**STATE OF KANSAS**
**STATE PLAN IMPLEMENTATING THE PROVISION OF HEALTH CARE TO PERSONS ELIGIBLE FOR SERVICES UNDER TITLES V, XIX, AND XXI OF THE SOCIAL SECURITY ACT**

The Kansas Department of Health and Environment (KDHE) is comprised of three Divisions: Division of Health Care Finance (HCF), Division of Public Health (DOPH), and Division of Environment (DOE).

The HCF is the division of the KDHE designated through K.S.A. 75-7401 *et seq*. to supervise and administer Kansas' Medicaid Program. As the authority to supervise and administer the Medicaid program, the HCF is responsible for the operational and purchasing responsibilities for the regular medical portion of the state Medicaid program and is responsible to ensure that all funds expended under the Medicaid program are spent appropriately and in accordance with federal and state law. Except to the extent provided by K.S.A. 75-7401 *et seq*., the HCF is not responsible for health care planning, administration, purchasing and data with respect to the program set out in K.S.A. 75-5945.

The DOPH is the division of the KDHE established pursuant to K.S.A. 75-5603 and under the Secretary of KDHE's authority, and has general supervision of the health of the people of the State of Kansas.

The KDHE has the authority and is responsible for compliance with all federal and state laws to administer, purchase and provide data with respect to the programs described in K.S.A. 75-7408(b) and support the planning and implementation of policies for these programs.

ARRANGEMENT BETWEEN HCF AND DOPH

This document defines (1) the responsibilities of the HCF and DOPH duties with respect to providing health care to persons eligible for health care services under Titles V, XIX, and XXI of the Social Security Act; (2) the ability to use Title V, XIX, and XXI funds for allowable administrative costs incurred; (3) the responsibilities of the divisions for sharing funding under Titles V, XIX, and XXI for administrative activities and program services provided to eligible persons received services; (4) the roles and responsibilities of each division for payment of services to Medicaid enrollees the programs under the DOPH; (5) the roles and responsibilities of each division regarding policy development and management as well as administration and implementation of the policy at the state and federal levels; (6) the guidelines for data sharing between divisions; and (7) the status of the DOPH as a Medicaid provider for identified Medicaid services.

POLICY DEVELOPMENT AND IMPLEMENTATION

The DOPH, with respect to programs described in K.S.A. 75-7408(b), has a plan to report the implementation responsibilities, implementation timeline, risk factors to program implementation, risk factors to program management, contingency plans addressing risk factors and a communication and notification plan to the HCF.

The DOPH and HCF will coordinate the development and implementation of all policies which may have an impact on the programs or services of the other division that are referenced in this document. Both divisions will cooperate regarding any proposed changes to or amendments to the State Plan.

The HCF has the final authority to approve any changes to policies or regulations for the Medicaid program, or policy changes to the Medicaid Management Information Systems (MMIS) or the eligibility system for Medicaid.

PROGRAMS

The DOPH administers and provides those Medicaid programs as outlined in Schedule A attached.

The DOPH and HCF will coordinate efforts to ensure that all health care planning, administration, purchasing and data responsibilities included in K.S.A. 75-7408(b) are met.

The HCF will review any contracts, grants or similar documents that involve the use of Medicaid funds to determine whether they qualify for Federal Financial Participation (FFP).

PAYMENTS

The HCF will transfer the federal share of allowable administrative costs expended by the DOPH. The DOPH will maintain records of all administrative costs to document the costs with the administrative services provided.

In consideration of the performance of Medicaid compensable services described in Schedule A, the HCF will pay the DOPH, or Medicaid-enrolled medical services providers that provide such services. In accordance with 42 C.F.R. Sec. 447.15, providers must accept Medicaid payment as payment in full.

The DOPH will reimburse the HCF for all payments advanced for Medicaid-reimbursable expenditures made by the HCF on behalf of the DOPH as described in Schedule A.

Medicaid Assistance Payments made by DOPH will be processed through the MMIS. These expenditures will be charged to the appropriate KDHE State General Fund (SGF) and Federal Medicaid Funds in the state accounting and reporting system. In the event DOPH makes Medicaid Assistance Payments, the HCF will agree to make available the necessary claims payment data.

HCF and DOPH will maintain payment information for audit purposes and cooperate with Centers for Medicare and Medicaid (CMS) staff to provide payment information when requested by CMS.

AUDIT

The DOPH and HCF will maintain all records for the purpose of compliance with all reporting and auditing requirements for Title V, XIX, and XXI programs. Records maintained shall include records to establish eligibility for services provided by KDHE to Medicaid beneficiaries. When necessary for the administration and legal oversight of Medicaid such records will be provided upon request to the Kansas Attorney General's Medicaid Fraud Control Unit (MFCU) and the U.S. Secretary of Health and Human Services. DOPH and HCF will cooperate and participate in all state and federal audits and maintain all records for any audits. Records of all Title V, XIX, and XXI programs will be maintained for a minimum period of six years.

This State Plan Implementing the Provision of Health Care to Persons Eligible for Health Care Services under Titles V, XIX, and XXI of the Social Security Act is hereby effective this _____ day of _____, 2015.

