and dental home through our ongoing ED QI project. Our CHWs, in consultation with Care Coordinators, collaborate with Members to help understand the importance of establishing a trusting relationship with their Providers, when to reach to the CareSource24® nurse advice/behavioral health line, and other alternatives to using the ED for primary care to avoid unnecessary utilization.

CareSource also hires CHWs based on their familiarity with the patient population, seeking CHWs that reflect the diversity within the community, including community resources in the rural area that surrounds the hospital. We train CHWs in motivational interviewing, SDOH, health care delivery, and system navigation. They collaborate with nurses, Providers, pharmacists, care coordination team, and social workers. For Members in the Citizens Medical Center ED with psychiatric conditions, CHWs provide social support, navigation, coaching, care transitions support, and referrals to social services.

Assisting Hospitals with Discharge Planning

CHWs may also reach out to increase Member engagement in adherence to follow-up appointments after an inpatient admission. Our CHWs assist Members through the following interventions at the direction of the Care Coordinator upon or near discharge:

- Call Members two days prior to remind them of 7-day and 30-day appointments
- Confirm Members kept their follow-up appointment with qualified outpatient Providers
- Assist Members who miss their follow-up appointment to reschedule
- Address social barriers, such as transportation, to support Members in attending appointments
- Assist Members to connect with a tele-behavioral health Provider if they prefer

Connecting Members to the Community with Care Coordination Centers

CareSource understands the importance of having Care Coordination teams located in the communities where our Members live. This strategic, regionally based approach with our Care Connection Centers enables our Care Coordination team to easily conduct Member outreach help Members and their informal supports receive concierge services at any time, with support from our CareNexus360 team.

Our Care Connection Centers provide shared community space where CareSource Care Coordinators, CHWs, Life Coaches, and CCCs can collaborate, receive training, and hold case conferences and ICT meetings. It will also include space for Kansas agency staff when they are onsite. In addition, Our Care Connection Centers serve as SDOH resource centers, health education hubs, and conference space for meetings with community-based organizations. In these locations, CHWs can support Members in identifying SDOH needs, coordinating services to address them, as well as assisting with completing applications for community resources. They also help connect Members to WIC, SNAP, and other state and federal programs.

The CareSource HealthAlliance was built to augment the expertise of our community partners and leverage their lessons learned through their years of supporting clinical extenders. We recognize the contribution CHWs bring to the community as an integral part of our care coordination team and as extenders to community Providers. We invest in training and professional development for CHWs due to their ability to help us understand the strengths, concerns, and needs of the different communities we

serve. CHWs are valuable assets to both our CareSource care coordination model and the CCCs and Targeted Case Managers.

Retail Organizations

In partnership with Walmart, we have created *Wellness My Way*, an integrated care model that uses CHWs to address both social service gaps and identified care gaps in the communities where our Members live. This strategic program is built to provide additional support from Walmart CHWs for our Complex Health populations such as (but not limited to); individuals on the IDD waiver and IDD waiver waitlist, pregnant mothers, families at risk for foster care involvement, with the option to add additional high needs or hard to engage populations in the future.

Wellness My Way is a blended and seamless engagement for our Members, to receive CHW assistance with coordinating services, attaining access to telehealth services, connecting to preventative and dental care, supports through community resources, while also remaining connected to CareSource through Care coordination, Coaches through our Life Services® program, CareSource 24, and more.

In addition, as part of this endeavor, CareSource and Walmart have created impactful and immersive, rich experiences called SHARE (Special Health Access Retail Entertainment) Days. These experiences are created to support advancing health equity in the communities we serve. By partnering with national brands and local community-based organizations, CareSource and Walmart create these experiences to provide information, education, resources, grounded in the spirit of a fun and celebratory atmosphere. Our work with Walmart has created unique events around maternal, child and family care, caregivers and overall health and social driver support. In 2023 we hosted six SHARE Day weekend events that engaged over 7,000 Members across four states, which included over 200 workshops, screenings, and wellness info sessions that included over 50 community partners sharing info as well.

Family Resource Centers

Family Resource Centers in Kansas serve as community hubs with the sole purpose of supporting families in their own neighborhoods. To give children and families awareness and access to CHWs in their own communities, we will place CHWs specializing in family care, system navigation, and preventive care into family resource centers around the state. Since Family Resource Centers are trusted entities in communities, we know that families turn to them in times of need, to access early childhood and job skills programs, and nutrition support, we aim to work closely with these entities to better support families and help them gain access to necessary services. In addition, Family Resource Centers have proven to build families capabilities and prevent foster care involvement, which is a top priority.

Specialized CHW Programs

Members have shared their need for improved resources for employment and education. In response, CareSource deployed specialized programs to target populations to complement our use of outreach modalities to those in local communities. The following are examples of specialized CHW programs for those experiencing unique and challenging conditions:

- Maternity
- Foster care and those at-risk for foster care entry
- Individuals on the IDD waiver and IDD waiver waitlist
- Elder care
- Justice involved youth and adults

Collaboration with Medicaid team on CHW Strategies and Deployment

CareSource and our HealthAlliance Partners have a long history of collaboratively engaging KDHE, KDADS, and DCF with the goal of exceeding expectations by proactively identifying and addressing the State's needs. We are committed to working with the Medicaid team through a consultative approach benefiting our Members, their families, and our local communities. We will have dedicated staff who will partner with the State on these efforts. We will also designate key organizational leadership and national experts to bring relevant local and national expertise to Kansas to expand the adoption of CHWs, particularly in traditionally underserved locations across the State.

In partnership with the Medicaid team, we will build on relationships with local stakeholders and our HealthAlliance Partners' years of experience utilizing clinical extenders to build a CHW/CHR workforce within the state of Kansas. Some specific areas of collaborative interest include:

Collaborating on the Development of Analytics and Reporting to Prioritize Program Development

As mentioned in our response above, CareSource intents to use our proprietary HCBS Gaps Dashboard to identify locations where we can focus efforts on the development of the CHW program for the specific purposes of filling gaps in the system of care. We welcome the opportunity to partner with the Medicaid team and other MCOs to collaboratively develop the analytics that are consistent across plans and intended to "Hot Spot" areas for shared improvement. Our current dashboard utilizes multiple data sources such as approved PCPSs, authorizations, claims, and EVV data to confirm services are delivered based on need, frequency, and duration of the service as per the Member's approved PCSP. Other exterior data sources as described in Q.13. below may allow for a more refined analysis of where CHWs should be deployed.

