

# Kansas Department of Social and Rehabilitation Services

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**To:** SRS Management Team and  
Recipients of the Implementation Memo for  
Centralization of Health Care Programs for Families

**Date:** June 25, 2001

**From:** Laura Howard and Candy Shively

**Subject:** Centralization of Health Care  
Programs for Families

Over the past few months, a number of field, clearinghouse and central office staff have participated on teams related to the centralization of family medical programs. We want to express our sincere appreciation for the time and the commitment with which staff approached this project. The teams invested many hours into planning for the implementation of centralized eligibility and consensus was not always easily reached. The members of each team were nonetheless persistent in reaching the goals outlined for them in their charters and showed professionalism and a commitment to the Agency's mission as they worked to develop a centralization plan. These efforts are greatly appreciated. It is the quality of the staff of this Agency that allows us to continually improve the services we provide our customers.

We also want to thank the field and clearinghouse staff in advance for their efforts over the next several months as the first phase of centralizing eligibility begins July 1. Centralization of the eligibility functions related to family medical programs is a significant change from the current way of doing business. The success of this initiative will again depend on the hard work and commitment of the Agency's staff.

As July 1 draws near, it may be beneficial to remind ourselves why we are undertaking such a daunting challenge. Sometimes it seems that changes are made for change's sake. One must often look at the big picture, however, to understand the reason for the change. Family medical centralization may well fit this scenario.

First, in recent years a national reform of public health programs has begun. That reform is taking place in every state in the country, including Kansas. Primarily, the efforts of the reform have been to streamline access to health care programs and to eliminate the perceived stigma that keeps eligible individuals from seeking health coverage. Society benefits when people have access to good health care. Children miss less school, resulting in higher test scores and fewer behavior management problems. Adults miss less work, are able to stay employed on a more long term basis, and advance in their chosen vocations. Many people will not seek health coverage, however, due to their perceptions related to Medicaid and its association with welfare

benefits, and because of the difficult forms and processes a family may encounter when seeking coverage from the social service office. What we have seen over the past several years is a change in the dynamics of our family customer base from very low or no income non-working families receiving cash benefits to more moderate income working families who wish to access a variety of support services we offer to become self-sufficient. Through various studies, focus groups, and surveys we have discovered that many of these families desire a more straightforward and streamlined approach to getting access to these benefits.

As a result, the trend has been to move toward public health care programs that are modeled after private health insurance in their appearance and structure. Realizing the benefits of an insured population results from getting people insured. Getting people insured results from removing the barriers that have kept people from seeking health care coverage in the past. The goal of the agency is to help people think about our health programs as insurance rather than as a welfare program. This is difficult to accomplish when eligibility is determined and the program is maintained in the SRS office. It is necessary to establish a separate and unique identity for our health care programs in order to achieve the Agency's goals. We took our first steps in 1998 with the creation of the HealthWave program. Centralization is part of the next step to expanding the HealthWave program to cover families under the private insurance model.

Another facet of the national health care reform has been to rely more on capitated managed care as the delivery system for services. Kansas, like most other States, desires to move a larger percentage of its covered populations into the capitated managed care system. Under the traditional fee-for-service model, the Agency takes on the role of a bill payer, with no control over health outcomes. Managed care allows the Agency to help manage health outcomes and help under insured individuals find a medical home. Without a focus on preventive care, disease management, and prenatal programs, the overall health of the population is not improved and society never reaps the benefits of a healthy population.

In order to make managed care a viable system for delivering services, the Agency must attempt to stabilize the population. To that end, Kansas implemented the 12 month continuous eligibility concept in January 1999. Analysis has shown, though, that a high percentage of the children who are meant to be continuously eligible for at least 12 months, leave the program early. An even higher percentage leave the program at the end of the 12 month period. It is inevitable that a certain percentage of children will leave the program early due to circumstances beyond our control. While some move out of state or become eligible for other categories of Medicaid coverage, the analysis shows that these unavoidable disenrollments account for only about 35% of the total number of children who disenroll from the program prior to 12 months of continuous coverage.

Centralizing family medical programs, which encompass the capitated managed care population, is part of an ongoing initiative to create a unified public health care system in Kansas. Having the eligibility policy development, eligibility determination, enrollment, benefits, and delivery systems separate creates a fragmented system that makes it impossible to establish goals, measure progress, or enact new policy quickly. The Agency believes that integrating separate functions into one cohesive system will advantage the people served by our programs.

Centralizing the programs allows for establishing program goals, measuring progress in achieving those goals, identifying barriers to achieving those goals, developing and implementing proposed solutions, and measuring those solutions. In short, the Agency will be better positioned to respond to the needs of the beneficiary and the Agency's business partners by maintaining family medical programs in a central location.

Finally, over the months and years to come, the Agency will continue to streamline access to our health insurance programs. We've already begun by implementing the mail in application process and creating a central facility that specializes in enrolling eligible individuals in our health insurance programs. Clearinghouse staff will focus on eligibility determinations and the field staff will be free to focus on outreach and application assistance. Field staff will continue to be an integral part of helping families get the health insurance coverage they need, but their function will change. Field staff will be responsible for building community partnerships so that the number of points at which individuals can access our health insurance programs will increase.

While it may seem on the surface that individuals seeking health care coverage will be required to do more, in the long run, centralization is about better customer service and access to health care programs. Centralization is an additional step in the "no wrong door" approach and is less intrusive, thus fitting with the agency's vision of being a resource and not a last resort. Local offices will work with entities in their local communities to outreach to the uninsured and the under insured. Individuals will soon be able to access health insurance coverage while visiting a doctor's office, health department, or even the grocery store. At the same time, there will be opportunities to provide an integrated outreach approach for other programs such as food stamps and child care. Centralizing the administrative functions of health care programs will afford the local offices more opportunity to interface with and affect change in the communities they serve.

The agency believes that centralizing family medical programs will further enhance our efforts to improve customer service and to provide a more streamlined, integrated approach to accessing our health insurance programs and is committed to the success of this initiative. Success can only be achieved, however, with the support of all staff, from line worker to executive staff. In the past, SRS has benefitted from the high quality, dedicated staff who have rolled up their sleeves and gotten the job done, regardless of the challenges put in front of them. Centralization of family medical programs certainly has its challenges. But we are comfortable that we are putting our faith in the right people to once again get the job done. Again, thank you for all of your hard work and effort.