_____

Susan Mosier, MD, Secretary
Kansas Department of Health and Environment

## SCHEDULE A

The purpose of this schedule is to identify the medical services programs administered by the Division of Public Health (DOPH) that are reimbursable under the Medicaid Program as stated in the Kansas Medicaid State Plan including any waivers approved by the Centers for Medicare and Medicaid (CMS) or the Secretary for Health and Human Services.

### I. GENERAL MATERNAL AND CHILD HEALTH (MCH) SERVICES

KDHE's goal for MCH programs and services is to prevent morbidity and mortality for mothers and children by facilitating the provision of services at the community level for the target population. To accomplish this goal, KDHE contracts with local agencies to provide services designed to assure mothers and children, particularly those with low income or limited availability, of access to quality health care. Title V projects are the local agencies that provide MCH services funded in full or in part by Title V funds such as Maternal and Infant Health including outreach and family support services, and Child and Adolescent Health.

Some other specific examples of MCH services include the following; dental, Infant Toddler, Special Health Care Needs (SHCN), immunizations and WIC. In addition, the newborn home visit and prenatal risk reduction services are described in detail in Sections D and E of this section in the agreement.

The purpose of this section is to describe the cooperative arrangement between the DOPH and HCF in relation to general MCH programs/services:

A. HEALTH CARE SERVICES

DOPH will:

1. Support through consultation and funding (if available) MCH projects at the community level.
2. Provide HCF with documentation of Title V overmatch.
3. Report to HCF documented concerns relating to health services availability and/or barriers for Medicaid consumers.
4. Identify and establish standards for MCH services for potential Medicaid reimbursement.

HCF will:

1. Review list of services provided and offer suggestions when necessary.
2. Work with DOPH and local providers to resolve barriers to health care services and barriers to payment for services identified by DOPH Medicaid-enrolled provider partners.

B. PROGRAM INFORMATION AND SERVICE

DOPH will:

1. Promote early identification and referral of individuals to HCF who may be eligible for Medicaid benefits.
2. Promote cooperative program planning and monitoring of MCH efforts at the state and local levels.
3. Encourage local health departments and agencies to provide follow-up and outreach activities for Medicaid consumers.
4. Provide HCF with MCH program brochures for distribution to Medicaid consumers.

HCF will:

1. Participate with DOPH in cooperative program planning and monitoring of MCH services covered by XIX and XXI.

C. COLLABORATION, CONSULTATION, AND CONTINUING EDUCATION

DOPH will:

1. Respond to questions and issues presented by Medicaid staff or consumers related to MCH programs and services.
2. Facilitate continuing education programs for public health staff providing MCH services.
3. Provide MCH or other data to HCF, on request.
4. Establish standards and guidelines for MCH programs including services for pregnant women and children under the Medicaid Program.

HCF will:

1. Respond to questions and issues presented by DOPH relating to Medicaid.
2. Utilize, as appropriate, DOPH professional staff for consultation relating to perinatal/pediatric services and issues.

D. FEES AND REIMBURSEMENT

DOPH will:

1. Assist local agencies to obtain Medicaid reimbursement for services provided.
2. Utilize Title V overmatch for Title XIX MCH services.

HCF will:

1. Upon request, provide a list of Medicaid maximum allowable rates for specific procedures and updates.
2. Assist local agencies, through the HCF fiscal agent, to obtain correct reimbursement for services provided.
3. Provide reimbursement through the KHPA fiscal agent for MCH services identified in the state plan.

Outcome Measure:

Goal is to increase to at least 90% the proportion of Medicaid-eligible participant mothers and children who have received, at a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force.

## II. KAN-Be-Healthy

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are called KAN-Be-Healthy (KBH) in Kansas. It is the only federally mandated entitlement program in Title XIX-Medicaid. These services; many of which focus on preventative health, are available to children under 21 years of age with Medicaid; and to those children under the age of 19 with the Children's Health Insurance Program (CHIP) benefits (these services are available through contract for CHIP). The objectives of the program are to foster good health through the early detection and treatment of conditions which, if left untreated, could become chronic and disabling.

A. GENERAL

DOPH will:

Participate on and sponsor, if funds are available, the MCH Council of Medical experts in Maternal and Child Health that provides guidance and best practices standards for the KBH Program.

HCF will:

Establish and implement KBH Nurse Certification standards of practice in accordance with The Centers for Medicare and Medicaid Services (CMS) guidelines utilizing the MCH Council of multidisciplinary medical experts including the Kansas Chapter of the American Academy of Pediatrics, the Kansas Association of Family Practice, the Kansas Dental Association and other related health and education representatives from the State of Kansas in an advisory capacity.

DOPH and HCF will:

1. Participate in the identification of service providers or agencies for KBH.
2. Provide consultation and technical assistance to providers in the management and implementation of KBH services.
3. Provide timely information on development and implementation of any administrative or fiscal change which will/may impact on mutual clients.
4. Promote KBH and other child health programs throughout the state, with each agency providing the necessary materials.
5. Cooperate on issues involving Blood Lead Screening and Expanded Newborn Screening.
6. Collaborate on reports and review the data provided by KHPA related to KBH services.

Outcome Measures:

1. Both divisions will work with providers of service to assist the State of Kansas to increase to at least 80% the proportion of EPSDT eligible children who participate in the full complement of EPSDT services, all periodic screening, any inter-periodic screening and all needed diagnosis and treatment interventions.