Collaboration on Training, Certification, and Higher Education Pathways

As an integral part of the CareSource model of care for all Kansans, CareSource intends to collaborate with the Medicaid team to provide initial and continued training support of all CHWs and CHRs, both as our Staff and those seeking employment with community Providers and other community-based organizations.

One example of this collaboration took place in 2021. The ACMHCK, one of our HealthAlliance Partners, worked with KDHE to approve a CHW training program through the Kansas CHW Coalition, a certified Kansas CHW education Provider with a work experience pathway. These pathways were created for CHWs to pursue higher education and create jobs for individuals in the field of health science who may be interested in pursuing a bachelor's degree, scholarship, mentorship, MCO internship, or in need of clinical and community hours.

In other markets, CareSource has collaborated with State agencies and training providers to significantly increase the number of individuals receiving training as a CHW. For example, in Ohio, we worked with Central State University to provide training services to community members interested in becoming CHWs and patient navigators. Upon completion of this program, we hired approximately 5% of graduates while over 95% of CHWs from this program are employed by the community in places such as hospital systems, non-profit and faith-based organizations, public and private clinics, educational systems, learning extension centers, public agencies, and even serving clients within their own homes. We intend to replicate this success in Kansas by collaborating the Medicaid Team, the United Methodist Health Ministry Fund, and the Kansas CHWs Coalition to support the existing State training programs administered by WSU, MARC and Metropolitan Community College, and a new program being launched by Kansas State University.

Developing Key Performance Indicators

As the CareSource team looks to provide oversight and management of program design, implementation, and ongoing monitoring, we look forward to collaborating with the Medicaid team to develop key performance indicators. Some of these may include ensuring adequate staffing and staff training, ensuring adherence to all regulatory and compliance requirements, and appropriately reporting on program effectiveness to respective internal CareSource committees.

Q.13. Please elaborate on how you will contribute to and support the state in creating and publishing a timely and user-friendly dashboard of meaningful metrics for members and stakeholders of the Medicaid program.

A.13.

As a leader amongst MCOs in technology and operations, we will enthusiastically contribute to and support the State in the creation of a timely, user-friendly dashboard. Our background with systems and analytics allows us to collaborate as an experienced partner. As a result, our contributions significantly impact Members and Providers in a successful, informed, and innovative way. We use industry-leading technologies, enabling advanced data science that is real-time and bi-directional, to improve health outcomes, promote evidence-based medical care, and ease administrative Provider burden. We understand the importance of using data analytics and reporting to enable, contribute and support the successful operation of KanCare.

Creating and Publishing a User-Friendly, Meaningful Dashboard

We welcome the potential to convene and host other MCOs in this work, leveraging our vast experience and share the mastery of our data scientists to create the best tool possible for Kansas. We have a demonstrated record of accomplishment for timely, consistent, and accurate report submissions (both scheduled and ad hoc) for our State partner Medicaid programs. Our strong commitment to complete and accurate reporting ensures CareSource is driving positive results for our Members.

Leveraging on our past success, we can lead in the creation and publication that will improve the transparency of the Kansas Medicaid program, allowing Members and stakeholders to have a better understanding of program, payer, and Provider performance. Using our enterprise data platform, we consolidate data from multiple CareSource systems and from external sources to provide a concise, accurate, and complete data repository to meet all information needs. Our business intelligence platforms enable report and dashboard development using the data in the enterprise data platform, both for internal operational and analytical reporting and for regulatory and compliance consumption. These collaborative systems allow us to segregate data based on demographics, focused on rural/frontier areas, Members/Providers, HCBS/LTSS, personal care assistants, foster care population, waiver populations, and others, to avoid disparities that may appear in data. We can positively influence the Kansas dashboard to produce meaningful and useful data that will improve results for KanCare Members.

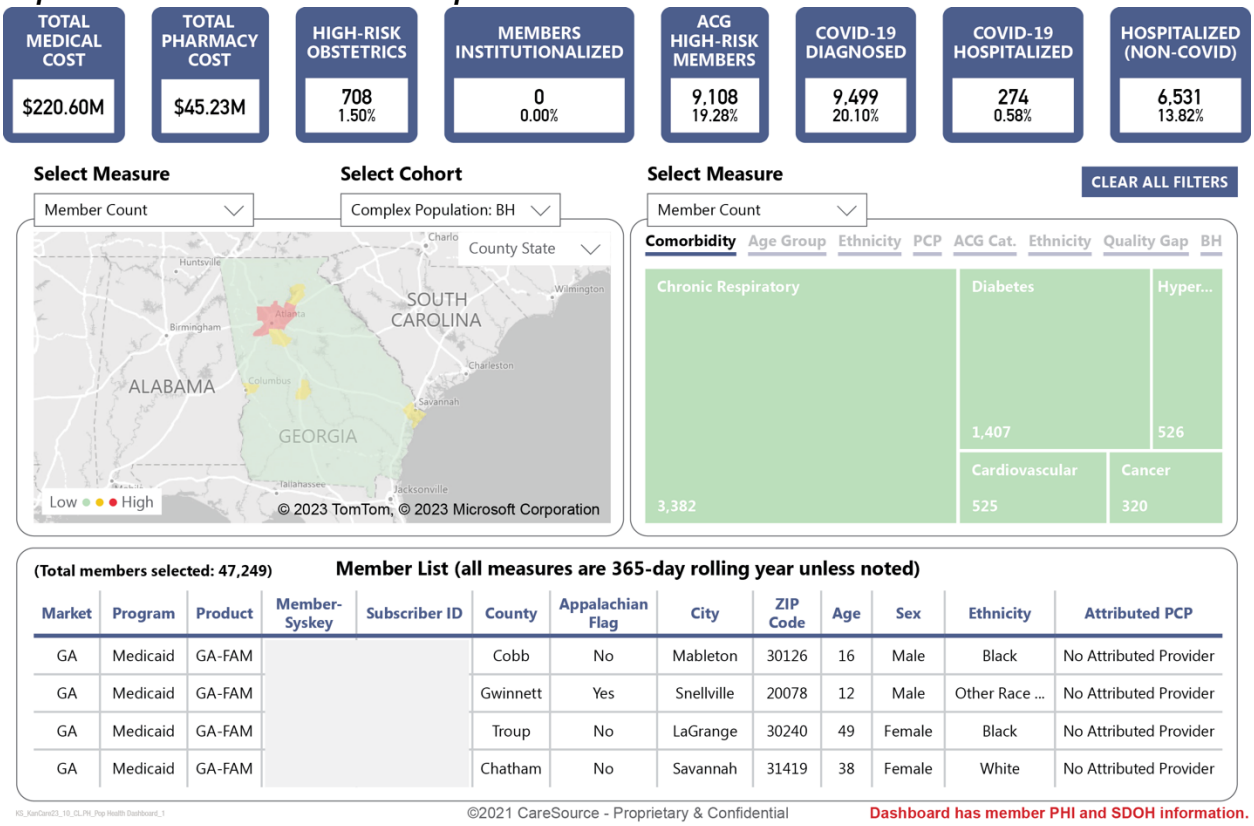
Based on our systems, our informed teams, and our experience, CareSource is confident our contribution to creating the KanCare Dashboard will be strong and useful. We commit to leading and delivering the collaboration and collective solution that will create better results for Kansans. Our teams look at the information to truly understand the data and the ability to utilize the right sources to drive results for Medicaid programs. Dashboards and maintenance are secondary to the information utilized to create reporting; our experience ensures results.

