

**Intra-agency Agreement between the Division of Health Care Finance and the Division of Public Health
of the Kansas Department of Health and Environment
for Implementing the Provision of Health Care to Persons Eligible for Services
Under Titles V, XIX, and XXI of the Social Security Act**

1. Parties to Agreement

- 1.1. The Kansas Department of Health and Environment (KDHE) is comprised of three Divisions: Division of Health Care Finance (DHCF), Division of Public Health (DOPH), and Division of Environment (DOE).
- 1.2. KDHE Division of Health Care Finance, Medicaid [DHCF],
 - 1.2.1. DHCF 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, DHCF 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., DHCF is not responsible for health care planning, administration, purchasing and data with respect to the program set out in K.S.A. 75-5945.
- 1.3. KDHE Division of Public Health [DOPH].
 - 1.3.1. 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 Title V Maternal and Child Health (MCH) Services Block Grant, administered by the KDHE Bureau of Family Health (BFH).

The Parties agree to the following terms and conditions.

2. Purpose of Agreement

The purpose of this Agreement is to set forth the duties and rights of the parties with regard to the provision services to Kansans served by both parties. The Agreement defines the following:

- 2.1. Responsibilities of DHCF 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;
- 2.2. Ability to use Title V, XIX, and XXI funds for allowable administrative costs incurred;
- 2.3. 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;
- 2.4. Roles and responsibilities of each division for payment of services to Medicaid enrollees the programs under DOPH;
- 2.5. 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; and
- 2.6. Guidelines for data sharing between divisions.

3. General Collaboration and Partnership

- 3.1. DOPH and DHCF will:
 - 3.1.1. Designate program liaisons to foster cooperative working relationships among DOPH and DHCF, including Managed Care Organization (MCO) contactors, and confer as needed to assure effective delivery of services associated with those outlined in this Agreement.

- 3.1.2. Participate in cooperative program planning and monitoring of MCH services and activities covered by Title XIX and Title V.
- 3.1.3. Communicate between Divisions and coordinate services for dually eligible consumers.
- 3.1.4. Provide service and program materials for distribution to dually-eligible consumers.
- 3.1.5. Provide information upon request by the other Division and support staff and sub-contracted partners in the appropriate knowledge of shared goals, aligned services, and available supports for consumers.
- 3.1.6. Coordinate appropriate enrollment, certification, or qualifications for providers of services associated with those outlined in this Agreement.

4. Access to Information: Matching Vital Records and Medicaid Claim Records

- 4.1.1. DOPH will:
 - 4.1.1.1. Submit a written request to DHCF outlining the Medicaid data needed for analysis from the eligibility and claims files.
 - 4.1.1.2. Match vital records with Medicaid/CHIP administrative/claims data for reporting the Core and Title V 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.
 - 4.1.1.3. Develop recommendations for advanced analysis and research using the matched 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.
 - 4.1.1.4. Evaluate birth outcomes for medical assistance recipients using data available through the Medicaid claims data and vital records.
 - 4.1.1.5. Prepare an annual report providing an analysis of the files and summary of birth outcomes.
 - 4.1.1.6. Post the annual report on the KDHE website.
 - 4.1.1.7. Submit a written request to the HCF outlining additional Medicaid data and formats needed for advanced analysis and research.
 - 4.1.1.8. Share matched data with any academic or external requester only with express DHCF written approval.
 - 4.1.1.9. Provide analytical statistics for geographic areas with populations exceeding 20,000.
 - 4.1.1.10. Comply with all CMS confidentiality requirements.
- 4.1.2. DHCF will:
 - 4.1.2.1. 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 DOPH.
 - 4.1.2.2. Review statistics of any reports.
 - 4.1.2.3. Consult as needed on DRG, ICD10 CPT, or HCPCS codes to incorporate into data request.