2. Both divisions will collaborate on providing feedback to KBH providers and Blood Lead Screening services, mandated in KBH provision. The Managed Care Organizations (MCO) are first to be reported on (first year was 2008), to be followed within five years by Fee for Services (FFS) Providers, or in year 2013.

B. EXPANDED NUTRITION SERVICES FOR HIGH RISK BENEFICIARIES

Expanded nutrition services for high risk Medicaid children will be provided by registered/licensed dietitians as referred by local providers. The purpose of expanded nutrition services is to provide ongoing nutrition assessments and risk appropriate interventions for high risk children to ensure they are current on KAN-Be-Healthy Screens.

DOPH will:

1. Develop service description, risk criteria, assessment and intervention protocols and referral/follow-up guidelines, as an addition to the KBH Nutrition Screening Tools.
2. Define entry point/referral process to initiate receipt of high risk nutrition services.
3. Recommend number of contracts/service units for services and in concert with HCF will recommend related reimbursement levels.
4. Designate qualified local RD/LD providers for delivering high risk nutrition services and will make this list available to HCF each time there are changes.

5. Provide technical assistance and consultation to service providers.
6. Assure the state match dollars are available prior to the start of the fiscal year.

HCF will:

1. Approve expanded nutrition service content/units of service as an addition to the KBH Program in concert with DOPH.
2. Determine appropriate reimbursement levels for services for local agencies; assist to ensure they are KMAP providers.
3. Provide workshops through the Fiscal Intermediary, provider manuals and updates; and technical assistance regarding billing procedures for service providers.
4. Determine beneficiary eligibility for Medicaid.

The KDHE will:

1. Promote early identification of KBH high risk nutrition beneficiaries and use KBH program services.
2. Evaluate the impact of services on child health outcomes for service beneficiaries through cooperative sharing of outcome and statistical data.

Outcome Measures:

1. Identify the different risk factor groups that receive high risk interventions from registered/licensed dietitians.
2. Measure growth or decrease in services for identified groups that receive high risk interventions form registered/licensed dietitians.
3. Report this data on an annual basis to MCH Council to determine if additional changes are needed to review high risk nutrition beneficiaries.

## III. SPECIAL HEALTH CARE NEEDS (SHCN)

*Formally Children with Special Health Care Needs (CYSHCN) and Special Health Services (SHS)*

This program provides for diagnostic evaluation, treatment, and care coordination for eligible children and youth who may also be enrolled or eligible for enrollment into Medicaid, CHIP, SSI or other related programs within the Kansas Department for Children and Families (DCF) and HCF.

The purpose of SHCN is to promote the functional skills of young persons who have disabilities or chronic diseases in Kansas by providing or supporting a system of specialty health care. SHCN is responsible for the planning, development, and promotion of the parameters and quality of specialty health care in Kansas in accordance with state and federal funding and direction. The objectives of the program are to provide services and supports for children, who are at risk for, are suspected of, or who have a disability or chronic disease, including care coordination and medical specialty treatment for eligible children and youth.

Financial responsibility for the health service costs of mutual beneficiaries is held by the major sources – private insurance, Medicaid, Vocational Rehabilitation, SHCN and the family/patient – based upon a system of priorities, as follows:

- Private health insurance coverage for beneficiaries is to be the "first dollar."
- Medicaid is to be billed for services covered by Medicaid for Medicaid beneficiaries only as the “second dollar.”
- SHCN is responsible for services authorized by SHCN that are not covered by private insurance or by Medicaid, “as the payor of last resort.".
- Family and/or patient responsibility for health services will be applied only after all third party and SHCN payments and only based upon the agreements set forth by individual

providers. Family or patient responsibility will not be applied to Medicaid or SHCN beneficiaries.

A. GENERAL

DOPH will:

1. Determine eligibility for SHCN as defined in K.A.R. 28-4-403, 28-4-406, 28-4-407, 28-4-413, 28-4-415, 28-4-416, and 28-4-514.
2. Develop a family-centered action plan to address SHCN client needs and designate responsibility for specific health services through an approved service authorization per program policies and procedures.
3. Provide care coordination services for SHCN eligible clients. For Medicaid beneficiaries, DOPH will provide care coordination services for those who do not have an assigned Medicaid case manager. For those assigned with a case manager, SHCN will collaborate with the client's Medicaid case manager to support coordinated care.
4. Collaborate, through coordination of services, sharing of action plans, and confirming available services, with the Kansas Department for Aging and Disability Services (KDADS) for HCBS waiver participants, who are also SHCN clients. These results will be shared with DOPH for children and youth who have Medicaid coverage or who are Medicaid eligible.
5. Refer potential beneficiaries to KanCare at the time of SHCN application and at annual reviews to support continued coverage of services from DOPH and HCF.
6. Provide care coordination to assure dually-enrolled participants receive KBH follow-up appointments.
7. Provide oversight for the qualification of pediatric wheelchair management and seating clinics.
8. Provide HCF training and information to assure proper identification of potential SHCN clients at the time of enrollment in Medicaid/KanCare.
9. Designate a person to serve as a liaison to HCF to foster cooperative working relationships among personnel of SHCN and HCF.
10. Notify Medicaid case manager when a child assigned to them is also a SHCN client, identified through the SHCN care coordination intake process.
11. Develop an Action Plan and forward it to the Medicaid case manager within 21 calendar days after the referral is documented for ongoing cases.
12. Provide program information to Medicaid case managers.
13. Provide families with information and assistance upon request relative to appeals when a referral is denied by the Medicaid case manager.