The internal Clinical Analytics team, which includes data scientists and data architects, provides insight and expertise for internal and external stakeholders. We base our team structure on critical areas of specialization, including population health management analytics, medical economics, clinical informatics, data science and predictive analytics. Our Operational Analytics team specializes in Provider network, VBP payments, and operational performance monitoring and enhancements. This structure enables data-driven decision making and provides an in-depth perspective into the most critical aspects of our Members and Plan performance.

Our predictive analytics is a toolset that feeds our Population Health Dashboard, an example is below, to identify Members at risk for maternal mortality and morbidity, behavioral health and other chronic diseases

and complex conditions. This provides insight to the specific challenges from each population. Our technology supports program efficacy by collecting data including geography, race, ethnicity, income, age, gender, language, disability, and SDOH to support identification of disparities in health outcomes in Kansas priority areas. For example, our innovative models include identification and stratification of Members with high-risk pregnancies as well as Members at risk for homelessness, readmission or at high risk for suicide in addition to Member specific SDOH indices (e.g., economic stability, education, etc.) for multiple Population Health Management efforts, including but not limited to asthma, diabetes, sickle cell disease (SCD), and other complex conditions.

Population Health Dashboard Example



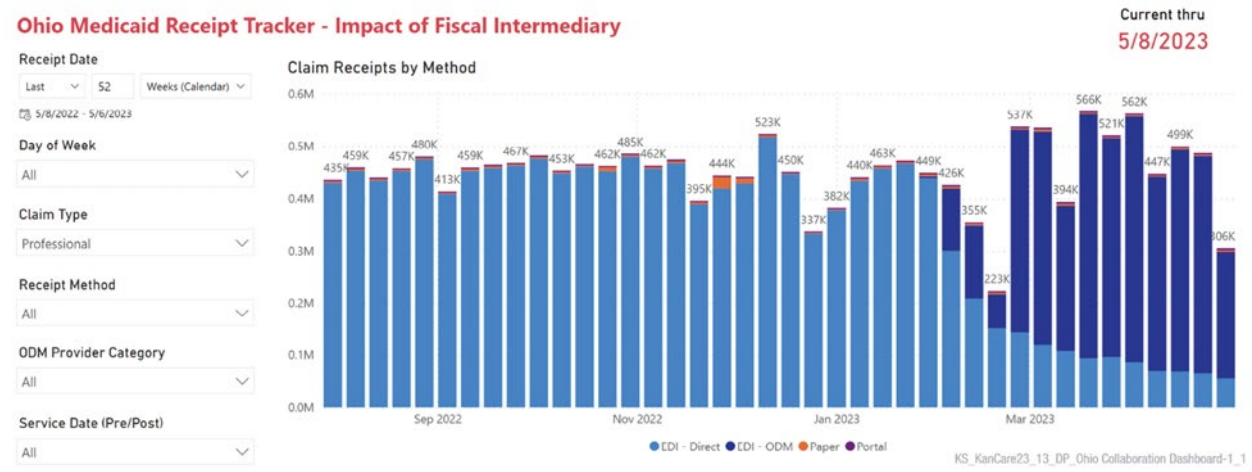
Assisting Ohio Medicaid in Analysis and Cost Savings

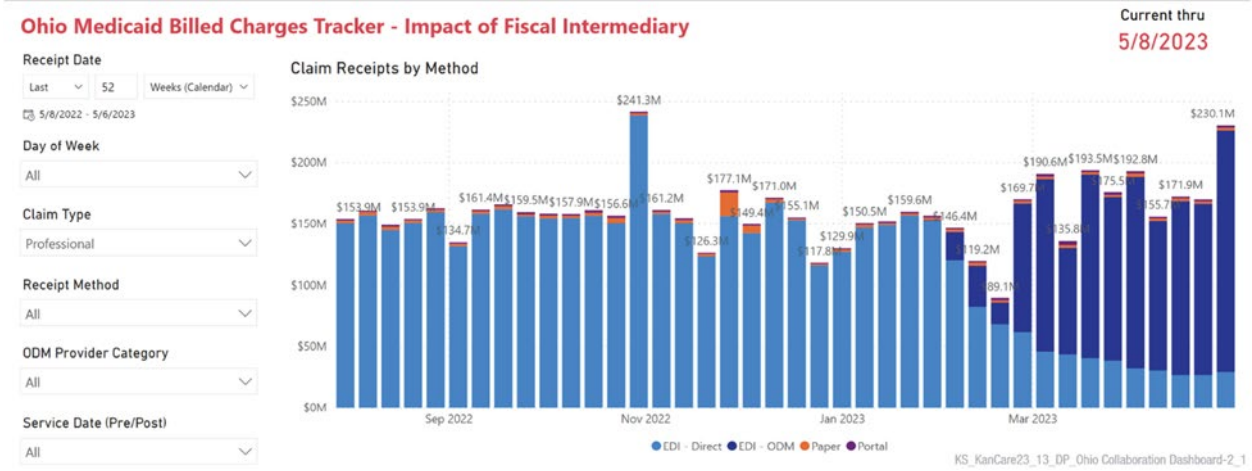
Our technology drives transparency, innovation, and higher quality data through a holistic view of insights, performance, and meaningful outcomes at the Member, Provider, and regional levels. This approach reduces administrative burden and drives reporting and data governance excellence, as evidenced recently in Ohio. Ohio Medicaid introduced a fiscal intermediary in Ohio Medicaid effective February 1, 2023. The fiscal intermediary had the role of providing “one front door” that all Providers were required to use to submit claims to the Medicaid MCOs.

