

Approved March 5, 1990  
Date

MINUTES OF THE ~~SENATE~~ COMMITTEE ON ~~WAYS AND MEANS~~

The meeting was called to order by ~~SENATOR AUGUST "GUS" BOGINA~~ at  
Chairperson

~~11:12~~ a.m./p.m. on ~~FEBRUARY 14~~, 1990 in room ~~123-S~~ of the Capitol.

All members were present except:

Committee staff present:  
Research Department: Diane Duffy, Leah Robinson  
Revisor: Norm Furse, Gordon Self  
Committee Staff: Judy Bromich, Administrative Assistant  
Ronda Miller, Committee Secretary

Conferees appearing before the committee:  
Mr. John Alquest, Commissioner of Income Maintenance and Medical Services,  
SRS  
Chris Beal, Administrative Assistant to Representative R.H. Miller  
Shelby Smith, Secretary, Department of Administration  
Representative Susan Roenbaugh

INTRODUCTION OF BILLS

Senator Gaines moved, Senator Hayden seconded the introduction of the following bill drafts:

- 9 RS 1843 - AN ACT concerning imprest fund for area offices of the department of social and rehabilitation services
- 9 RS 1848 - AN ACT repealing K.S.A. 75-3302d and 75-3302e relating to mental health and retardation services advisory committee.
- 9 RS 1892 - AN ACT relating to work therapy projects and work therapy project funds
- 9 RS 1924 - AN ACT relating to furnishing social security numbers; certificates of birth
- 9 RS 1977 - AN ACT authorizing the secretary of social and rehabilitation services to sell or lease certain property currently being used as a workshop for the blind
- 9 RS 1927 - AN ACT concerning support payment providing for support payment centers; prescribing procedures; affecting certain functions of courts and the state department of social and rehabilitation services

The motion carried.

Chairman Bogina announced that copies of testimony from Charles Wohl, Attachment 1, and Michael Lechner, Attachment 2, who appeared before the Committee on February 9, 1990 were being distributed.

SB 460 - State participation in medicaid programs of maternity and infant care.

Mr. John Alquest reviewed Attachment 3. It was asked whether the \$1.1 million estimate in state general funds for expansion of the program in FY 1991 included child care up to 5 years of age. Mr. Alquest noted that he would need to clarify that estimate. Senator Kerr stated that if the estimate included this factor, the costs would escalate dramatically. Mr. Alquest agreed with Senator Kerr that early intervention is of cost-savings for the future, but stated that the issue with the Department of Social and Rehabilitation Services is more simplistic - one of rising hospital costs, rising drug costs and rising physicians' costs.

In answer to a question, Mr. Alquest stated that currently it is mandatory to provide coverage for pregnant women and infants whose family income does not exceed 150% of poverty level. For the age group of one to six, the Federal

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS,  
 room 123-S, Statehouse, at 11:12 XX FEBRUARY 14, 90  
 a.m./p.m. on \_\_\_\_\_, 19\_\_.

requirements beginning April 1, 1990 is 133% of poverty level. Mr. Alquest explained that the difference provided in the bill is the increase from 150% to 185% of poverty level over a 3 year period. The bill addresses only pregnant women and infants, not children in the 1-6 age group.

HB 2580 - AN ACT concerning the Kansas development finance authority act; relating to authority of state finance council to approve activities and projects of state agencies for financing thereunder; amending K.s.a. 1989 Supp. 74-8905 and repealing the existing section.

Chris Beal testified in favor of HB 2580 on behalf of Representative R.H. Miller. In answer to a question, Mr. Beal stated that currently the Finance Council can give the Kansas Development Finance Authority the authority to issue bonds without the direction or consent of the Legislature. HB 2580 provides a mandate that approval must be delegated to the finance council by the Legislature.

Discussion was held regarding opportunities that might develop when the Legislature is not in session. Senator Winter expressed his concern that he would not want to prohibit the Finance Council from taking advantage of cost-savings opportunities with this bill.

Secretary Shelby Smith appeared before the Committee in opposition to HB 2580 and reviewed Attachment 4. He said that the Department of Administration would like to maintain the status quo with the Finance Council maintaining this authority. Discussion was held regarding the ability to take advantage of cost saving opportunities versus potential dangers contained within current legislation. In answer to a question, it was stated that a vote of 5 members of the Finance Council and the Governor are required to issue bonds.

HB 2627 - AN ACT concerning the conveyance of certain land to Pawnee county; amending K.S.A. 75-3323 and 75-3323a and repealing the existing sections.

Representative Susan Roenbaugh appeared before the Committee in support of HB 2627 and reviewed Attachment 5. Senator Johnston moved and Senator Allen seconded that HB 2627 be recommended favorable for passage. The motion carried on a roll call vote.

HB 2606 - AN ACT concerning state building construction; relating to certain change orders or changes in plans; amending K.S.A. 75-1264 and repealing the existing section.

Senator Harder explained that under current legislation any change totaling more than \$25,000 (whether it is a cost increase or reduction) must be approved by the Building Construction Committee. This bill clarifies that a cost reduction need not be approved. It was moved by Senator Harder and seconded by Senator Gaines that SB 2606 be recommended favorable for passage. The motion carried on a roll call vote.

The meeting was adjourned.



ST

JOSEPH  
HOSPITAL

Charles S. Wohl  
President

**MEMO TO: KANSAS SENATE WAYS & MEANS COMMITTEE MEMBERS**  
**FROM: CHARLES S. WOHL, PRESIDENT, ST. JOSEPH HOSPITAL, CONCORDIA,**  
**SUBJECT: SUPPORT FOR SENATE BILL NO. 542**  
**DATE: FEBRUARY 9, 1990**

Good morning, Senators, and thank you for the opportunity to appear before you in support of Senate Bill No. 542. I am Charles Wohl, President and Chief Executive Officer of St. Joseph Hospital located in Concordia, Kansas. Concordia is a community of 7,000 population and our active, full-time Medical Staff numbers 14 primary and specialty physicians. For many years, St. Joseph Hospital has served a multi-county area of North Central Kansas in the areas of primary care and selected secondary care service. For several years, Concordia has experienced a severe shortage of primary care physicians. Of the 7 primary care physicians on our active medical staff, two are older general internists who have a waiting list of 10-12 weeks to get an appointment. Two of our family practice physicians have now limited their practice to office based only and will retire within the next 12 months. We have two active, younger full-time family practitioners whose appointment calendar is usually booked 6-8 weeks in advance. We have one pediatrician who is available full time who does not have a long waiting list for appointments.