HCF will:

1. Determine eligibility for Medicaid in accordance with KAR Chapter 30, Article 6.
2. Enroll, certify, and measure providers of services to Medicaid beneficiaries.
3. Promote referral of Medicaid applicants, ages 0-21, who may be eligible for SHCN services.
4. Provide transportation assistance, for KBH participants to and from medical services.
5. Provide SHCN with access to the Kansas Medical Assistance Program's (KMAP) manual, the Kansas Medicaid Management Information System (MMIS) for reviewing Medicaid maximum allowable rates for services procedures, and the Kansas Eligibility and Enrollment System (KEES) to confirm Medicaid status for SHCN applicants to identify relevant beneficiary data, including status of Medicaid and other social service programs and current demographic information, for provision of care coordination services for dually-enrolled clients.
6. Provide designated contact information for each MCO who will be available to answer questions regarding KanCare services for dually-enrolled clients.

7. Collaborate with SHCN to develop reciprocal referral processes and guidance for MCO case manager and SHCN care coordination collaboration efforts.
8. Provide guidance to the MCO's to assure partnership with SHCN care coordinators in supporting effective and quality care provision for dually-enrolled clients, without duplication of effort or services.
9. Designate a person to serve as a liaison to SHCN to foster cooperative working relationships among personnel of HCF and SHCN.

The KDHE will:

1. Respond to questions about SHCN and Medicaid/KanCare.
2. Provide statewide public awareness activities related to programs of mutual interest.
3. Make available program information, applications, brochures, and technical assistance.

Outcome Measures:

1. Increase or maintain the number of SHCN/Medicaid clients participating in KBH and receiving the benefits of expanded services.
2. Increase or maintain the number of SHCN/Medicaid client receiving care appropriate to their medical conditions.
3. Measure growth or decrease in services for identified populations.
4. Report this data on an annual basis to KCACH to determine if additional data are needed.

B. MONTHLY DATA REPORTING

1. DOPH will send an electronic list of all open and pending SHCN clients, believed to be dually-enrolled in Medicaid, to the HCF Fiscal Agent and designated HCF staff monthly.
2. The HCF Fiscal Agent submits to the MCOs a report of SHCN clients, based upon submitted SHCN list, of Medicaid beneficiaries assigned to each MCO.
3. The MCO will confirm the data on the report, and submit to HCF and DOPH a report with the following information: beneficiary first and last name, Medicaid number, and date of birth; beneficiary Health Home and Case Management enrollment status; MCO case manager name, phone number, and email address; and the due date of the next medical, dental, vision, and hearing KBH.
4. DOPH will review report and contact MCO case managers, when applicable, to collaborate with providing SHCN care coordination services.

## IV. PRENATAL HEALTH PROMOTION/RISK REDUCTION

Prenatal Health Promotion/Risk Reduction are services designed to reduce the incidence of poor pregnancy outcomes for Medicaid childbearing consumers and their newborns. Services are provided by local Title V agencies and/or Medicaid MCO providers and assure access for the Medicaid eligible consumer to prenatal health promotion services.

A. GENERAL

DOPH will:

1. Develop program content criteria, guidelines and related program standards.
2. Recommend content of program services.
3. Recommend reimbursement level for program services.
4. Provide technical assistance and consultation to local health departments.

HCF will:

1. Approve content of program services.
2. Determine reimbursement levels for program services.
3. Enroll qualified providers.
4. Through the HCF's fiscal agent provide workshops, manuals, and technical assistance regarding billing procedures.
5. Determine client eligibility.
6. Provide information about services to Medicaid applicants and eligible prenatal consumers.
7. Make referrals to local Title V agencies.

The KDHE will:

1. Promote early identification of pregnant women and infants and use of services.
2. Actively support and encourage prenatal breast feeding education and related infant feeding services.
3. Encourage cooperation between local Title V agencies, local DCF offices, and Medicaid Managed Care providers to develop outreach, eligibility determination and referral procedures.
4. Evaluate impact of program services on perinatal outcomes for service recipients.

B. EXPANDED NUTRITION SERVICES FOR HIGH RISK PREGNANT WOMEN

Expanded nutrition services for high risk Medicaid prenatal clients will be provided by registered/licensed dietitians at local Title V agencies and/or by Medicaid Managed Care providers. The purpose of expanded nutrition services is to provide ongoing nutrition assessments and risk appropriate interventions for high-risk prenatal clients.

DOPH will:

1. Develop service description, risk criteria, assessment protocols, and referral guidelines, as an addition to the Prenatal Health Promotion/Risk Reduction Implementation Guidelines.
2. Define entry point/referral process to initiate receipt of expanded nutrition services.
3. Recommend number of contacts/service units for services and related reimbursement levels.
4. Designate qualified Title V local agencies for delivering expanded nutrition services.
5. Encourage cooperation between local Title V projects, WIC, and Medicaid Managed Care providers to facilitate the identification of eligible Medicaid prenatal consumers and to establish referral procedures.
6. Provide technical assistance and consultation to service providers.
7. Assure that state matching funds are available through local Maternal and Infant Projects prior to the start of the fiscal year.
8. Maintain documentation for designated local Title V agencies reflecting the available state match at the end of each calendar quarter.
9. Require designated local Title V agencies that receive more than $25,000 to have a circular A-128 audit and follow-up on any findings including return of funds if necessary.
10. Attempt to identify high-risk conditions that would benefit from expanded nutrition service contacts for the PHP/RR Program.
11. Promote early identification of pregnant women and infants and use of program services.