Based on CareSource’s analysis of the performance results of the fiscal intermediary, our teams built a dashboard to analyze results. The dashboard was presented to representatives from the Ohio Department of Medicaid (ODM) as we participated in a number of meetings. The dashboard was displayed for meeting attendees and our team walked through the real impacts of the fiscal intermediary on claim receipt patterns in Ohio. ODM was enthusiastic about the dashboard and scheduled to meet with us to review the newest results every four to eight weeks over a period of approximately ten months. ODM used the dashboards to review patterns and quickly dive into the details and problem areas of the

implementation and how to redirect the initiative. These are the collaborative dashboards designed with Ohio data to analyze performance results:

Ohio Collaboration Dashboards





Continued Contribution to and Supporting Kansas

From the onset of our contract, CareSource will actively engage with the State to ensure the provision of accurate, timely, and meaningful data and reporting, ad hoc requests, and a customizable dashboard, including data points beneficial to the State, without inundating the State with superfluous reports and data. Our team will track the State's specific priorities, along with other clinical and non-clinical measures such as preterm births, infant and child mortality, immunization rates, and SDOH and independence. Some examples of the measures we track include:

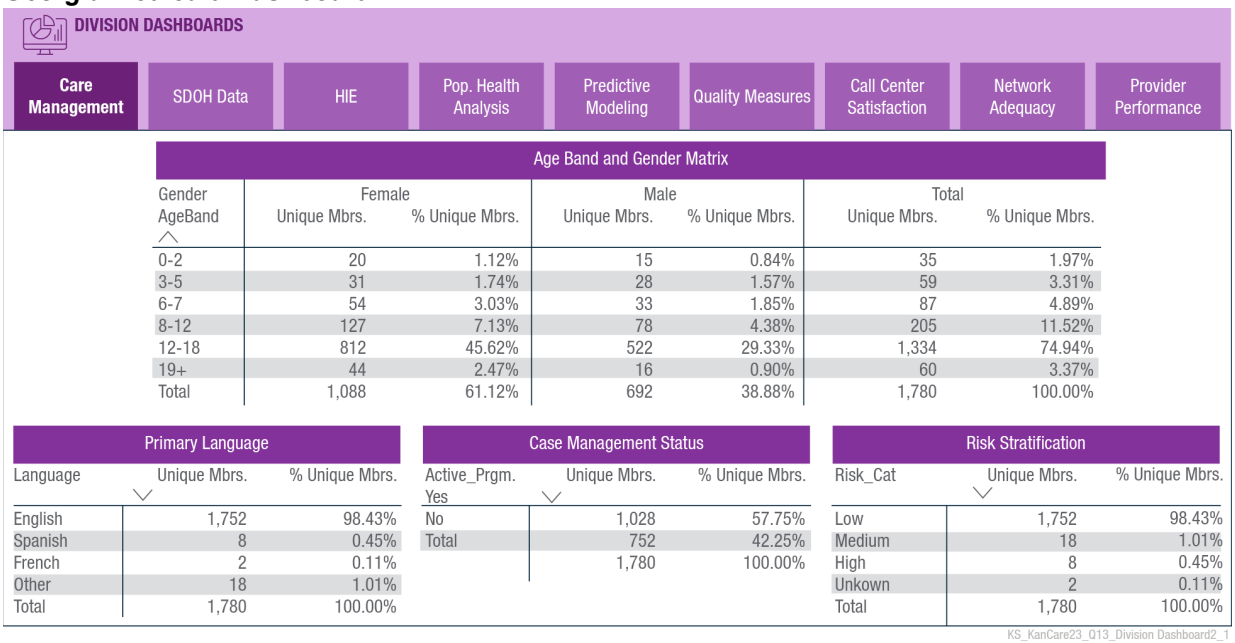
- ***Clinical Measures***: Potentially preventable ED visits and hospital admissions, appropriate treatment for children with upper respiratory infection, prenatal and postpartum care, weight assessment and counseling for nutrition and physical activity, immunizations, follow-up care for children prescribed attention deficit hyperactivity disorder medication, low birth weight, metabolic monitoring for children and adolescents on antipsychotics
- ***Non-Clinical Measures***: Housing instability, lead exposure, food insecurity, transportation, potential health disparities and other non-medical determinants of health (SDOH)

- ***Member Satisfaction Measures*:** Rating of personal doctor, getting care quickly, access to routine care, and how well doctors communicate
- ***Provider Satisfaction Measures:*** Overall satisfaction with the health plan, recommending MCO to other physician practices, "Process for Obtaining Member Information"
- ***Operational Measures*:** Claims payment timeliness and accuracy, adverse determination rates, appeal rates, customer support average hold times, and first call resolution

CareSource will dedicate a Data Liaison to Kansas for this important work, who will serve as the primary data contact for the State. This individual will collaborate on Kansas' data analytics needs and facilitate additional insight and orientation on the use and interpretation of the data we provide. Our team understands the best ways to collect, analyze, and visualize the data. We are experienced with identifying the best metrics for tracking results and we can help establish standards for data collection for use in Medicaid dashboards and reports to help avoid the pitfalls of noncongruent submissions and data.