St. Joseph Hospital and our medical staff and community have been working to recruit additional primary care physicians for several years. This coordinated effort includes a significant recruitment package that

has been deemed to be highly competitive by professional recruitment firms. We have had several candidates visit us during the past 18 months who have KMS scholarship payback requirements. Because Cloud County is not classified as critically underserved at this point in time, we have been unable to successfully recruit these physicians who otherwise found Concordia and North Central Kansas to be attractive. As physicians in our community and other counties of North Central Kansas continue to age, access to primary care is becoming a very real and significant issue for the people of our region. Having one of the highest concentrations of population over age 65 in Kansas, the people of North Central Kansas are especially hard hit by the limited access to primary care physicians.

While Senate Bill 542 will require me to compete with larger communities, such as Hutchinson, Salina and Hays for primary care physicians, I firmly believe that Senate Bill 542 will make it possible for more primary care physicians to remain in Kansas to practice medicine and serve the people. This can only benefit communities such as Concordia and areas such as North Central Kansas in the future. This bill is a temporary measure that will enhance the retention of Kansas-trained physicians until the legislation enacted in 1986 comes on line beginning in 1993. Thank you for this opportunity.



## COMMISSION ON DISABILITY CONCERNS

1430 S.W. Topeka Boulevard, Topeka, Kansas 66612-1877  
913-296-1722 (Voice) • 913-296-5044 (TDD) • 561-1722 (KANS-A-N)

---

Mike Hayden, Governor

Ray D. Siehndel, Acting Secretary

February 9, 1990

## TESTIMONY IN SUPPORT OF SB 567

Michael Lechner, Executive Director

We support Senate Bill 567 which would remove the dollar-for-dollar local match requirement. The "dollar-for-dollar" language is unusual in legislation that mandates a match requirement. Usually the match is couched in terms of percentages; a %50 or %25 or %70 match for instance.

Our concern is that, since the uncommon "dollar-for-dollar" language is used instead of a %50 match, the statute may be interpreted to mean a %50 cash match. Consequently, those programs which might meet the match requirements with in-kind value [eg. volunteer time, donated office space] would be excluded from participation.

If the goals of maximum flexibility and the assurance of current levels of service are to be met, the dollar-for-dollar requirement is certainly an impediment to the accomplishment of these goals, if not an outright obstruction.

SWAM  
Feb. 14, 1990  
Attachment 2

SB 567

page 2

Because Kansas is far from being a homogeneous state both in terms of population densities and economic well-being, a structure should be implemented which allows the richer, more affluent regions to meet a higher match requirement than those regions which experience fewer resources and leaner treasuries.

At the minimum, the use of in-kind services must be permitted in setting the local match requirement. We strongly recommend your favorable action on SB 567 and encourage you to amend the bill to make it clear that match requirements may incorporate in-kind values. Further, it should be made clear in the bill that the local match requirement must be tied to some formula that takes into account the economic condition of the region, the amount of resources available in the region and the level of need in the region.

Thank you for your consideration of these remarks.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Winston Barton, Secretary

Testimony before  
Senate Ways and Means Committee on Senate Bill 460

February 14, 1990

John W. Alquest  
Commissioner, Income Maintenance  
and Medical Services  
(913) 296-6750

SWAM  
February 14, 1990  
Attachment 3



**Department of Social and Rehabilitation Services**  
**Winston Barton, Secretary**  
**Statement regarding: S.B. 460**

**Title:**

An act concerning medical assistance; relating to medicaid coverage of pregnant women and infants; directing certain actions by the secretary of social and rehabilitation services.

**Purpose:**

The bill provides for the phase-in of extended medical coverage for pregnant women and infants under the age of 1. It increases the poverty level standard used to determine eligibility for this group to 160% of the federal poverty level effective July 1, 1990, 170% of poverty effective July 1, 1991, and finally 185% of poverty effective July 1, 1992.

**Background:**

Currently, the State provides for coverage of pregnant women and infants whose family income does not exceed 150% of the federal poverty level. Under federal law, States have the option of setting a poverty level standard for this group up to 185% of poverty. In addition, with the passage of the Omnibus Budget Reconciliation Act of 1989, Congress has mandated coverage of pregnant women and infants up to 133% of poverty effective April 1, 1990. They also required states which were using higher poverty levels at the time of the law's enactment to maintain those higher levels. Thus, Kansas will be required to maintain its current 150% of poverty standard but, as already mentioned, can further increase this level up to 185%.

We are currently covering approximately 2,000 pregnant women and infants in our poverty level program. The program has been successful in providing early and continuous pre-natal care for pregnant women and insuring healthy outcomes for the newborn children. It also has helped to provide needed coverage of the newborn during his or her first year of life.

**Effect of Passage:**

It is estimated that the bill would expand coverage to approximately 400 new families for a total cost of \$2.6 million in FY 1991 or \$1.1 million in state general funds.

**Recommendations:**

Although the Department supports the concept of extending such coverage to more needy families, we must regretfully oppose such a measure Senate Bill 460 due to its fiscal impact. Considering the potential budget shortfall the Department faces in FY 1991 based on current program coverage, we do not recommend any kind of program expansion which would further exacerbate this problem.

We also have concerns about expanding eligibility for this group as long as we have inadequate funding for other populations, limitations in the scope of medical services (such as physical therapy for children and dental services for adults), and inadequate funds for provider reimbursement to assure access to care. This latter issue is particularly crucial for children.

In summary, although we support the intent of this legislation, we must oppose it for financial reasons.

John W. Alquest, Commissioner  
(913) 296-6750

## CONCERNS ABOUT BEHIND THE COMPLEXITY OF BILLING MEDICAID

There are two primary reasons why billing the Medicaid Program is sometimes considered difficult. These reasons are Federal requirements and SRS efforts to avoid inappropriate expenditures.

