Project Report to JCIT

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- Project Purpose
 - Comply with the requirements as found in the 21st Century Cures Act of 2016 with respect to Home Health Care Services (HHCS) functionality.
 - Reduce or eliminate fraudulent care claims.
 - Enhance the efficiency and effectiveness of the State of Kansas by reducing costs and improving system usability.



- Information on Previous System
 - Implementation of electronic visit verification for HHCS is new.
 - KDADS has contracted with FiServ to meet Centers for Medicare and Medicaid Services (CMS) requirements for EVV related to Personal Care Services (PCS).
 - Implementation of EVV for PCS was required by 1/1/20, but the solution has been in place since 2012.
 - KDADS contract with FiServ terminates on 12/31/23, and KDHE must implement an EVV solution for HHCS by 1/1/24.
 - KDHE and KDADS are pursuing a joint procurement for an EVV solution that manages both PCS and HHCS.
 - Note: The original implementation timeline for HHCS was 1/1/23. KDHE received a good faith exemption from CMS to extend the timeline because of a procurement issue we experienced. The project must be recast because of the procurement delay. The RFP must be reposted.



- Estimated Cost
 - Estimated Cost of Planning: \$738,000. CMS funds 90%.
 - Internal: \$258,875
 - External: \$479,125
 - Estimated Cost of Implementation: \$2,560,838. CMS funds 90%.
 - Internal: \$724,600
 - External: \$1,836,238



- Key Milestones / Timeline
 - 2022
 - 10/26: RFP posted
 - 11/30: RFP closing date
 - 2023
 - 1/15: Vendor selection
 - 4/3: CMS contract approval
 - 12/4: Completion of implementation
 - 2024
 - 4/4: Formal system acceptance (operational sign off)
 - 7/5: Project acceptance / PIER
 - 8/9: Demonstration for CMS system certification



- Potential Risks
 - Delays in procurement or the contract approval process
 - Condensed timeline to implement
 - Conversion of transactions for PCS to the new solution
 - Conversion of care givers from call in to mobile solutions (internal goal)



Questions?





Project Purpose

KDHE Quality and KDHE Medicaid Eligibility Quality Control (MEQC) are the two separate entities within KDHE-DHCF that are responsible for reviewing and auditing federal and state eligibility policies and processes for Medicaid and Children's Health Insurance Program (CHIP).

- Replace the separate tools each team is currently using with a single web-based application.
- Eliminate monthly administrative work spent on manual processes necessary to manage the current tools.
- Provide sustainable and supportable tools for these critical business functions.
- Reduce error rates, improving federal audit scores and reducing improper payments.



- Information on Previous System
 - Both teams are currently using internally developed tools.
 - MEQC's tool was user-built 12 years ago and is no longer viable due to limited data storage capacity, functionality limitations, and ongoing support complexity.
 - Quality's tool is administratively cumbersome and does not have the ability to effectively report and trend quality issues.



- Estimated Cost
 - Estimate for Planning: \$24,300. CMS funds 90%
 - Internal: \$24,300
 - Estimate for Implementation: \$1,361,830. CMS funds 90%.
 - Internal: \$834,768
 - External: \$527,062



- Key Milestones / Timeline
 - 2022
 - 11/15: Phase 3 design begins
 - 11/28: Phase 1 training starts
 - 12/9: Phase 1 Go-Live (MEQC functions)
 - 2023
 - 2/17: Phase 2 training completion
 - 2/20: Phase 2 Go-Live (Quality functions)
 - 6/23: Phase 3 training completion
 - 6/26: Phase 3 Go-Live (Reporting / Other interfaces)
 - 6/27: Project completion / start of closeout



- Potential Risks
 - Complexity of requirements
 - Vendor staff turnover
 - Defect resolution timeframes



Questions?