Our Data Liaison will meet at a minimum on a quarterly basis or as frequently as requested with the State to discuss priorities and requests and will be available to answer questions or provide assistance and recommendations. A State Dashboard, similar to the Georgia Medicaid Dashboard below, can be used in these meetings to analyze the KanCare program for CareSource Members. The Data Liaison will assist in supplying performance oriented and Member specific dashboards reporting on health and service utilization. Many of our organization's leaders actively participate in workgroups, committees, information technology, HIE advisory boards, and strategic initiatives across our many data-sharing partnerships. Our engagement in these groups, which dates back nearly a decade, demonstrates our longstanding commitment to collaborating with our State Medicaid partners. Using this engagement, we will invest in our partnership with the State and share our depth of experience, technical assistance, and unique ability to unlock additional value from technology and interoperability initiatives that support Kansas in achieving its priorities specific to Medicaid Members.

Georgia Medicaid Dashboard



Age Band and Gender Matrix

Gender / AgeBand	Female Unique Mbrs.	Female % Unique Mbrs.	Male Unique Mbrs.	Male % Unique Mbrs.	Total Unique Mbrs.	Total % Unique Mbrs.
0-2	20	1.12%	15	0.84%	35	1.97%
3-5	31	1.74%	28	1.57%	59	3.31%
6-7	54	3.03%	33	1.85%	87	4.89%
8-12	127	7.13%	78	4.38%	205	11.52%
12-18	812	45.62%	522	29.33%	1,334	74.94%
19+	44	2.47%	16	0.90%	60	3.37%
Total	1,088	61.12%	692	38.88%	1,780	100.00%

Primary Language

Language	Unique Mbrs.	% Unique Mbrs.
English	1,752	98.43%
Spanish	8	0.45%
French	2	0.11%
Other	18	1.01%
Total	1,780	100.00%

Case Management Status

Active_Prgm. Yes	Unique Mbrs.	% Unique Mbrs.
No	1,028	57.75%
Total	752	42.25%
	1,780	100.00%

Risk Stratification

Risk_Cat	Unique Mbrs.	% Unique Mbrs.
Low	1,752	98.43%
Medium	18	1.01%
High	8	0.45%
Unkown	2	0.11%
Total	1,780	100.00%

KS_KanCare23_Q13_Division Dashboard2_1

Our maintenance and use of data enhances our dashboard reporting. Our team of Data Scientists have learned from our analyses and can share our learning with the State to ensure results. We consistently look for and consider impact to our Members and Provider network using meaningful metrics such as Operational metrics, Member surveys, CAHPS® and NPS results, Member Advisory Council meetings and feedback to engage the Member in what is important to them. We maintain a multitude of internal dashboards based on these and other sources to track our performance against negative impacts. Our data includes inputs from multiple internal and external sources such as:

Internal Data Sources	External Data Sources
▪ The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) assessment results ▪ Medical and pharmacy claims ▪ Guiding Care ▪ PAs ▪ HRA ▪ Prenatal risk assessment form ▪ Laboratory results ▪ CareSource24® nurse advice/behavioral health line ▪ SDOH screening and referral tools ▪ Member and Provider customer support data ▪ Member appeals and grievances ▪ Network access standards reporting ▪ CAHPS® Member surveys	▪ Direct Provider HER data from i2i & Azara ▪ Vital statistics ▪ 834 Enrollment File ▪ KSWebIZ- Kansas' Statewide Immunization Registry ▪ EVV data ▪ EHRs ▪ KHIN and LACIE ▪ ADT Feeds ▪ SDOH referral platforms (e.g., Find Help, Unite Us) ▪ American Hospital Directory

These data analytics and reporting capabilities enable our business operations to improve health outcomes, reduce medical costs, manage administrative costs, increase the ability to respond to market disruptors, expand value to Members, and efficiently react to state and federal changes. As a result of these developed systems and processes, we have a solid understanding of what our Members and our Providers care about most and we develop dashboards that provide our teams visibility into our performance on these metrics that matter. CareSource looks forward to collaborating with the State and the other MCOs on a robust data strategy for the KanCare program.

Q.14. Noncompliance reported in your bid noted areas where a pattern of issues occurred with reporting. Please elaborate on changes you have recently made to improve in this area.

A.14.

The number of CAPs related to regulatory reporting that we disclosed in Q1 of our original proposal response was minimal when compared to the total sum of regulatory reports CareSource filed from 2018 to 2023. For frame of reference, over the last five years, we filed 7,288 Medicaid regulatory reports, with only 15 resulting in a CAP. This represents a CAP rate of 0.2%.

That said, we take these matters seriously and have implemented several improvements in our overall regulatory reporting process, specifically related to the timeliness and accuracy of data content, to ensure full compliance with State requirements and expectations. In addition to reporting our performance and risk mitigation activities to our executive leadership and Board of Directors, we recently implemented the following changes to improve in this area:

- We improved our report creation process with an **increased concentration on enhancing data sets and adherence to technical specifications.** This upstream process enhancement increases efficiency and allows our Compliance and Business Owners more time to review each report for accuracy and timeliness.

- We **upgraded our core systems and modern data platform** to enrich the accuracy of the reporting data sets and to streamline the report creation process to increase our reporting efficacy and consistency. Because our core systems reside on a single platform, we can produce reliable data efficiently and include additional reporting without significant burden to the organization.

- We created **designated teams across various functional areas** to specifically focus on the regulatory reporting process. Most recently, our IT team hired a Vice President of Data Strategy, a senior leader with over 30 years of experience, whose primary focus is enhancing the regulatory reporting process and bringing forth reporting accuracy improvements. Our Compliance team has also created a team of compliance experts whose sole focus is on compliance review and regulatory report analyses. Together, these teams will ensure appropriate oversight and awareness of the report accuracy, as well as the insights identified in our regulatory reporting process.

In addition to the above changes, our Continuous Improvement team is actively engaged to identify automation opportunities related to our regulatory report filings, which positively impacts our efficiency, accuracy, and support for report creation.

Q.15. Noncompliance reported in your bid noted data breaches through a number of your subcontractors. Please elaborate on changes you have recently made to improve in this area.