### Claim Form and Coding

Providers are required to utilize federally approved claim forms, and diagnosis codes and procedure codes. The diagnosis codes and procedure codes must be specific and describe the type of procedure rendered and the reason the procedure was necessary. The claims processing system is designed to not pay for a procedure if the diagnosis does not support its medical necessity. For instance, a chest X-ray will not be reimbursed if the diagnosis is otitis media (ear infection). An abdominal X-ray will be reimbursed if the diagnosis is acute gastric ulcer, but not if the diagnosis is unspecified disorder of the stomach. Prior to implementing this type of system editing for medical necessity the Medicaid Program was paying for many non-medically necessary procedures. It is anticipated that in FY 90 \$3.9 million dollars will be saved due to the types of controls described above.

### Claim Editing

Other kinds of claims processing edits are also utilized to prevent overpayment to providers. These include checking to make sure the procedure and diagnosis are consistent with the patients age and sex, insuring that the service is provided in a setting that is logical and consistent with program policy ie. wheelchairs not reimbursed if the place of service is Nursing Home because wheelchairs are included in the nursing home per diem rate, not paying for duplicate claims, not paying a claim when the number of days billed is greater than the number of days between the beginning and ending dates on the claim or when the total billed amount on a claim is greater that the individual line items billed and reviewing claims when the number of units billed exceeds a threshold amount, much higher than normal, for the procedure.

All providers must be enrolled in the Medicaid Program prior to receiving payment. Due to Federal requirements, the system must also edit to ensure that the performing provider is identified on the claim if a group practice is billing, and that an admitting physician and surgeon are identified on hospital claims involving surgery. This type of claim editing does require providers to be accurate when submitting claims, but it also prevents thousands of dollars of inappropriate expenditures each year.

### Spenddown and Other Insurance

Processing claims that involve recipients who are required to meet a spenddown has also caused problems for some providers. Meeting a spenddown means that the recipient must incur a set amount of medical expenses before becoming eligible for medical assistance. A process has been developed to simplify the billing of claims for spenddown recipients as much as possible, but certain documentation requirements cannot be avoided.

Another factor which contributes to the complexity of billing Medicaid is the Federal requirement, and cost savings measure, to check for the presence of other health insurance coverage on all claims submitted. Other health insurance information is typically given to the SRS worker during the eligibility determination process and entered into the system at that time. Claims for recipients with other insurance information in the system are not paid by Medicaid until proof of payment or denial from the other insurance company is received from the provider. At times, the recipient fails to tell the provider they have other insurance. Thus, the provider has to bill Medicaid, find out about the other insurance from the information provided by Medicaid on the remittance advice showing the claim was denied to bill other insurance, bill the other insurance, and then rebill Medicaid. It also occurs that the insurance coverage information given to the SRS worker expires and the recipient fails to report this to the worker so the file can be corrected. This causes claims to be denied inappropriately for other insurance until Medicaid receives proof that the other insurance is no longer covering the recipient, and removes the coverage from the file. Although, it is understandable that the above described situations can cause frustration when billing Medicaid, the cost savings resulting from this federal requirement is substantial.

### **Medicare Crossover Claims**

The majority of claims which involve coverage by both Medicaid and Medicare automatically cross-over to Medicaid from Medicare. This process is very helpful to providers except on those occasions when there is a different procedure code assigned to the service by Medicare than is used by Medicaid, or when Medicare and Medicaid policies differ on the types of claims that can be paid. The use of procedure codes is federally controlled. It is their responsibility not to assign a procedure code to Medicare and a different code to Medicaid for the same procedure. However, this has been known to occur and results in the cross-over claim being denied and the providers having to rebill the procedure to Medicaid. Policy discrepancies between Medicare and Medicaid are usually resolved quickly once they are brought to the attention of SRS. However, an example of a policy issue that is not easily resolved is the billing on anesthesia services by certified registered nurse anesthetists (CRNAs). Medicaid will not allow a CRNA who is employed by a hospital or clinic to enroll as a provider and receive direct payment from Medicaid. The reasoning behind this policy is that Medicaid has built the cost of CRNA services into the hospitals' reimbursement rate. To allow CRNA's who work for hospitals to bill Medicaid directly would result in a duplicate payment for their services. Medicare, however, does allow CRNAs who are employed by hospitals or clinics to bill directly. This situation does not mean that CRNA's services are not being reimbursed, but it does complicate the billing process.

### **Primary Care Network and Kan Be Healthy**

The Primary Care Network (PCN) Program for recipients in seven urban Kansas counties has assisted those recipients in accessing health care and in controlling costs. It has also contributed to the documentation requirements for providers. In order to assure that the physician case management concept is carried out, physician case managers are required to provide written referrals

to referred physicians, who are in turn required to document the PCN case manager's provider number on their claim. Hospital outpatient departments are also required to contact PCN physician case managers prior to rendering non-emergency care and to document this contact in the medical record. Once again, the benefits of PCN Program have proven to out weigh the disadvantages experienced by providers.

The Kan-Be-Healthy (EPSDT) Program also contributes to a providers difficulty billing Medicaid, but at the same time, it is the only federally approved means available to offer an expanded number of services to children such as dental care and 24 office visits per year rather than 12. In order for an expanded service to be reimbursed, a Kan-Be-Healthy (EPSDT) screen must be provided and billed so that it can be recorded in the claims processing system. Once a screen is recorded the system will allow payment for expanded services. If at times the screening provider is slow in billing, other providers claims are denied because the screen is not yet billed and recorded in the system.

#### **Summary**

The above information provides an overview of some of the claims processing issues which providers must become familiar with in order to learn how to bill the Medicaid Program successfully. Assistance is available to providers to help them with these and other billing issues. It seems that providers have become more vocal in their complaints regarding Medicaid billing in recent years. At the same time, the number of enrolled Medicaid providers is not decreasing. There are a few isolated areas where providers are not seeing Medicaid patients, however, this trend is not found statewide. There are probably two primary reasons why more complaints are being heard in the recent years. These are low reimbursement rates that no longer cover a provider's cost for rendering the service and stepped up cost containment initiatives by SRS.

