

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Kansas

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

- (a) The Kansas Department of Health and Environment, Division of Health Care Finance is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph).

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

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1.2 Organization for Administration

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency,

Kansas Department of Health and Environment, Division of Health Care Finance has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance units and organization chart of the Division.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to make sure determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determination.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 1.1.A

State of Kansas

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Kansas Department of Health and Environment
Division of Health Care Finance
is the single state agency responsible for:

administering the plan,

The legal authority under which the agency administers the plan on a Statewide basis is:

Executive Reorganization Order No. 38
(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(statutory citation)

9/12/2011
DATE

[Signature]
Signature

Attorney General State of Kansas
Title

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Sam Bmwnhack, Governor

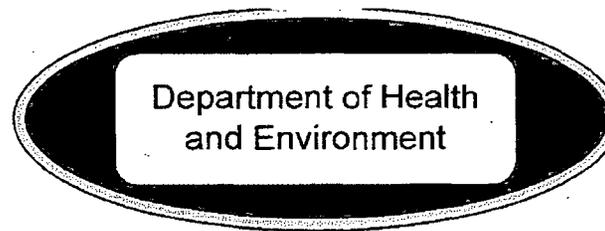
Function of State Agency

Kansas Department of Health and Environment

Division of Health Care Finance

The Division recognizes the importance in providing access to health care coverage to eligible, needy Kansans, and serving as the gatekeeper for Medicaid, the State Children's Health Insurance Program, and MediKan funds as the single state Medicaid agency.

The Division of Health Care Finance views its mission as bringi ng the health care community together to develop a comprehensive approach to address issues of health care cost, quality, and accessibility



Secretary



Director

Medicaid Director

Medicaid & HealthWave

Projections,
Financing &
Estimation

Medicaid

Eligibility

Strategic Purchasing

Program Informatics &
Continuing
Improvement

Payment Policy
Development &
Implementation

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Attachment 1.2-B

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The Medicaid Operations section is responsible for the procurement, management, and oversight of all contracts that include Medicaid and CHIP funding. It oversees more than 125 contracts valued in excess of \$500 million. It is also responsible for program integrity and the management of third-party liability collections from primary insurance carriers and Medicare.

In addition, Medicaid Operations is responsible for claims processing, dispute resolution, fair hearings and implementation of policy changes and federal mandates. Primary responsibility for provider and beneficiary relations and communication about the program are also included in this section.

The Eligibility section of the Medicaid Division has four units that oversee all aspects of Medicaid eligibility. The Eligibility Policy Unit is responsible for overseeing all program, policy, training and outreach activities related to beneficiaries and their enrollment into the program. The unit is also responsible for developing a statewide training strategy for eligibility workers in SRS and HCP as well as community partners who assist with application preparation. Members of this unit ensure that automated systems support policy and are included in program integrity activities. The *Working Healthy* Unit manages the *Working Healthy* program, including education, outreach and program promotion, facilitating enrollment, premium oversight and the *Working Healthy* supplemental personal assistance program, *Work Opportunities Reward Kansans (WORK)*. The unit is also responsible for administering a number of federal grants that encourage, support and sustain employment of people with disabilities. The Presumptive Medical Disability Team (PMDT) works to examine disability claims for people who are seeking medical coverage but have yet to be determined eligible by the Social Security Administration (SSA). Finally, in compliance with federal and state laws and regulations, the Eligibility Clearinghouse staff at the HealthWave clearinghouse complete all Medicaid eligibility determinations received and monitor the performance of the contract eligibility determination staff.

The Strategic Purchasing Unit oversees health care purchasing and delivery for two primary Medicaid population groups: low income families and the aged, blind and disabled. The Division of Health Care Finance (HCF) purchases health care through three product lines: capitated managed care, Primary Care Case Management and fee-for-service. The Strategic Purchasing Unit is responsible for managing the contracts with our managed care organizations (MCO) and monitors the delivery of care through Medicaid fee-for-service and the PCCM program-HealthConnect Kansas (HCK). The Strategic Purchasing Unit also monitors utilization trends for the two populations of beneficiaries, low income families and aged, blind and disabled and develops policy solutions and quality improvements. The Pharmacy Section is responsible for directing the Medicaid fee-for-service pharmacy program.

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KANSAS MEDICAID STATE

Attachment 1.2-B

Page 1a

The Payment Policy Development and Implementation Unit is responsible for establishing reimbursement rates and upper payment limits, establishing diagnosis-related groups (DRGs) for Medicaid inpatient services and establishing capitation rates for Medicaid and SCHIP managed care. The unit also conducts reviews of cost reports and financial data to determine appropriate payments for providers eligible for cost-based reimbursement, such as Federally Qualified Health Centers.

The Program Informatics and Continuing Improvement (PI&CI) unit provides decision support for data-driven policy setting, implementation and continuous improvement of HCF programs.

The Projections, Financing & Estimation (PF&E) section is responsible for computing the fiscal impact of proposed policies, forecasting caseloads, and providing analytical support. The PF&E provides oversight to numerous programs and activities which spend Medicaid funds and are managed by other State agencies to ensure adherence to State and federal regulations. This unit also manages the Medicaid State Plan and processes regulations. The section tracks and evaluates legislative activities which might have an impact on the activities of HCF, both at the state and federal levels. In addition, the unit oversees the policy implementation process, evaluates outcomes post implementation, performs federal financial reporting, and oversees the Medicaid Eligibility Quality Control and Payment Error Rate Measurement projects for Kansas Medicaid.

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Attachment 1.2-C

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Federal Financial Participation Staff Time Allocation

The Division of Health Care Finance (HCF) uses the State's electronic timekeeping system to determine the Federal Financial Participation (FFP) allocations for staff within the Division. All professional staff enter data into the report system on a biweekly basis and allocate their time to the following categories:

- Approved Advanced Planning Documents (APO);
- MMIS Operations;
- Payment Error Rate Measurement (PERM) - Medicaid;
- Medicaid Audit;
- Medicaid Administration; Skilled Medical Professional;
- Program of All-inclusive Care for the Elderly (PACE);
- Medicaid Infrastructure Grant (MIG);
- Planning Advanced Planning Document for Health Information Technology (PAPDH IT);
- Administrative Overhead – This category is used by staff whose time is allocated to Medicaid per the approved Cost Allocation Plan (CAP).
- Medicaid and Children's Health Insurance Program (CHIP) – This category is used by staff whose time is allocated to Medicaid and CHIP per the approved Cost Allocation Plan (CAP).

Staff are instructed that only skilled medical professionals may claim time in that category. Staff must complete their time reporting by Friday at 10:00 AM of each pay period.

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Attachment 1.2-D

Staff of both the Division of Health Care Finance (HCF) and the Kansas Department of Social and Rehabilitation Services (SRS) are responsible for eligibility determinations under the Medicaid program. An Interagency Agreement has been established between the agencies regarding the provision of eligibility determination. \

Staff assigned to an eligibility clearinghouse, a unit with HCF, perform eligibility functions under the supervision of the Medicaid Director. Functions include . determination of initial eligibility, adjustment of eligibility, redetermination of eligibility and related functions. Responsibilities of this unit are generally limited to coverage groups undet this State Plan related to the Aid to Families with Dependent Children program.

Staff assigned to regional SRS Service Centers perform eligibility functions under the supervision of Regional Directors. SRS is the Title IV-A agency. Functions include determination of initial eligibility, adjustment of eligibility, redetermination of eligibility and related functions. SRS staff have responsibility for all coverage groups identified in this State Plan.