A.15.

Cybercrime has grown to become the world's third-largest economy after the US and China, according to the World Economic Forum (WEF). The threat to CareSource and our third parties continues to dominate our risk management efforts. In Q1 of our original proposal response, CareSource identified six unique subcontractor data breaches and one software vendor breach across our Medicaid contracts over the past five years (2018-2023). Some of these breaches appeared more than once in our proposal if the breach affected Members in different Medicaid contracts. For example, one subcontractor breach appeared four times as this breach affected Members in four of our Medicaid contracts.

Subcontractor issues impacting greater than 1,000 Members were also broadly impacting other healthcare entities and industries. For example:

- **MOVEit:** ***Software "zero day" vulnerability exploited by Russian cybercrime gang broadly impacting over 2,000 organizations and 85 million people according to KonBriefing*** – As a result of this breach, we enhanced our Software Supply Chain due diligence process. CareSource acted quickly and did not experience any operational impact.

- **OneTouchPoint** – ***Ransomware victim impacting over 34 organizations including Humana, Kaiser Permanente, Anthem, and other BCBS affiliates*** – CareSource discontinued use of this vendor for Member mailing services and they are not permitted to receive Member data. This incident, along with other evidence suggesting traditional audio/visual was more easily exploited by threat attackers, drove us to require modern endpoint protections of all subcontractors. Additionally, we reviewed all print vendor data retention timelines to minimize the data footprint.

Immediate Actions and Continuous Improvement

As part of all incident response efforts, we identify immediate actions to protect CareSource and our Members. We also identify any opportunities to improve our subcontractors' security posture and our overall Third-Party Risk Management Program. As a result of the incidents that occurred over the last five years, we implemented the following changes to improve in this area:

- All subcontractors are required to utilize multi-factor authentication to access email (e.g., Microsoft M365/O365, VPN) and administrative access points. This reduces the risk of attackers using compromised passwords to take over email accounts, access the subcontractor's network, or use credential stuffing attacks against the subcontractor.

- All subcontractors using Member facing applications (e.g., web portal) are required to undergo annual penetration testing by an outside expert and remediate all critical and high findings in a timely manner.

- All subcontractors are required to utilize modern endpoint protection to protect against malware (e.g. next generation anti-virus software, endpoint detection and response [EDR]).

- We implemented a third-party cybersecurity ratings platform to continuously monitor our subcontractors' cybersecurity deficiencies. This platform enables real time collaboration with our third-party partners supporting more robust oversight and risk management.

- We adopted a widely recognized Third-Party Vendor Risk Management platform to efficiently exchange questionnaires and documentation with subcontractors and track identified findings, with follow-up dates to ensure prompt resolution.

- We strengthened our software vendor due diligence by enhancing our questionnaire with more detailed Software Development Life Cycle (SDLC) questions. We validate that the third-party uses secure coding practices, employs strong governance/oversight, and performs application security testing. We also began collecting the Software Bill of Materials (SBOMs) for transparency and accountability purposes.

Third-Party Risk Assessment Program

CareSource's robust Third-Party Risk Assessment Program performs thorough due diligence reviews of our subcontractors based upon risk tier and classification. Our Third-Party Review team conducts security assessments before executing new subcontractor contracts, validating that necessary security and privacy controls are in place to safeguard Member data. This team is comprised of cybersecurity and risk management experts, many of whom hold certifications such as CISSP, CRISC, and CISA. The assessments they conduct involve reviewing detailed questionnaires, audit reports, certifications, incident management records, disaster recovery plans, penetration test summaries, and other supporting documentation. Additionally, we collaborate with an industry-recognized information security company to monitor our critical business associates' cybersecurity scores and address any deficiencies promptly. Our stringent contractual language and ongoing monitoring underscore our commitment to protecting Member data. In case of any identified deficiencies, third parties are held accountable for timely remediation. Our Chief Information Security Officer regularly updates our Executive Leadership team and Board of Directors on significant third-party risks.

Additionally, our Third-Party Risk Management team collaborates closely with our Information Security Incident Response team and our Privacy Officer to ensure lessons learned from any incidents are incorporated into our assessments and ongoing monitoring of third parties. This close collaboration and information sharing enables our strong response both during and after any incident involving third parties.

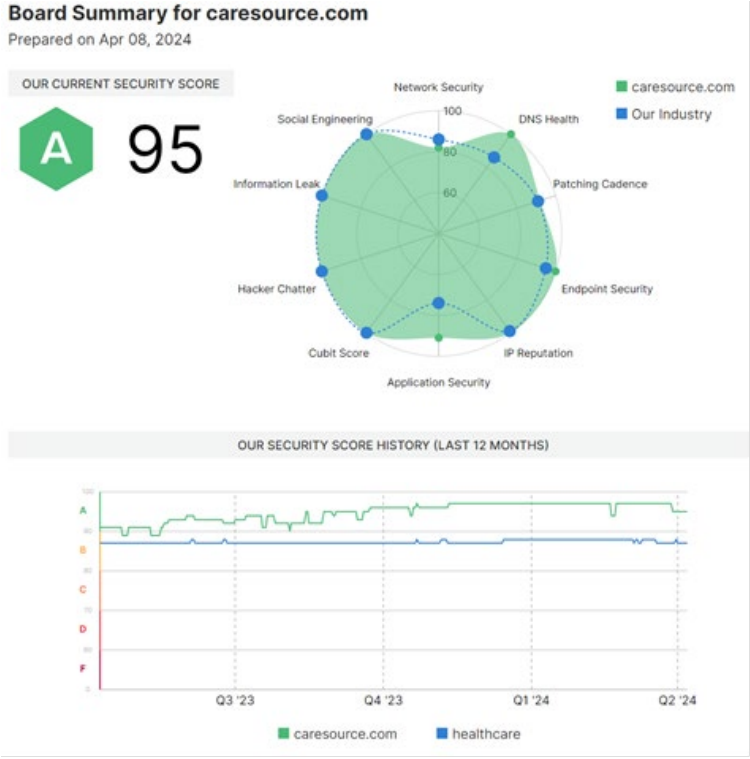
Annually, and as needed based on emerging threats, we enhance our program by refining our security questionnaires to address the evolving threat landscape. Additionally, we regularly update our security language to communicate expected minimum controls to third parties. As a member of H-ISAC, we stay informed about emerging threats and collaborate with other healthcare organizations to share best practices in third-party management. Our security monitoring service also allows us to conduct ongoing due diligence. This approach allows us to proactively engage our third-party partners to address any high-risk hygiene-related issues that we identify.