## V. NEWBORN/POSTPARTUM HOME VISIT

The Newborn/Postpartum Home Visit Program is provided for Medicaid infants and their mothers by local Title V agencies and/or by Medicaid Managed Care providers. The purpose of this

program is to reduce the incidence of newborn and maternal physical, psychosocial and environmental crises post-delivery.

A. GENERAL

DOPH will:

1. Recommend content of program service.
2. Recommend reimbursement levels for program service.
3. Provide technical assistance and consultation to providers.

HCF will:

1. Approve content of program services.
2. Determine reimbursement levels for program services.
3. Enroll qualified providers.
4. Through the HCF fiscal agent provide workshops, manuals, and technical Assistance regarding billing procedures.
5. Determine client eligibility.
6. Provide information about program to Medicaid applicants and eligible prenatal clients.
7. Make client referrals to local providers.

Outcome Measure:

Increase to at least 90% the proportion of women and infants who receive risk appropriate care including newborn/postpartum home visits.

## VI. FAMILY PLANNING

Family Planning Services help individuals of childbearing age to determine freely the number and spacing of their children. Local agencies that receive Title X funds to provide comprehensive family planning services are referred to as Title X local agencies. The Title X agency will assume responsibility for managed reproductive healthcare for all individuals enrolled in the program.

A. GENERAL

DOPH will:

1. Establish and maintain standards and guidelines for quality of health services provided by Title X local agencies. These services include but are not limited to the following: comprehensive medical history, physical assessment, as indicated, screening for sexually transmitted disease, hypertension, breast and cervical cancer screening according to nationally recognized standards. Contraceptive services, reproductive health education and counseling, and pregnancy testing will also be available.
2. Measure quality of care on-site, in all Title X local agencies in Kansas, at least every two years. Ensure that all Title X local agencies operate under the responsibility of a medical director who is a licensed physician in the State of Kansas.
3. Refer Medicaid eligible family planning consumers to other services as needed.

HCF will:

1. Determine Medicaid eligibility for those who apply for Medicaid.
2. Offer family planning services to all those determined eligible for Medicaid and refer those who request services to the provider of their choice. For eligible consumers who request services but have not provider preference, referral will

be to a Title X local agency.

3. Establish the scope of service and reimbursement levels for Medicaid family planning services.
4. Reimburse providers for family planning services. Medicaid reimbursement to Title X local health agencies for family planning services shall be limited to the FFP portion of the payment.

The KDHE will:

1. Conduct an outreach and referral system that will increase access to family planning services.
2. Implement joint bidding and contracting for cervical and vaginal Pap tests.

Outcome Measure:

Demonstrate quality measures and indicate trends in measurements. These measures should relate to Quality of Care rather than population based measures.

## VII. TUBERCULOSIS (TB) TREATMENT PROGRAM

The Tuberculosis (TB) Program provides reimbursement for life supporting and sustaining medications to low income individuals living with TB disease throughout the state. K.S.A. 65-116j and K.S.A. 65-116k directs DOPH to select and provide care for treatment of patients diagnosed with tuberculosis as a public health protection and also directs HCF to pay for such services.

DOPH will continue to facilitate the provision of continuous, appropriate coverage of TB services and drugs for TB clients in a manner that assures the highest quality of life possible. Through case management function, DOPH shall work to ensure best practice care is followed throughout the state in an effort to protect the public against a resurgence of TB and move toward elimination of the disease, as well as ensure cost effective care of all patients when acute hospitalized care is not required. Additionally, DOPH will continue to assure that potential TB clients have access to all forms of insurance through case management activities.

DOPH will provide HCF with services, information and updates related to the administration of the TB Program and the administrative duties connected with payment of TB claims processing.

In-patient hospital payments will continue to be paid through the MMIS. TB providers will be required to submit all non-inpatient related TB claims to DOPH TB Program for review before these claims are sent to Medicaid. Non-inpatient Medicaid provider claims shall be paid manually through MMIS. Non-Medicaid providers will be paid through a HCF expenditure. The TB-Only Population is funded in its entirety by the State General fund.

### A. GENERAL

DOPH will:

1. Coordinate the identification of eligible clients with HCF.
2. Utilize established Medicaid providers when possible.
3. Negotiate pricing at or below Medicaid rates with non-Medicaid providers to ensure cost effectiveness. In the absence of established Medicaid rates, DOPH shall ensure the lowest possible cost allowing for best practice care and treatment.
4. Provide case management services to eligible TB clients.
5. Maintain the treatment plan of care agreed upon for any patient funded.
6. Coordinate with HCF the creation and approval of program notices to the public.
7. Provide client specific information on TB-eligible clients for TB claims payment

purposes.