John W. Alquest, Commissioner  
(913) 296-6750

PLEASE DO NOT  
STAMP IN  
THIS AREA

F 01 0VED  
8-335A

# HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW)

<input type="checkbox"/> MEDICARE (MEDICARE NO.)	<input type="checkbox"/> MEDICAID (MEDICAID NO.)	<input type="checkbox"/> CHAMPUS (SPONSOR'S SSN)	<input type="checkbox"/> CHAMPVA (VA FILE NO.)	<input type="checkbox"/> FECA BLACK LUNG (SSN)	<input type="checkbox"/> OTHER (CERTIFICATE SSN)
--	--	--	--	--	--

## PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		2. PATIENT'S DATE OF BIRTH		3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	
4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		5. PATIENT'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		6. INSURED'S I.D. NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS)	
7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHLD <input type="checkbox"/> OTHER <input type="checkbox"/>		8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.)		9. INSURED IS EMPLOYED AND COVERED BY EMPLOYEE HEALTH PLAN <input type="checkbox"/>	
10. WAS CONDITION RELATED TO A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/> B. ACCIDENT AUTO <input type="checkbox"/> OTHER <input type="checkbox"/>		11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		11.a. CHAMPUS SPONSOR'S STATUS ACTIVE DUTY <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIRED <input type="checkbox"/>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING). I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW		13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UN-SIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW		11.b. BRANCH OF SERVICE	
SIGNED _____ DATE _____		SIGNED (INSURED OR AUTHORIZED PERSON) _____			

## PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF: _____	ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) _____	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION _____	16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES _____	16.a. IF EMERGENCY CHECK HERE <input type="checkbox"/>
17. DATE PATIENT ABLE TO RETURN TO WORK _____	18. DATES OF TOTAL DISABILITY FROM _____ THROUGH _____	20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED _____ DISCHARGED _____		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES _____
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY) _____		21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE) _____		

23. A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, ETC. OR DX CODE				B. EPSDT YES <input type="checkbox"/> NO <input type="checkbox"/> FAMILY PLANNING YES <input type="checkbox"/> NO <input type="checkbox"/>											
24. A. DATE OF SERVICE FROM _____ TO _____				B. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN		D. DIAGNOSIS CODE		E. CHARGES		F. DAYS OR UNITS		G. * T.O.S.		H. LEAVE BLANK	
B.* PLACE OF SERVICE		C. PROCEDURE CODE (IDENTIFY)		(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)											

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF)		26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES <input type="checkbox"/> NO <input type="checkbox"/>		27. TOTAL CHARGE		28. AMOUNT PAID		29. BALANCE DUE	
30. YOUR SOCIAL SECURITY NO.		31. PHYSICIAN'S, SUPPLIER'S, AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.		32. YOUR PATIENT'S ACCOUNT NO.		33. YOUR EMPLOYER I.D. NO.		I.D. NO.	

REFERS TO GOVERNMENT PROGRAMS ONLY

**MEDICARE AND CHAMPUS PAYMENTS:** A patient's signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If item 9 is completed, the patient's signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal in-

termediary if this is less than the charge submitted. CHAMPUS is not a health insurance program and renders payment for health benefits provided through membership and affiliation with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned "Insured"; i.e., items 3, 6, 7, 8, 9 and 11.

**BLACK LUNG AND FECA CLAIMS:** The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung FECA instructions regarding required procedure and diagnosis coding systems.

**SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)**

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally rendered by me or were rendered incident to my professional service by my employee under immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For services to be considered a 'incident' to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral,

For CHAMPUS claims, I further certify that neither I nor any employee who rendered the services are employees or members of the Uniformed Services (refer to 5 USC 5536). For Black Lung claims, I further certify that the services performed were for a Black Lung related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

**NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION**

We are authorized by HCFA, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, and BLACK LUNG programs. Authority to collect information is in 205(a), 1872 and 1875 of the Social Security Act as amended and 4 USC 3101, 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 3101 et seq; and 30 USC 901 et seq.

example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards and other organizations or Federal agencies as necessary to administer these programs. For

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether workers' compensation will pay for treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information.

**MEDICAID PAYMENTS (PROVIDER CERTIFICATION)**

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request. I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductibles and coinsurance.

**SIGNATURE OF PHYSICIAN (OR SUPPLIER):** I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally rendered by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate, and complete.

I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

**TYPE OF SERVICE CODES:**

**TYPE OF SERVICE CODES:**

- 1 - (IH) - Inpatient Hospital
- 2 - (OH) - Outpatient Hospital
- 3 - (O) - Doctor's Office
- 4 - (H) - Patient's Home
- 5 - - Day Care Facility (PSY)
- 6 - - Night Care Facility (PSY)
- 7 - (NH) - Nursing Home
- 8 - (SNF) - Skilled Nursing Facility
- 9 - - Ambulance
- C - (OL) - Other Locations
- A - (IL) - Independent Laboratory
- E - (ASC) - Ambulatory Surgical Center
- (RTC) - Residential Treatment Center
- (STF) - Specialized Treatment Facility
- (COR) - Comprehensive Outpatient Rehabilitation Facility
- F - (KDC) - Independent Kidney Disease Treatment Center

- 1 - Medical Care
- 2 - Surgery
- 3 - Consultation
- 4 - Diagnostic X-Ray
- 5 - Diagnostic Laboratory
- 6 - Radiation Therapy
- 7 - Anesthesia
- 8 - Assistance at Surgery
- 9 - Other Medical Service
- 0 - Blood or Packed Red Cells
- A - Used DME
- F - Ambulatory Surgical Center
- H - Hospice
- L - Renal Supplies in the Home
- M - Alternate Payment for Maintenance Dialysis
- N - Kidney Donor
- V - Pneumococcal Vaccine
- Y - Second Opinion on Elective Surgery
- Z - Third Opinion on Elective Surgery

