

**KANSAS TITLE XXI PROGRAM
FACT SHEET**

Name of Plan:	HealthWave
Date Plan Submitted:	July 14, 1998
Date Plan Approved:	September 1, 1998
Plan Effective Date:	July 1, 1998
Date Amendment #1 Submitted:	March 30, 1999
Date Amendment #1 Approved:	April 20, 2000
Date Amendment #1 Effective:	April 20, 2000
Date Amendment #2 Submitted:	March 21, 2001
Date Amendment #2 Approved:	June 22, 2001
Date Amendment #2 Effective:	May 1, 2001
Date Amendment #3 Submitted:	June 20, 2002
Date Amendment #3 Approved:	September 18, 2002
Date Amendment #4 Submitted:	December 5, 2002
Date Amendment #4 Approved:	March 5, 2003
Date Amendment #4 Effective:	January 1, 2003
Date Amendment #5 Submitted:	June 11, 2003
Date Amendment #5 Approved:	September 8, 2003
Date Amendment #5 Effective:	July 1, 2003
Date Amendment #6 Submitted:	August 3, 2005
Date Amendment #6 Approved:	October 17, 2005
Date Amendment #6 Effective:	July 1, 2005
Date Amendment #7 Submitted:	March 31, 2006
Date Amendment #7 Approved:	July 31, 2006
Date Amendment #7 Effective:	July 1, 2006
Date Amendment #8 Submitted:	November 6, 2009
Date Amendment #8 Approved:	February 4, 2010
Date Amendment #8 Effective:	January 1, 2010

Background

- On September 1, 1998, Kansas received approval for its initial Title XXI State plan, HealthWave, a separate child health program, to expand coverage to low-income children in families with incomes up to 200 percent of the Federal Poverty Level (FPL), who are not eligible for Medicaid.

Amendments

- On March 30, 1999, Kansas submitted its first State plan amendment to allow an infant born to a mother, who is under age 19 and enrolled in HealthWave, to retroactively enroll in HealthWave starting with the month of birth as a means of ensuring continuity of care for the newborn. However, the infant must be screened for Medicaid eligibility and enrolled in Medicaid, if appropriate, no later than 90 days from the date the Agency was notified of the infant's birth. The mother of the infant will already be screened for Medicaid eligibility as a pregnant woman, with a family size that includes the unborn child. This amendment also specifies that the clearinghouse contractor is responsible for enrollment of HealthWave eligibles into participating health plans.
- On March 21, 2001, Kansas submitted its second State plan amendment to eliminate the requirement that a child be uninsured for a 6-month period prior to application to its separate child health insurance program, HealthWave.
- On June 28, 2002, Kansas submitted its third amendment to update and amend the CHIP State plan to indicate the State's compliance with the final CHIP regulations.
- On December 5, 2002, Kansas submitted its fourth amendment to increase premiums from \$10 to \$30 per month per family where family income is between 151 and 175 percent of the FPL and from \$15 to \$45 per month per family where family income is between 176 percent and 200 percent of the FPL.
- On June 11, 2003, Kansas submitted its fifth amendment to decrease premiums from \$30 to \$20 per month per family where family income is between 151 percent and 175 percent of the FPL and from \$45 to \$30 per month per family where family income is between 176 percent and 200 percent of the FPL.
- On August 3, 2005, Kansas submitted its sixth amendment to reflect changes made by the Kansas Legislature to transfer the authority to administer the State's CHIP program from the Secretary of Social and Rehabilitation Services on an interim basis to a new Division of Health Policy and Finance within the Department of Administration. This amendment also reflects the establishment of the Kansas Health Policy Authority, which will permanently assume administration of CHIP in Kansas.
- On March 31, 2006, Kansas submitted its seventh amendment to add presumptive eligibility (PE) for children ages 0 through 18 who appear to be eligible for the State's Title XXI State plan until a final eligibility determination is made. It also streamlines the administrative processing of dental claims for the Kansas Medical Assistance Program (KMAP) by having one entity responsible for claims payment of both Title XIX and Title XXI dental claims. In addition, the amendment removes the \$1,500 stop loss (annual dental limit) for managed care organizations.
- On November 6, 2009, Kansas submitted its eighth CHIP amendment which expands eligibility for children from 200 up to 241 percent of the Federal poverty level (FPL).

It also added HEDIS as one of the State's quality tools and updates several performance goals and measures with existing goals to enhance its monitoring of CHIP. It also updated Kansas' consultation practices with the Native American population. Lastly, the amendment changes the name of the State Agency from the Division of Health Policy and Finance to the Kansas Health Policy Authority.

Children Covered Under Program

- The State reports that there were 48,090 children were ever enrolled in Kansas' CHIP program for Federal fiscal year (FFY) 2009.

