

- 8.5. Describe how the state ensures that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: **(Section 2103(e)(3)(B)) (42CFR 457.560(b) and 457.505(e))**

Premium limits were established to insure that the aggregate cost-sharing for a family did not exceed 5% 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 requirement be paid before renewal.

- 8.6 Describe the procedures the state uses to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children are excluded from cost-sharing. **(Section 2103(b)(3)(D)) (42CFR 457.535)**

An ethnicity designator is collected at the time of application. This is a self-declaration field on the application. If the indicator for a family is marked American Indian or Alaskan Native and they are eligible for Title XXI, no premium is charged.

- 8.7 Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. **(42CFR 457.570 and 457.505(c))**

An enrollee family has a full year to meet their premium obligation. Notices are sent monthly outlining the amounts due, or paid. At 45 days before the end of the eligibility period, a final notice is sent informing the enrollee that if the premium is not paid in full coverage ends. An enrollee must pay all delinquent premiums, or provide information that they are no longer in a premium paying status, before eligibility is redetermined.

- 8.7.1 Please provide an assurance that the following disenrollment protections are being applied:

State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. **(42CFR 457.570(a))**

The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non payment of cost-sharing charges. **(42CFR 457.570(b))**

Model Application Template for the State Children's Health Insurance Program

Physical health plan contractor has a group of beneficiaries that provides input regarding the service delivery and when applicable forwards those comments to the State for incorporation.

The Medicaid Director chairs a committee, Health Programs Advisory Board. This group is representative of beneficiaries and stakeholders. The purpose is to provide input into the current processes of the SCHIP program. Other committees providing input regarding operation of the SCHIP program are the United Methodist Health Ministries (dental), Kan Be Healthy Committee (EPSDT), local health department meetings and various meetings with contractors and provider groups.

- 9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR §457.125. (Section 2107(c)) (42CFR 457.120(c))

The Secretary of the Department of Social and Rehabilitation Services holds a semi-annual meeting with the Tribal Government in the State of Kansas to discuss issues and receive input. A process for written notice and feedback from tribal leaders regarding changes in the SCHIP program is in place. The written notice describes the proposed change, that is intended to be submitted, to the tribes in writing at least 60 days in advance of submission. The tribes are given a chance for input and feedback regarding new processes.

- 9.9.2. For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d)

Prior public notice was published in the Kansas Register on December 19, 2002, in relationship to SCHIP State Plan Amendment #4 which increases premiums for HealthWave.

9.10 Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

Actual and Projected Budget for Kansas SCHIP Program - as of January 2003

	Federal Fiscal Year 2002 costs	Federal Fiscal Year 2003	Federal Fiscal Year 2004
Benefit Costs			
Insurance payments			
Managed care	45,488,531	49,451,150	57,610,000
per member/per month rate X # of member months	149.02 X 305,249	131.92 X 374,858	133.84 X 430,448
Fee for Service	464,353	500,000	550,000
Total Benefit Costs	45,952,884	49,951,150	58,160,000
(Offsetting beneficiary cost sharing payments)	646,553	1,164,980	2,564,940
Net Benefit Costs	45,306,331	48,786,170	55,595,060
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)	4,357,032	4,708,123	5,704,812
Claims Processing			
Outreach/marketing costs	148,345		
Other			
Total Administration Costs	4,505,377	4,708,123	5,704,812
10% Administrative Cost Ceiling	5,034,037	5,420,686	6,177,229
Federal Share (multiplied by enhanced FMAP rate)	35,934,166	38,574,735	44,485,317
State Share	13,877,542	14,919,558	16,814,555
TOTAL PROGRAM COSTS	49,811,708	53,494,293	61,299,872

*Note: Source of State Share - State General Fund and \$1,000,000 Tobacco settlement funds.

*Note: Contractor includes payment for applications, processing, enrollment, marketing & fiscal agent functions.

- ~ Planned use of funds, including --
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
- ~ Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.