8. Refer clients to HCF for medical assistance determination and provide assistance with the application process as needed.
9. Respond to inquiries from beneficiaries and providers regarding the TB Program and provide specifics to HCF Program Manager.
10. In the event of termination of this agreement, DOPH TB Program shall be solely responsible for notifying all TB providers of the termination of this agreement and status of claims after said termination.

HCF will:

1. Establish eligibility standards and/or criteria.
2. Provide TB reports as requested by DOPH.
    - TB Quarterly Inpatient Paid/Denied Claims Report
    - TB Quarterly Non-Inpatient Paid/Denied Claims Report
    - TB Quarterly Expenditures Report
    - TB Monthly Beneficiary Roster
3. Process claims payments as indicated in the scope of work.
4. Investigate reported, suspected or known fraud and abuse.
5. Process all TB applications authorized by DOPH for TB eligibility.

The KDHE will:

1. Coordinate efforts in the identification of TB eligible clients.
2. Provide reports required by the Center for disease Control and Prevention.

Outcome Measure:

1. Track TB claims.
2. Provide necessary education regarding TB only services to eligible providers, TB Case Manager and Medicaid staff to ensure understanding of “TB-only” services.
3. Provide statistics on clients utilizing services related to this agreement. These statistics will be reported from the MMIS on a quarterly basis.

## VIII. IMMUNIZATIONS

The goal of the Vaccine for Children Program (VFC) includes collaboration between DOPH and HCF in reducing vaccine-preventable diseases among Kansas Medicaid consumers. **Covered vaccines Include, but are not limited to:**

Diphtheria, tetanus and pertussis containing (OT, DTaP, Td and Tdap). Hemophilus Influenza type b (Hib), Hepatitis A (HepA), Hepatitis B (HepB), Human Papillomavirus (HPV4), Influenza (TIV and LA\V), Measles, and Mumps, and Rubella (MMR), Meningococcal conjugate (MCV4) Peumococcal (PCV7), lnactivatd Poliovirus (IPV), Rotavirus (RV1 an RVS), Varicella 0/AR).

The Vaccines for Children Program ls a federal program that provides vaccines free of charge to Medicaid consumers through 18 years of age. The program also provides vaccines to children through 18 years of age who are uninsured or meet certain other federal requirements. The Kansas Department of Health and Environment is the lead agency for the Vaccines for Children Program in Kansas.

A. VACCINES FOR CHILDREN PROGRAM

For Medicaid eligible Vaccines for Children consumers:

DOPH will:

1. Secure and distribute vaccine for. Vaccines for Children program consumers.
2. Comply with all federal 'regulations in the administration of the Vaccines for Children Program.

HCF will:

1. Process provider claims and reimburse Medicaid providers for administering the vaccines listed above according to the current HCF Medicaid fiscal agent contract.
2. Communicate with and provide information to Medicaid providers regarding claims processing and provide education about the Vaccines for Children (VFC) Program to Medicaid providers.

Outcome Measures:

1. Reduce Indigenous cases of vaccine preventable diseases as follows:

| Group | Target |
|---|---|
| Measles | |
| Rubella | |
| Congenital Rubella Syndrome | |
| Mumps | |
| Pertussis | |

2. Increase the number of Medicaid providers who administer VFC vaccines in the child's medical home to 80%.Papilloma Virus (HPV4), Influenza

B. VACCINE BIOLOGICALS FOR CHILDREN WHO ARE NON-VFC CONSUMERS

For those Children's Health Insurance Program (CHIP) children ·consumers who are not eligible under the Vaccines for Children Program, but for whom the State of Kansas desires to continue to provide vaccine biological coverage:

DOPH will:·

1. Secure and distribute vaccine biologicals for non-VFC consumers through the federal vaccine contract utilizing State General fund vaccine budget.
2. Receive the quarterly report from HCF listing encounter data documentation for vaccines provided to SCHI children.
3. Submit inter-fund voucher to HCF itemizing the vaccine biologicals for non-VFC eligible beneficiaries. quarterly. This voucher will show DOPH as the receiving agency and HCF as the paying agency. The voucher will clearly delineate the SCHIP program association for this payment.
4. Assist providers with minimizing vaccine biological wastage with the following methods:
    a) Maintain a vaccine biological redistribution website to assist providers in placing unneeded vaccine biologicals with another provider prior to expiration date.
    b) Provide education about proper vaccine biological storage and handling.
    c) Assess provider inventories for excessive amounts of vaccine biological on receipt of provider vaccine biological orders and during educational site visits.
5. Monitor for vaccine biological fraud and abuse during VFC provider site visits through

patient vaccine record reviews as required by CDC·VFC program; and make referral to HCF as indicated by VCF Fraud and Abuse Algorithm.

HCF will:

1. Provide quarterly report to DOPH documenting managed care encounters for vaccines provided for children served under the SCHIP program.
2. Assist with investigation of Fraud and Abuse of VCF vaccine program by MCO network providers upon receipt of referral from DOPH.

Outcome Measure:

Increase completion of the basic immunization series among children under age 2 to at least 90%.

## IX. QUALITY ASSURANCE

The purpose of this section is to reaffirm the roles of the Medicaid and state health agencies in quality assurance for health care delivery and outcomes. Unlike traditional fee for service arrangements, delivery systems contracted under managed care may be held more accountable for the quality of delivered services. Quality assurance monitoring can counteract the possible incentives for under service that exist in capitated risk arrangements, and can offer better health status data.