3-7

ICN  
CCF#  
PROVIDER#  
FORM#  
RUN DATE

# SEE REVERSE FOR FORM COMPLETION INSTRUCTIONS

CORRECTED FORM MUST BE RETURNED BY: \_\_\_\_\_

## PROFESSIONAL CLAIM CORRECTION FORM

RECIPIENT NAME (1)						MEDICAID ID# (6)	
ACCIDENT DATE (14)			CONDITION RELATED TO (10)				
REFERRING PHYS (19)			A. EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/>	A. EMPLOYMENT YES <input type="checkbox"/> NO <input type="checkbox"/>			
				B. ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	B. ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>		
DIAGNOSIS CODE (23A)							
DATE OF SERVICE (24A)		POS (B)	PROC CODE (C)	DIAGNOSIS CODE (D)	CHARGES (E)	UNITS (F)	PERFORMING PROV. (H)
1							
2							
3							
4							
5							
6							
7							
8							
SIGNATURE (25) (I CERTIFY THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF.)				PT. ACCT. # (32)		BILLING PROVIDER # (31)	
THIS FORM MUST BE SIGNED IN BLOCK 25.							
ERROR LOCATION		ERROR DESCRIPTION					

YOUR CLAIM CANNOT BE PROCESSED AS SUBMITTED BECAUSE REQUIRED INFORMATION IS MISSING OR INVALID. THE CLAIM CORRECTION FORM CONTAINS THE INFORMATION SUBMITTED ON YOUR CLAIM. THE ERROR SECTION AT THE BOTTOM OF THE FORM LISTS THE LOCATION AND DESCRIBES ANY ERRORS. IF THE ERROR LOCATION IS LISTED IN THE ERROR LOCATION COLUMN AS "HEADER", THE ERROR IS IN THE TOP SECTION OF THE CLAIM ABOVE THE DETAIL LINES. IF THE ERROR LOCATION IS LISTED AS A LINE NUMBER, THE ERROR IS ON THE DETAIL LINE OF THE CLAIM THAT CORRESPONDS WITH THAT NUMBER. THE DETAIL LINE NUMBERS ARE PRINTED ALONG THE LEFT SIDE OF EACH CLAIM DETAIL LINE. THE ERROR DESCRIPTION SECTION LISTS THE FIELD IN THE HEADER OR DETAIL THAT IS IN ERROR.

AFTER LOCATING THE FIELD(S) IN ERROR, MAKE THE CORRECTIONS IN THE SHADED AREA DIRECTLY BESIDE OR BELOW THE FIELD WITH THE INVALID OR MISSING DATA. PLEASE MAKE ONLY THE CORRECTIONS REQUESTED IN THE ERROR SECTION OF THIS FORM. DO NOT RESUBMIT A COPY OF THE CLAIM WITH THIS FORM AS IT COULD DELAY PROCESSING OF YOUR CLAIM. AFTER MAKING THE NECESSARY CORRECTIONS RETURN THIS FORM TO EDS BY THE RETURN DATE SHOWN ON THE FRONT. MAIL THE FORM TO THE FOLLOWING ADDRESS:

EDS FEDERAL  
P.O. BOX 4043  
TOPEKA, KANSAS 66604

SIGNATURES ON THE FACE HEREOF INCORPORATE THE FOLLOWING CERTIFICATION:

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS, AND THAT ANY FALSE CLAIMS, STATEMENTS, OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS.



STATE OF KANSAS



DEPARTMENT OF ADMINISTRATION  
State Capitol  
Topeka 66612-1572  
(913) 296-3011

Shelby Smith, Secretary

February 14, 1990

M E M O R A N D U M

TO: Senate Ways and Means Committee

FROM: Shelby Smith, Secretary of Administration

SUBJECT: Testimony in Opposition to House Bill No. 2580

Thank you for the opportunity to share some comments on H.B. 2580. The bill would restrict the financing of state agency projects through approval of the State Finance Council.

It is noteworthy that members of the State Finance Council themselves are the ones suggesting that their power in this area be curtailed. This is understandable when it is recognized that bond issues represent long term obligations. It is quite natural to prefer full legislative approval of bonded projects. However, there are several aspects that you should consider before imposing this potentially costly restriction.

Costs Savings

The purchase of the KBI headquarters building last fall is a good case in point regarding saving the state dollars. The state's five-year lease of the building at \$363,500 per year was about up and the landlord was proposing a new lease that would cost over \$647,000 per year. By virtue of the KDEFA financing of the building purchase, KBI has avoided future rent increases and locked-in a \$328,767 per year average cost. This substantial annual savings would not have been possible if H.B. 2580 had been in effect.

SWAM  
February 14, 1990  
Attachment 4

Why preserve the Finance Council's power?

In an organization as large and complex as state government, it is clear that unforeseen or unanticipated occurrences will arise during the eight month interim between legislative sessions that may involve bond issues. In order for state government to run efficiently, it is important that you the Legislature, provide the necessary tools and mechanisms to operate efficiently all twelve months of the year, not just when you are in session.

There are checks and balances built into the current procedure. The KBI project was first presented to and approved by the Joint Committee on State Building Construction. Also, the State Finance Council provides another measure of legislative input through the eight legislative leaders on the Council. The statute requires that before the State Finance Council can approve a financing project, it must find: (1) that the item arose as a result of unforeseeable occurrence or unascertainable effect of a foreseeable occurrence; (2) that the requested action was not rejected by the last legislative session; and (3) that there is justification for not delaying approval until the next legislative session.

The power has been used very sparingly. Of the 20 separate projects that KDFA has financed with revenue bonds or are pending, only two of the bond issues (KBI and Wichita office building) have not been approved by the full legislature. Both of these building projects involve reducing state expenditures for existing facilities.

In summary, I encourage you to preserve the status quo on this important topic. There is justification to provide this mechanism to address future unforeseen occurrences and contingencies. The power has been used wisely and sparingly and has saved the state substantial dollars. In the alternative, please consider the attached amendment that would permit the State Finance Council to approve the purchase of leased property when purchasing is less costly than continued leasing.

P.S. Regarding the purchase of the KBI building, the attached letter dated October 11, 1989 was sent to every legislator. In my opinion, this is a good case in point, justifying the authority currently rested in the Finance Council.

HOUSE BILL No. 2580

By Representative R.H. Miller

12-28

AN ACT concerning the Kansas development finance authority act; relating to authority of state finance council to approve activities and projects of state agencies for financing thereunder; amending K.S.A. 1989 Supp. 74-8905 and repealing the existing section.