Administration

- Effective July 1, 2005, the authority to administer CHIP is transferred from the Secretary of Social and Rehabilitation Services on an interim basis to a new Division of Health Policy and Finance within the Department of Administration. Effective July 1, 2006, the Kansas Health Policy Authority was established and assumed administration of CHIP in Kansas.
- Effective January 1, 2010, the name of the State Agency changed from the Division of Health Policy and Finance to the Kansas Health Policy Authority.
- Eligibility is continuous for 12 months and re-established annually.
- Presumptive eligibility is provided for children who appear to be eligible for the State's Title XXI State plan.

Health Care Delivery System

- The State contracts with entities that include insurance companies, health maintenance organizations, non-profit dental service corporations, or non-profit hospital and medical insurance corporations.

Benefit Package

- Children who are determined presumptively eligible for the Title XXI will receive the Title XIX benefit package until such time as eligibility for Title XXI is confirmed or denied. Title XIX offers services to persons eligible for Medicaid through a fee for service delivery system. These services are available statewide. Medically necessary services are obtained through Medicaid contracting providers. Children may obtain care from any Medicaid contracting provider of their choice.
- The State provides a Secretary-approved benefit package for CHIP eligible children which includes the State Employee Health Plan as the benchmark coverage plus additional coverage that is medically necessary.

Crowd-Out Strategy

The State does not have a waiting period below 200 percent of the FPL. For those applicants above 200 up to and including 241 percent of the FPL, the State will require that group health insurance has not been voluntarily terminated within the previous 8 months prior to the application date for CHIP. This 8-month period of uninsurance was mandated by the State legislature. Exceptions to the waiting list include the loss of a job from which health insurance was provided or the termination of coverage by the employer; death of a policy holder; termination of coverage by anon-custodial parent or caretaker relative; and termination of coverage due to financial hardship. The State has defined financial hardship as existing when the monthly health insurance premium exceeds 10 percent of the household gross monthly income. Verification of the cost is required to establish a financial hardship exemption.

Cost Sharing

- No coinsurance, copayments or deductibles are charged.
- No copayments or premiums are charged for children with family incomes at or below 150 percent of the FPL, or for any American Indian and Alaskan Native children, regardless of income level.
- The HealthWave Program has enrollee cost-sharing responsibilities in the form of premiums for children with family incomes above 150 percent of the FPL. They are as follows:
 - Premiums of \$20 per month per family are charged to families with incomes from 151 percent through 175 percent of the FPL.
 - Premiums of \$30 per month per family are charged to families with incomes from 176 percent through 200 percent of the FPL.
 - Premiums of \$50 per month per family are charged to families with incomes from 201 percent through 225 percent of the FPL.
 - Premiums of \$75 per month per family are charged to families with incomes from 226 percent through 241 percent of the FPL.
- The State established premium limits to insure that the aggregate cost sharing for a family does not exceed 5 percent of the family's annual income. Families have the option of paying monthly, quarterly or on any other basis convenient to the family. The only requirement is that the full amount of the premium be paid before renewal.

State Outreach and Enrollment Activities

- Kansas uses methods to reach families when parents are most receptive to the consideration of obtaining health insurance for their children. School-based events, such as Kindergarten Round-ups, school enrollments, and program flyers sent home during the winter flu season are methods used to communicate the availability of public health assistance. School nurses assist outreach efforts by informing families of this insurance option.

- The State scheduled times at other public venues for families to complete an application are effective. Application assistance can take place in health departments during WIC pick-up days, or at the State Fair in September.
- The business community is an effective partner in reaching parents. Many employers open their workplaces to presentations and application assistance to their workforce.
- Kansas' State Medicaid Director chairs a Committee, Medical Care Advisory Council (MCAC) which represents beneficiaries and various health care professionals. The purpose is to provide input into the current CHHIP processes. Community advocates and provider boards are both utilized when appropriate and unhindered by HIPAA regulations.
- The State has process for written notice and feedback from Tribal leaders regarding changes in CHIP. It establishes and maintains periodic meetings to consult and obtain feedback with the Indian Tribe Medical Directors prior to implementation of any SPAs, waiver requests, and proposals for demonstration projects that are likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations.

Coordination between CHIP and Medicaid

- Through the use of combined simplified application/enrollment form and the central clearinghouse, eligibility is determined for either Medicaid or CHIP coverage based on income and age level.

Financial Information

Total Federal Fiscal Year 2010 CHIP Allotment – \$60,287,325
FFY '10 Enhanced Federal Matching Rate – 72.27%

Date last updated: CMS, CMSO, Division of State Children's Health Insurance, March 12, 2010