5. Programs

- 5.1. As the single state Medicaid agency, DHCF will review and approve any contracts, grants or proposals that involve the use of Medicaid funds to determine whether they qualify for Federal Financial Participation (FFP).
- 5.2. **Special Health Care Needs (SHCN) Program Collaboration**
 - 5.2.1. DOPH and DHCF will:
 - 5.2.1.1. Coordinate to assure monthly sharing of data on consumers dually-enrolled in Medicaid and the SHCN program, including demographic and case management information.
 - 5.2.1.2. Establish effective care coordination practices, including shared responsibility of dually-enrolled consumers.
 - 5.2.1.3. Establish a reciprocal referral process and guidance for case managers and care coordinators across Divisions to support collaborative care coordination efforts.
 - 5.2.1.3.1. DHCF will assure the Managed Care Organizations provide care coordination services for consumers identified as special health care needs, based upon the monthly SHCN client list and/or MCO contractor case management assessment.
 - 5.2.1.3.2. DOPH will be responsible for coordinating care and services with the MCO assigned Medicaid case manager.
 - 5.2.1.4. Coordinate across Divisions, to assure appropriate oversight, qualification, and payment of services for pediatric wheelchair management and seating clinics.
 - 5.2.2. DOPH will:
 - 5.2.2.1. Share with DHCF, including MCO contracted case managers, the SHCN family-centered action plan, addressing needs and services authorized.
 - 5.2.2.2. Assure appropriate referrals are made to support continued coverage of services from Medicaid.
 - 5.2.2.3. Provide care coordination to assist dually-enrolled participants to receive KBH follow-up appointments and referral for EPSDT services, if applicable.
 - 5.2.2.4. Provide consumers and families with information and assistance, upon request, relative to appeals when a referral or service is denied by Medicaid.
 - 5.2.2.5. Host an annual meeting among DOPH, DHCF, and MCO contractors, to collaborate on system improvements for dually-enrolled consumers.
 - 5.2.3. DHCF will:
 - 5.2.3.1. Encourage MCO contractors to share care plans with SHCN Program staff to support effective cross-system coordination and maintain partnership with SHCN care coordinators to support effective and quality care provision for dually-enrolled clients and reduce duplication of effort or services.
 - 5.2.3.2. Promote referral of Medicaid applicants, ages 0-21, who may be eligible for SHCN services, including the referral in the event of a lapse in

Medicaid coverage.

- 5.2.3.3. Provide SHCN staff limited access to the appropriate Kansas Medicaid systems that supports accurately and timely eligibility determination of applicants to the SHCN program. Information available shall allow for:
 - 5.2.3.3.1. Verification of current Medicaid coverage status for SHCN applicants, including the effective date of coverage;
 - 5.2.3.3.2. Identification of the assigned MCO for Medicaid beneficiaries;
 - 5.2.3.3.3. Confirmation of the beneficiaries most recent Kan-Be-Healthy screenings;
 - 5.2.3.3.4. Verification of the beneficiary demographic information;
 - 5.2.3.3.5. Verification of the number of persons in the household and benefits received through social service programs, such as SSI, TANF, SNAP, and other income from state public assistance programs.
- 5.2.3.4. Provide SHCN staff limited access to the appropriate Kansas Medicaid systems in order to view current Medicaid maximum allowable rates for services and procedures and align the SHCN reimbursement fee scheduled with Kansas Medicaid.
- 5.2.3.5. Provide designated contact information for each MCO contractor who will be available to answer questions regarding Medicaid services for dually-enrolled clients.

6. Payment

- 6.1. *Insert agreed-upon language re: payor of last resort*
- 6.2. DHCF will transfer the federal share of allowable administrative costs expended by DOPH.
- 6.3. DOPH will maintain records of all administrative costs to document the costs with the administrative services provided.
- 6.4. In accordance with 42 C.F.R. Sec. 447.15, providers must accept Medicaid payment as payment in full. DOPH will reimburse DHCF for all payments advanced for Medicaid-reimbursable expenditures made by DHCF on behalf of DOPH.
- 6.5. 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, DHCF will agree to make available the necessary claims payment data.
- 6.6. DHCF 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.

7. Audit

- 7.1. DOPH and DHCF will maintain all records for the purpose of compliance with all reporting and auditing requirements for Title V, XIX, and XXI programs.
- 7.2. DOPH and DHCF will cooperate and participate in all state and federal audits and maintain all records for any audits.
- 7.3. Records of all Title V, XIX, and XXI programs will be maintained for a minimum period of six

years.

ACKNOWLEDGED AND AGREED UPON as of the date of the latest signature shown below.

DIVISION OF HEALTH CARE FINANCE

By: _____

Name and Title: Mike Randol, Director

Date: _____

DIVISION OF PUBLIC HEALTH

By: _____

Name and Title: Rachel Sisson, Bureau Director, Bureau of Family Health

Date: _____

OFFICE OF THE SECRETARY

By: _____

Name and Title: Susan Mosier, Secretary & State Health Officer

Date: _____