*Be it enacted by the Legislature of the State of Kansas:*

Section 1. K.S.A. 1989 Supp. 74-8905 is hereby amended to read as follows: 74-8905. (a) The authority is hereby authorized and empowered to issue bonds, either for a specific activity or on a pooled basis for a series of related or unrelated activities or projects duly authorized by a political subdivision or group of political subdivisions of the state in such amounts as shall be determined by the authority for the purpose of financing capital improvement facilities, educational facilities, health care facilities and housing developments. Nothing in this act shall be construed to authorize the authority to issue bonds or use the proceeds thereof to (1) purchase, condemn, or otherwise acquire a utility plant or distribution system owned or operated by a regulated public utility or (2) finance any capital improvement facilities, educational facilities, or health care facilities which are authorized under the laws of the state to be financed by the issuance of general obligation or utility revenue bonds of a political subdivision, except that the acquisition by the authority of general obligation or utility revenue bonds issued by political subdivisions with the proceeds of pooled bonds shall not violate the provisions of the foregoing. Nothing in this subsection (a) shall prohibit the issuance of bonds by the authority when any statute specifically authorizes the issuance of bonds by the authority or approves any activity or project of a state agency for purposes of authorizing any such issuance of bonds in accordance with this section and provides an exemption from the provisions of this subsection (a).

The authority is hereby authorized and empowered to issue bonds for activities and projects of state agencies as requested by the secretary of administration. No bonds may be issued pursuant to this act for any activity or project of a state agency unless (1) the

4-3

1 activity or project either has been approved by an appropriation or  
 2 other act of the legislature ~~or~~ (2) the activity or project has been  
 3 approved by the state finance council acting on this matter which  
 4 is hereby characterized as a matter of legislative delegation and  
 5 subject to the guidelines prescribed in subsection (c) of K.S.A. 75-  
 6 3711c and amendments thereto, *but only if the approval of such*  
 7 *activity or project for purposes of this subsection has been specifically*  
 8 *delegated to the state finance council for such purpose by an ap-*  
 9 *propriation or other act of the legislature.* When requested to do  
 10 so by the secretary of administration, the authority is further au-  
 11 thorized and empowered to issue bonds for the purpose of refunding,  
 12 whether at maturity or in advance of maturity, any outstanding  
 13 bonded indebtedness of any state agency. The revenues of any state  
 14 agency which are pledged as security for any bonds of such state  
 15 agency which are refunded by refunding bonds of the authority may  
 16 be pledged to the authority as security for the refunding bonds.

17 (c) The authority is hereby authorized and empowered to issue  
 18 bonds for the purpose of financing industrial enterprises, agricultural  
 19 business enterprises, educational facilities, health care facilities and  
 20 housing developments, or any combination of such facilities, or any  
 21 interest in facilities, including without limitation leasehold interests  
 22 in and mortgages on such facilities. No less than 30 days prior to  
 23 the issuance of any bonds authorized under this act with respect to  
 24 any project or activity which is to be undertaken for the direct benefit  
 25 of any person or entity which is not a state agency or a political  
 26 subdivision, written notice of the intention of the authority to provide  
 27 financing and issue bonds therefor shall be given by the president  
 28 of the authority to the governing body of the city in which the  
 29 project or activity is to be located, or, if the project or activity is  
 30 not proposed to be located within a city, such notice shall be given  
 31 to the governing body of the county. No bonds for the financing of  
 32 the project or activity shall be issued by the authority for a one-  
 33 year period if, within 15 days after the giving of such notice, the  
 34 governing body of the political subdivision in which the project or  
 35 activity is proposed to be located shall have duly enacted an ordi-  
 36 nance or resolution stating express disapproval of the project or  
 37 activity and shall have notified the president of the authority of such  
 38 disapproval. The provisions of this subsection shall not apply to the  
 39 Kansas basic enterprises loan program.

40 (d) The authority is hereby authorized and empowered to issue  
 bonds for the purpose of establishing and funding one or more series  
 of venture capital funds in such principal amounts, at such interest  
 rates, in such maturities, with such security, and upon such other

, or (3) the activity or project is for the purpose of purchasing  
 property that is leased by a state agency and such purchase has  
 been approved by the state finance council acting on this matter  
 which is hereby characterized as a matter of legislative delega-  
 tion and subject to the guidelines prescribed in subsection (c)  
 of K.S.A. 75-3711c and amendments thereto, but only if the state  
 finance council finds that purchase of the property is less  
 expensive to the state than leasing the property.

1 terms and in such manner as is approved by resolution of the au-  
2 thority. The proceeds of such bonds not placed in a venture capital  
3 fund or used to pay or reimburse organizational, offering and ad-  
4 ministrative expenses and fees necessary to the issuance and sale of  
5 such bonds shall be invested and reinvested in such securities and  
6 other instruments as shall be provided in the resolution under which  
7 such bonds are issued. Moneys in a venture capital fund shall be  
8 used to make venture capital investments in new, expanding or  
9 developing businesses, including, but not limited to, equity and debt  
10 securities, warrants, options and other rights to acquire such secur-  
11 ities, subject to the provisions of the resolution of the authority. The  
12 authority shall establish an investment policy with respect to the  
13 investment of the funds in a venture capital fund not inconsistent  
14 with the purposes of this act. The authority shall enter into an  
15 agreement with a management company experienced in venture cap-  
16 ital investments to manage and administer each venture capital fund  
17 upon terms not inconsistent with the purposes of this act and such  
18 investment policy. The authority may establish an advisory board to  
19 provide advice and consulting assistance to the authority and the  
20 management company with respect to the management and admin-  
21 istration of each venture capital fund and the establishment of its  
22 investment policy. All fees and expenses incurred in the management  
23 and administration of a venture capital fund not paid or reimbursed  
24 out of the proceeds of the bonds issued by the authority shall be  
25 paid or reimbursed out of such venture capital fund.

26 (e) The authority is hereby authorized and empowered to use  
27 the proceeds of any bond issues herein authorized, together with  
28 any other available funds, for venture capital investments or for  
29 purchasing, leasing, constructing, restoring, renovating, altering or  
30 repairing facilities as herein authorized, for making loans, purchasing  
31 mortgages or security interests in loan participations and paying all  
32 incidental expenses therewith, paying expenses of authorizing and  
33 issuing the bonds, paying interest on the bonds until revenues  
34 thereof are available in sufficient amounts, purchasing bond insurance  
35 or other credit enhancements on the bonds, and funding such re-  
36 serves as the authority deems necessary and desirable. All moneys  
37 received by the authority, other than moneys received by virtue of  
38 an appropriation, are hereby specifically declared to be cash funds,  
39 restricted in their use and to be used solely as provided herein. No  
40 moneys of the authority other than moneys received by appropriation  
41 shall be deposited with the state treasurer.