Privacy Program Incident Response

CareSource builds relationships with subcontractors who provide administrative support and assist in delivering benefits and services to our Members. We hold our subcontractors to the same privacy standards to which we hold ourselves to ensure compliance with HIPAA, HITECH, and contractual requirements. We execute a BAA with subcontractors who have access to/or maintain PHI on our behalf. The BAA requires prompt reporting of incidents, cooperation with investigations, mitigation, and remediation activities. CareSource's Privacy Officer investigates all reported incidents and provides oversight of mitigation and remediation activities to ensure root cause is addressed. Remediation activities are not limited to the specific incident. For example, the OneTouchPoint incident remediation plan included an analysis of all print vendor data retention timelines to minimize the data footprint. Our holistic approach to incident management reduces potential risk opportunities.

Compliance and Assessments

Our systems environment complies with the HIPAA, HITECH, and Affordable Care Acts, and we adhere to comprehensive written policies and procedures. We perform an annual HIPAA Risk Assessment, annual penetration testing, ongoing staff and subcontractor education and training, and tabletop testing of breach response and notification. CareSource's enterprise has achieved an "A" rating on our annual HIPAA Risk Assessment. We also consistently receive an "A" security rating by SecurityScorecard, shown in graphic below, which signifies that we exceed the industry average in cybersecurity practices and highlights our strong security posture.



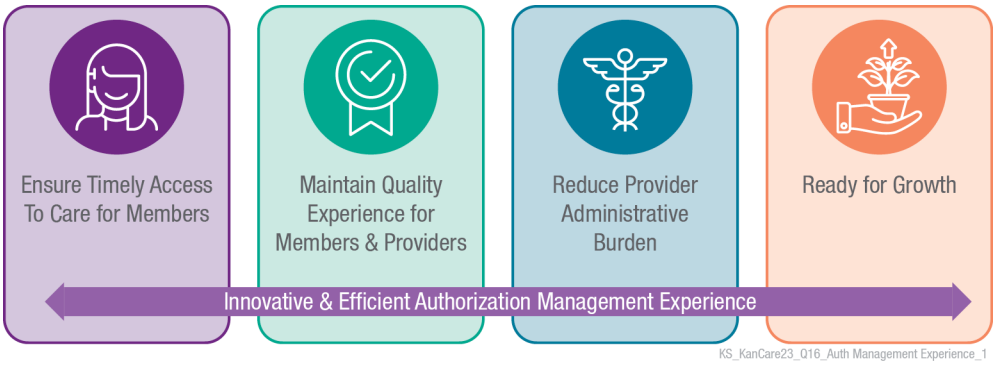
We design our information security and access management programs to keep pace with the rapidly evolving threat landscape. Our next-generation antivirus, machine learning-powered firewalls, and additional security tooling provide a scalable, defense-in-depth strategy. Additional security technologies include identity and access management, privileged identity management, multi-factor authentication, single sign-on, data loss prevention, email protection, and customer identity and access management. We limit access to PHI to those with a business need, providing specific role-based views of data and access levels that align with internal security compliance measures.

Q.16. Prior authorization difficulties are a common theme amongst Medicaid stakeholders. Please elaborate on the top 2-3 items that you are focused on related to improving the Prior Authorization Process, including changes you feel the state could make to help you achieve your goals.

A.16.

CareSource is focused on transformation of the PA process. **The heart of our success in PA transformation is our decades of experience as a trusted partner to Providers and our unique HealthAlliance perspective.** We know the administrative requirements placed on Providers first-hand and understand what matters to Providers most. Our unparalleled operational excellence encourages Provider participation by decreasing administrative burden, with a focus on transparency. **This level of collaboration and transparency has led to CareSource Providers reporting high levels of satisfaction**.

Providers must be able to focus their time on their most important role – caring for Members – so we invest in automation and technology to reduce administrative burden and streamline the PA process to support efficient and timely authorization responses.



PA Focus Areas

Our top three PA focus areas are below. We welcome the opportunity to collaborate with the State and other Medicaid stakeholders to streamline focus areas.

1. Increasing interoperability and other electronic clinical information exchange with Providers
2. Optimizing the PA process, including a 20% reduction in PA in 2024
3. Expanding our Provider Gold Carding Program

Opportunity #1: Increasing Interoperability and other Electronic Clinical Information Exchange with Providers

CareSource is a recognized leader in evidenced-based technology innovation in PA management and has been recently recognized by MCG Health (March 2024) as the recipient of the 2023 Richard L. Doyle Award for Innovation and Leadership in Healthcare. This award is evidence of our success and commitment to interoperability with our Provider partners. The catalyst of this recognition is reduction of Provider administrative burden through the implementation of MCG Cite for Collaborative Care. Via this integration, the hospital selects pertinent clinical information within the hospital EHR to share directly with CareSource. The hospital is also able to support medical necessity by selecting MCG criteria with only a

few clicks and receive an immediate approval for cases meeting designated criteria. If the authorization does not receive an immediate approval, it is reviewed by the clinical team. When complete, the decision is communicated directly back to hospital EHR making this information accessible without additional action from the user. This process enables the Provider and payer to avoid the high touch fax communication process. When implemented, this engagement results in **reduced administrative burden for the hospital and a reported savings of 20 hours per week in the authorization process.** This program is available and successful today and would be available to Kansas Providers. In addition to this integration, we also alleviate Provider burden of providing clinical information through shared access of EHRs. With this model, CareSource can utilize secure access to the EHR to obtain pertinent Member specific clinical without additional action from the Provider.