A. GENERAL

DOPH will:

1. Utilize regulatory and licensing responsibilities for managed care organizations to influence systems development through those mechanisms.
2. Assist other purchasers and state agencies in. establishing criteria for quality indicators relating to provider contracts, credentialing, scope/content/access to services, measurement and improvement of quality, utilization management, consumer's rights and responsibilities, and medical record keeping.
3. Perform contract monitoring activities such as investigation grievances by consumers, beneficiary advocates and providers; reviewing health plan disenrollment data; reviewing emergency room visits by plan members; tracking contractor corrective action plans for the correction of deficiencies identified through these monitoring activities.
4. Use HEDIS (Healthplan Employer Data and Information Set) quality measures for the evaluation of plan performance.
5. Emphasize prevention as a quality and cost containment strategy.
6. Solicit input from consumers in managed care arrangements regarding policies and practices in service delivery.

Outcome Measures:

1. Maintain a set of quality assurance indicators, Including HEDIS appropriate for use in monitoring quality in Medicaid managed care settings.
2. Identify and create where necessary, state data sources· to measure progress toward health status objectives for the Medicaid managed care population.
3. Implement periodic analysis and timely release of data needed to assess quality care in managed care settings.

## X. KANSAS INFANT TODDLER SERVICES

Since 1987, KDHE has been the lead agency for Part C of the Individuals with Disabilities Education Act (Part C of IDEA). KDHE has the Lead Agency responsibility for administration of the Infant-Toddler Services program, as Part C of IDEA is known in Kansas. The program is implemented locally through contractual arrangement with 36 local early intervention programs.

Local early intervention programs are charged with the implementation of Part C of IDEA, child find, service coordination and provision of early intervention services to infants and toddlers (up to the age of three) with disabilities or delays and their families. Many families who receive services through Part C also are beneficiaries of the Medicaid program. Federal Part C regulations require state early intervention programs to access all possible resources to provide funding for these services; including Medicaid and Title V. Medicaid provides funding for many medically-necessary Part C services and for certain evaluations.

A. GENERAL

DOPH will:

1. Certify local infant toddler program providers.
2. Support local Infant Toddler programs designated to carry our Part C of IDEA.
3. Promote early identification and referral of children to HCF who may be eligible for Medicaid benefits.
4. Promote participation of children, ages 0-3, with disabilities in the Kan-Be-Healthy screenings.
5. Promote the appropriate utilization of Medicaid for early intervention services by the local Infant Toddler programs.
6. Create a standard form for documentation of services to be used by the local ECI programs. This form will meet the requirements of the Medicaid Provide Manual for ECI.
7. Provide annual training to Medicaid auditors, SURS personnel, and Medicaid Quality Control personnel about provision and documentation of ECI services.

HCF will:

1. Identify early intervention services to be covered by Medicaid, utilizing DOPH consultation.
2. Work with DOPH and local Infant Toddler programs to resolve barriers to the utilization of Medicaid as funding source.
3. Promote referral to Infant Toddler programs of Medicaid eligible children who also may be eligible for Part C, including children served by the MCOs through KanCare.
4. Enroll and monitor providers of services to Medicaid consumers.

The KDHE will:

1. Make available, upon request, program information, applications, brochures, and technical assistance.
2. Participate in the planning and implementation of shared training and continuing education for Infant Toddler and Medicaid Staff.
3. Designate a person to serve as a liaison to foster cooperative working relationships among personnel of local early intervention programs, state program staff and Medicaid. These designees shall confer on an as needed basis.
4. Promote and participate in cooperative program planning and monitoring of early intervention/Medicaid services at the state and local level.
5. Provide information prior to implementation of changes in policy and procedures which affect clients.

Outcome Measures:

1. Increase the proportion of children with disabilities under age 3 who receive early intervention services.

2. Establish baseline data for participation by Medicaid-eligible children with disabilities under the age of 3.

## XI. Breast and Cervical Cancer Program

The KDHE administers a breast and cervical cancer screening program for women who meet age and income eligibility as authorized by the National Breast and Cervical Cancer Early Detection Program under the Title XV of the Public Health Services Act. Recipients of these screening services who are diagnosed with breast or cervical cancer or pre-cancerous conditions of the breast of cervix will be referred to KHPA for Medicaid coverage under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354).

A. GENERAL

DOPH will:

1. Identify women who are eligible to receive screening services authorized by the NBCCEDP as per its cooperative agreement with the Centers for Disease Control and Prevention.
2. Provide screening services including breast exams, mammograms, pelvic examinations and Papanicolaou tests to eligible women.
3. Provide diagnostic services such as surgical consultations and biopsies to eligible women with abnormal screening results.
4. Obtain signed consent for release of medical information in accordance with applicable state and federal law.
5. Refer women screened under the Kansas Breast and Cervical Cancer Initiative (KBCCI)/Early Detection Works program to the Medicaid program for enrollment into the new eligibility group.
6. Provide verification of the conditions of eligibility to HCF. The methods of verification must contain: 1) the last name; 2) first name; 3) date of birth of the woman; 4) a statement of the screening and diagnostic findings; and 5) a statement that treatment is necessary.