42 (f) (1) The authority is hereby authorized and empowered to de-  
43 velop and implement the Kansas basic enterprises loan program and

1 to issue bonds for the financing of loans thereunder. All loans under  
2 the program shall be made to eligible Kansas basic enterprises in  
3 accordance with guidelines and conditions prescribed by the au-  
4 thority and by statute. Each loan under the program shall be qual-  
5 ified, entered into and serviced by a financial institution acting as  
6 the agent of the authority and receiving a fee for such services  
7 pursuant to a contract entered into by the authority with the financial  
8 institution. The authority shall prescribe monitoring and reporting  
9 requirements for participating financial institutions to provide for the  
10 monitoring of each loan under the program and the activities of the  
11 eligible Kansas basic enterprise in connection with the loan to pro-  
12 vide for compliance with the loan provisions and the provisions of  
13 this subsection. Each loan under the program shall be in an amount  
14 of not less than \$20,000 and not more than \$200,000 and shall be  
15 matched by a subordinated loan to the eligible Kansas basic enter-  
16 prise from the participating financial institution which shall be in an  
17 amount of not less than 15% of the amount of the loan made under  
18 the program. The eligible Kansas basic enterprise receiving a loan  
19 under the program shall contribute equity capital to the project, for  
20 which the loan is being made under the program, which capital is  
21 equal to at least 10% of the total cost of the project. Loans may be  
22 made to an eligible Kansas basic enterprise under the Kansas basic  
23 enterprise loan program for the purposes of purchasing, leasing,  
24 constructing, restoring, renovating, altering, repairing and equipping  
25 facilities, refinancing of facilities and providing working capital. Sub-  
26 ject to the provisions of this subsection (f), the authority is hereby  
27 authorized to pledge moneys credited to the Kansas basic enterprises  
28 loan guarantee fund in security for bonds issued under the program.  
29 Nothing in this act shall preclude the making of any loan under this  
30 program as part of a packaged loan arrangement for an eligible Kansas  
31 basic enterprise which includes one or more loans or loan guaranties  
32 from the small business administration or farmers home administra-  
33 tion of the federal government or from other lenders.

34 (2) There is hereby established in the state treasury the Kansas  
35 basic enterprises loan guarantee fund. The fund shall be administered  
36 by the authority and all moneys in the fund shall be used for the  
37 purposes of pledging security for bonds issued to finance loans to  
38 eligible Kansas basic enterprises pursuant to this subsection (f). All  
39 expenditures from the Kansas basic enterprises loan guarantee fund  
40 shall be made in accordance with the provisions of appropriations  
41 acts for the purposes of satisfying obligations arising pursuant to  
42 surety agreements entered into pursuant to this subsection (f) or  
43 warrants of the director of accounts and reports issued pursuant to

1       uchers signed by the president of the authority or a person des-  
2       ignated by the president.

3       Sec. 2. K.S.A. 1989 Supp. 74-8905 is hereby repealed.

4       Sec. 3. This act shall take effect and be in force from and after  
5       its publication in the Kansas register.

STATE OF KANSAS



DEPARTMENT OF ADMINISTRATION

State Capitol  
Topeka 66612-1572  
(913) 296-3011

October 11, 1989

Shelby Smith, *Secretary*

The Legislature and the State Finance Council are always concerned, and justifiably so, when major real estate actions are required in the interim between legislative sessions. Therefore, this letter will provide information on the State's recent purchase of the Kansas Bureau of Investigation building.

As you will recall, last fall's negotiations for a new lease term for the existing KBI building failed to result in a satisfactory agreement. The State then solicited lease proposals for another facility for the KBI, with options to provide additional space for other state agencies, such as the Highway Patrol. However, late during the last session the Legislature rejected funding for a lease proposal which would have consolidated the KBI and the Highway Patrol into one facility that involved new construction. In May, following the Legislature's rejection, the State again pursued a new lease rate for the existing KBI building.

The State has leased the existing KBI building for the past five years for \$363,500 annually under a lease term ending September 30, 1989. The lease contained a purchase option which the State could exercise at any time during the lease term, for a price to be set by three disinterested appraisers appointed by the Judicial Administrator. In July, the appraisers placed a \$3.2 million value on the building. They subsequently modified this to \$3.5 million in August. We can furnish you the details of this modification (square footage, capitalization rate and rental rate) at your request.



October 11, 1989

Page 2

The State purchased the KBI Building September 29th for \$3.5 million, from Sovereign Group 1984-15, a Pennsylvania limited partnership. The purchase was financed by the sale of bonds issued by the Kansas Development Finance Authority. The bonds will be repaid over a twenty-year period and carry an average interest rate of 6.97 percent.

By exercising its purchase option, the State will save a substantial amount annually over continued leasing of the building. The purchase also will enable the State to provide the KBI laboratory and office space at an extremely attractive annual cost, which would not have been possible without exercising the purchase option before it expired.

In capsule summary:

- The owners in May of this year were asking \$533,948--plus property taxes estimated at \$113,500--for a total annual rental cost of \$647,448.
- This contrasts with an average annual purchase cost of \$328,787. (This includes building insurance and bond repayment.)
- By purchasing the building instead of leasing it, the State will save--by conservative estimates--more than \$4.4 million over the twenty-year bond repayment period.

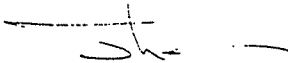
After receiving the appraisers' report and the recommendation from the Director of the KBI that the building be purchased, less than two months remained before the purchase option's expiration date. We then consulted with the Joint Committee on State Building Construction before taking the matter to the State Finance Council. The Finance Council gave approval to the purchase on September 1, with Senators Burke, Bogina and Kerr, and Representatives Braden and Miller voting in favor of the KBI purchase; Representatives Barkis and Bunten and Senator Johnston dissenting. While it remains our clear preference to inform the Legislature of proposed real estate purchases before the fact, the time constraints inherent to this situation necessitated action between sessions.