An additional challenge and a limitation in interoperability is the lack of standardization when exchanging PA information. Opportunities exist from PA forms, clinical information requirements, even the structure of electronic access via portals and EHRs. We recognize that these variances can drive inefficiencies for Providers delivering care to Kansans. In a similar market, we successfully led this change across multiple payers and created a standardized PA form for post-acute service requests. The standardized form was successfully implemented for all Providers. We are committed to leading these efforts to champion the identification of standardization opportunities across all Kansas Medicaid payers.

Opportunity #2: Optimizing the PA process including a 20% reduction in PA in 2024

PA reduction is a top priority. We are approaching this responsibility with care and intention, balancing needs of Members, Providers, and state partners. Our priority is a comprehensive process that governs the management of all PA requirements. Our approach is data and quality driven, focusing on access to covered services for Members and reduction of administrative tasks for Providers. We utilize a multidisciplinary governance model supported by our diverse PA workgroup using insight derived from our proprietary PA management tool. This tool allows us to analyze PA code performance and identify and act on market-specific trends and expectations.

In addition to data analytics, we integrate clinical and market expertise to ensure clinical quality is maintained, Member outcomes are stable, and state expectations are met. This program is on track to deliver our goal of reductions of 20% in 2024.

Driving the PA process to a higher level of efficiency is an evergreen strategy. When approaching optimization of the PA continuum, support for Providers is essential. To that end, we offer numerous ways to complete PA activities and the Provider can select what works best for their setting. Examples include:

- **Provider Portal:** We support Providers in portal adoption via education from the start. We encourage Providers to use our Provider Portal for electronic submission of authorizations and pre-service, urgent, concurrent, and retrospective request reviews. The portal serves as the central source for the coordination of all aspects of a Member's care. Providers may request authorizations and notifications for all physical and behavioral health services and medications through the Provider Portal. Providers have immediate access to view status for all submitted requests and may request updates to authorizations, including requests for continued stay review, discharge notifications, and date change requests.

  The portal further enhances the Providers' ability to obtain authorizations quickly and maintain continuity of care for Members. Our technology allows Providers to review care gaps and other HEDIS elements through proactive notifications to drive improved health outcomes for their patients. The portal is also used to upload and download Member clinical and claim information and reports in a secure and encrypted manner using industry security best practices. This information feeds into

CareSource's GuidingCare clinical platform to support collaborative, analytics-driven, person-centered approaches to care coordination, UM, and population health.

Additionally, we use feedback from Providers to clarify our PA processes when needed. For example, we recently noted a frequent error in the selection of certain fields when Providers were creating authorizations. We were able to apply point of entry guidance using WalkMe™ guidance to assist the Provider without the Provider leaving the application to review additional directions.

- **CITE AutoAuth:** To reduce the administrative burden of PA requests and PA disputes, we offer an innovative auto-authorization system, Cite AutoAuth via our Provider portal. CITE AutoAuth allows Providers to evaluate and complete MCG clinical criteria and potentially obtain an approval if criteria are met. This tool increases transparency around clinical criteria used for decision making. Over 73% of total PAs are submitted via the portal today, with 32% of those receiving a real-time approval at the time of the authorization request.

- **Direct Engagement for Complex Care Populations:** We know the PA process can be cumbersome for Members with complex care needs. Our UM team offers dedicated resources to assist with PA for this population. This team is trained in managing and evaluating clinical information across the complex landscape of chronic care. There is also direct engagement with care coordination (both plan and community-based) to escalate new care needs. For HCBS Providers, we offer an innovative portal solution to allow the Provider to submit a claim for services provided and authorized via the PCSP. Within the portal, the Provider can select the services that were completed and submit the claim to receive instant reimbursement.

- **Claims Payment Related to PA Challenges:** Our Integrated Care Operations team has dedicated resources that work to track and support PA issues to prevent delay of payment to Providers. Trends are shared with internal and delegate leaders for follow-up with HCBS CCC and Targeted Case Managers. All Providers have direct contact information for dedicated CareSource Integrated Care Operations staff. Our Integrated Care Operations team collaborates with the CCC/Targeted Case Manager and other Providers on any questions or concerns on authorizations.

Opportunity #3: Expanding our Provider Gold Carding Program

Our Provider Gold Carding Program is an opportunity to identify network Providers that demonstrate consistent, high-quality performance and outcomes and relieve PA requirements either entirely or based on performance for specific services. We have refined this opportunity and enhanced inclusion criteria for identification of Providers and oversight of performance. Some elements evaluated include quality outcomes, authorization volumes, consistency in authorization approvals. When designated as a Gold Card Provider, the PA process is eliminated, and we will monitor the Provider's performance going forward to ensure ongoing quality. Though our oversight process, we review monthly performance metrics to ensure performance remains consistent and gold carding is successful. Any concerns are addressed through a collaborative partnership approach with the goal being to improve success and prevent reinstatement of the PA requirement.

Partnering with Kansas to Achieve our PA Goals

We value the State's years of experience and believe your valuable perspectives can guide CareSource's programs and ensure transparency and accountability throughout the KanCare Program. To help us in our efforts to improve the PA process, we recommend the State consider the following efforts:

CareSource Focus Area	Recommendation to the State
Increasing interoperability and other electronic clinical information exchange with Providers	▪ Convene the MCOs in a collaborative effort that requires all MCOs to utilize standardized electronic authorization/integration options to streamline the experience for Members and ensure a consistent process for Providers
Optimizing the PA process	▪ Collaborate with the MCOs for the ongoing review of state defined PA requirements and use of a consistent hierarchy of PA requirements across MCOs ▪ Consider other billing innovations such as Episodes of Care, whereby practices receive payments based on episodes of care as the base requirement - Episodes are typically defined according to a set of diagnoses and services provided over a specified service time, especially for surgical procedures. - These models may bundle hospital, physician, and post-acute care services together. - These models allow practices to achieve higher revenue by avoiding complications, negotiating discounts, and choosing lower-cost settings for post-acute care.
Expanding our Provider Gold Carding Program	▪ Establish a common set of quality metrics for all MCOs to use, which will establish alignment between the State's goals, MCOs' responsibilities, and Provider administrative requirements to collect and report and chart the course of Gold Carding options for Providers that transgress down the continuum of VBP arrangements ▪ Create benchmarks and reports that provide current and projected trend views, ultimately supporting annual evaluations of quality metrics and goals

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