HCF will:

1. Coordinate and implement fiscal management, program policy and procedures to develop this new eligibility group for individuals with Breast and/or Cervical Cancer.
2. Maintain fiscal records and reports for this eligibility group and provide reports as requested.
3. Prepare and maintain contract with the commercial vendor to provide reports as requested.
4. Plan and coordinate program operation and maintenance of the Breast and Cervical Cancer State Plan Amendment.

The KDHE will:

1. Evaluate service delivery and revise the program to better serve the needs of recipients within program guidelines.
2. Exchange fiscal, participation and usage pattern information for the purpose of maintaining optimal program operations.
3. Agree that in order to qualify for Medicaid funds under the BCCPTA, a woman must:
   a) Be screened under the KBCCI/Early Detection Works program;
   b) Require treatment for breast or cervical cancer or pre-cancerous lesions;
   c) Be under the age of 65;
   d) Be otherwise uninsured (i.e., not have credible insurance as the term is used under

HIPAA); and

e) Have income which does not exceed two hundred fifty percent of the federal poverty level.

Outcome Measures:

Increase the availability of treatment for clients who have been screened through the CDC Breast and Cervical Cancer Screening Program and who have qualified for this eligibility category.

## XII. DEVELOPMENT AND IMPLEMENTATION OF LINKED DATA FILES OF VITAL RECORDS AND MEDICAID CLAIM RECORDS

Medicaid and CHIP provide prenatal, labor and delivery, and postpartum services for a large proportion of births in Kansas, covering 37 percent of all births in 2013. As the largest single payer for maternity care, Medicaid and CHIP play a key role in promoting access to care and ensuring the quality of care during the perinatal period. The Medicaid/CHIP Core Sets of health care quality measures contain nine maternity care measures to help drive quality improvement efforts at the state and national levels.

The child Core Set includes six maternity measures (timeliness of prenatal care, frequency of ongoing prenatal care, behavioral health risk assessment for pregnant women, Cesarean rate, low birth weight rate, and well-child visits in the first 15 months of life) and the adult Core Set includes three maternity measures (antenatal steroid use, elective delivery, and timeliness of postpartum care). Two of these measures, low birthweight rate and Cesarean rate, are specified for use with vital records, although linkage to Medicaid/CHIP administrative data is often necessary to identify women covered by Medicaid or CHIP.

The state's participation in the Collaborative Improvement and Innovation Network (CoIIN) expansion to reduce infant mortality through improved availability and reporting of timely provisional data to inform efforts and tract outcomes that drive quality improvement and collaborative learning requires the state's abilities to access/use the linked vital records with Medicaid/CHIP administrative/claims data. One of the CoIIN measures, initiation of progesterone in women on Medicaid with prior preterm birth is specified for use of linked vital records birth data and Medicaid/CHIP claims data.

### A. GENERAL

DPH will:

1. Submit a written request to the DHCF outlining the Medicaid data needed for analysis from the eligibility and claims files each year. At a minimum, the request will include the following parameters for the requested data set: (a) data of service in the covered time frame, (b) 13 DRG Codes (765-768 and 774-775; exclude ICD9 diagnosis codes 65640, 65641, 65643, V271, V274, V277), (c) All UB and HCFA 1500 with the above diagnoses (V22, V23, V24), and (d) CPT and HCPCS codes.
2. Link vital records with Medicaid/CHIP administrative/claims data for reporting the Core and CoIIN measures and a number of additional purposes, including monitoring additional outcome variables, calculating the fraction of births in a state paid by Medicaid/CHIP, and obtaining data on maternal risk factors.
3. Evaluate birth outcomes for medical assistance recipients using data available through the Medicaid claims data and vital records.

4. Prepare an annual report providing an analysis of the files and summary of birth outcomes.
5. Post the annual report on the KDHE website.
6. Develop recommendations for advanced analysis and research using the linked data set. The recommended research will assist the HCF in tracking changes in the Medicaid program and evaluating their impact on birth outcomes in the Medicaid population.
7. Submit a written request to the HCF outlining additional Medicaid data and formats needed for advanced analysis and research.
8. Not share the linked data with any academic or external requester without DHCF concurrence.
9. Not provide analytical statistics for geographic areas that comprise less than 20,000 population
10. Will comply with all CMS confidentiality requirements

HCF will:

1. Provide the data from the Medicaid eligibility files, paid claims files (institutional and professional), and encounter data within 30 days of receipt of the written request from DOH.
2. Review statistics of any reports
3. Consult as needed on DRG, ICD9, CPT, or HCPCS codes to incorporate into data request.

## CONTRACTUAL SERVICES

For the purpose of this agreement, KDHE will contract with other entities in order to provide the Medicaid services described in this agreement. Contracts that are funded by Titles V, XIX, and XXI of the Social Security Act will be subject to the terms of this agreement. As part of this document, the following contracts will be reviewed on an annual basis. The following is a list of currently active KDHE Medicaid related contracts.

ACTIVE CONTRACTS

Birth Verification Access

Use of MMIS Data

AIDS Drug Assistance Program (ADAP)

Death Data Link Access

Immunization Registry Access

Laboratory Services and Newborn Screenings

Provide a Director for the Office of Oral Health

Tuberculosis Treatment Program

Early Head Start Lead Data Program

Oral Health Outreach