October 11, 1989

Page 3

If you have any questions on this subject, please  
feel free to contact my office.

Sincerely,



Shelby Smith  
Secretary of Administration

7289A

SUSAN ROENBAUGH  
REPRESENTATIVE, ONE HUNDRED FOURTEENTH DISTRICT  
1111 MOCHA LANE  
KINSLEY, KANSAS 67547



TOPEKA

HOUSE OF  
REPRESENTATIVES

TESTIMONY OF  
REPRESENTATIVE SUSAN ROENBAUGH  
TO THE SENATE COMMITTEE ON WAYS AND MEANS

RE: HB 2627

February 14, 1990

Mr. Chairman and Members of the Committee:

I'm Susan Roenbaugh, Kinsley. I represent the 114th legislative district which includes Edwards, Pawnee and Stafford counties.

HB 2627 authorizes the Wheatbelt Area Girl Scouts Council of Kansas which leases 43 acres owned by the state of Kansas in Pawnee County, to sublease the property to Pawnee County for recreational purposes. This land is adjacent to Larned State Hospital and you can see on the attached map the location of Camp Pawnee to the state hospital.

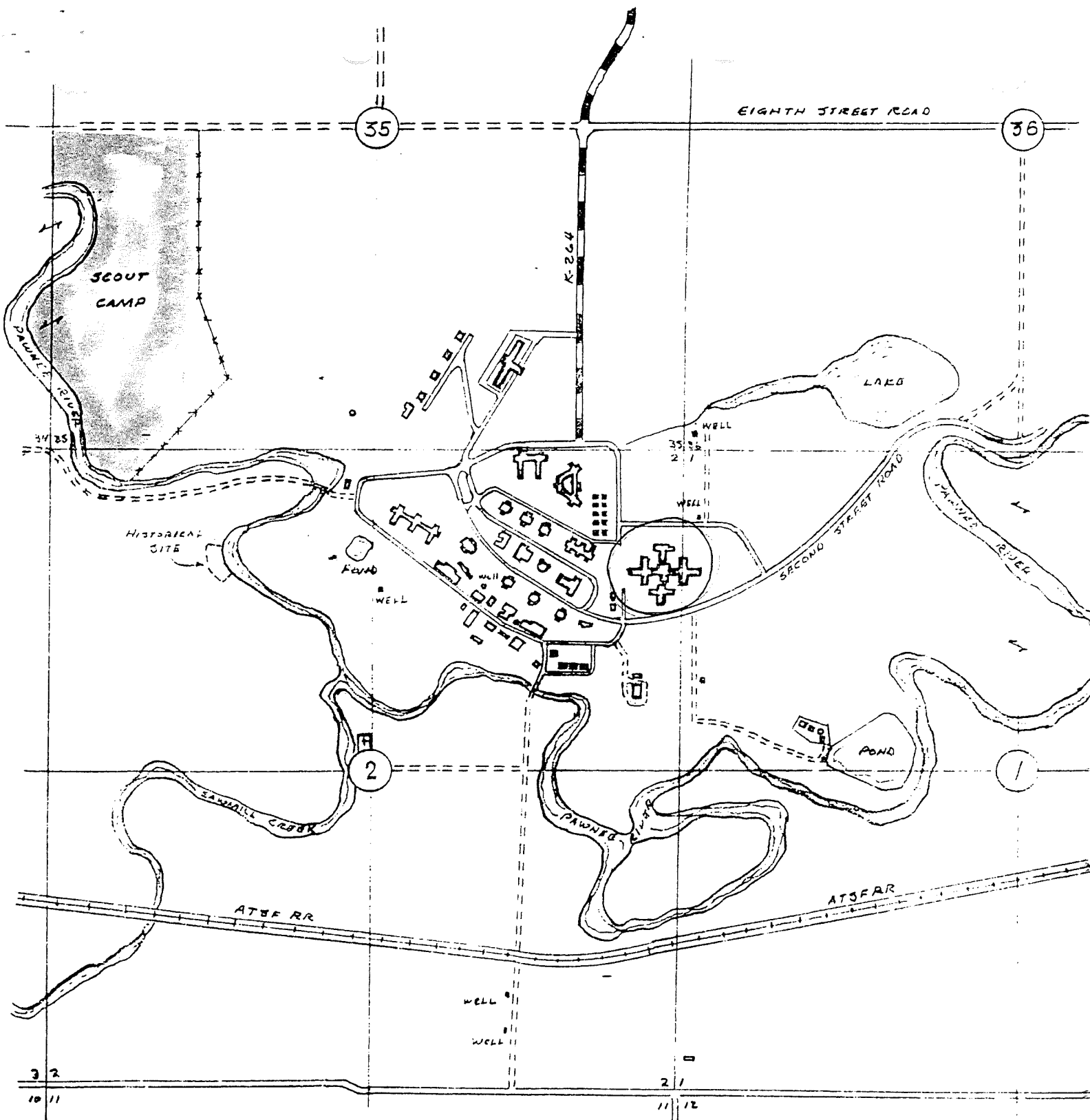
I have visited with and have letters from the Secretary of Administration Shelby Smith, Dr. Getz, Administrator at Larned State Hospital and Winston Barton, Secretary of SRS, all in support of this change.

There is a reversionary clause in the bill that states that in the event Pawnee County does no longer want Camp Pawnee, it will revert back to the State of Kansas.

Mr. Chairman, I'll be happy to answer any questions your committee has. Thank you.

SWAM  
February 14, 1990  
Attachment 5

COMMITTEE ASSIGNMENTS  
CHAIRMAN: AGRICULTURE AND SMALL  
BUSINESS  
MEMBER: ENERGY AND NATURAL RESOURCES  
TRANSPORTATION



LARNED STATE HOSPITAL  
 S 1/2 Sec 35 Twp 21 S R 17 W  
 SW 1/4 Sec 36 Twp 21 S R 17 W  
 W 1/2 Sec 1 Twp 22 S R 17 W  
 Sec 2 Twp 22 S R 17 W

↑  
 N  
 1" = 1100'