

MINUTES OF THE SENATE HEALTH CARE STRATEGIES COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 P.M. on January 31, 2006 in Room 231-N of the Capitol.

Committee members absent:

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Ms. Terri Weber, Kansas Legislative Research Department
Mr. Jim Wilcox, Revisor of Statutes Office
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the Committee:

Ms. Terri Weber, Principal Analyst
KS Legislative Research Department
Secretary Duane Goossen,
Department of Administration
Mr. Scott Brunner, Director of Medical Policy & Medicaid
for Division of Health Policy and Finance
Ms. Marcia J. Nielsen, PhD, MPH, Chairperson
KS Health Policy Authority Board

Others in attendance: Please see attached Guest List

Recognitions

Upon calling the meeting to order, Chairperson Wagle welcomed everyone and then recognized the staff for the 2006 legislative year: Mr. Jim Wilson, the Committee's Revisor, Ms. Emalene Correll and Ms. Terry Weber from Research, and Ms. Margaret Cianciarulo, Committee Secretary. The Chair then went on to mention that any of these people would be glad to help the committee with any issues they have.

Overview and Update

The Chair then announced the Committee would be hearing an overview and update of the Kansas Health Policy Authority and called upon Ms. Terri Weber, Principal Analyst, from the Kansas Legislative Research Department who gave a brief overview of House Sub. for SB272 to include a time line for major activities of the Health Policy Authority, the major responsibilities of the Joint Committee on Health Policy Oversight, and the Oversight Committee Annual Report conclusions. Ms. Weber also offered handouts including the HPA membership list including the appointing authority, the HPA Time Line and the Oversight Committee Summary sheet. A copy of her overview and handouts are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair then called on Secretary Duane Goossen, Department of Administration, who discussed the transfer of the SRS programs and Health Care Data Governing Board and Business Health Partnership program responsibilities to DHPF. Also, discussed were the Division's plans for transferring programs to HPA on July 1, 2006. No written testimony was offered.

The next conferee was Mr. Scott Brunner, Director of Medical Policy and Medicaid for the Division of Health Policy and Finance who broke his report into four main topics: moving the authority for the Medicaid program, moving of funds between the two agencies, moving people from SRS to DHPF, and finally, items that still need to be completed. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The final conferee, Dr. Marcia Nielsen, PhD, MPH, Chairperson, Kansas Health Policy Authority Board, discussed the basic philosophy of the Authority, the activities of the authority for the last six months, and the plans of the authority for taking over the DHPF responsibilities on July 1, 2006. She also offered bios of the Kansas Health Policy Authority Board Members. A copy of her testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

CONTINUATION SHEET

MINUTES OF THE Senate Health Care Strategies Committee at 1:30 P.M. on January 31, 2006 in Room 231-N of the Capitol.

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The Chair thanked the conferees and then asked the Committee for questions or comments. Senators Palmer, Wagle, and Barnett and Ms. Correll asked a range of questions including: where is the money coming from regarding the dollars the governor is spending on the Pharmacy Education Program; asking for clarification of the DHPF staying in place for another year; what is the advantage of leaving it there and delaying them from taking over Medicaid for an entire year, what will happen to the knowledge base; by delaying are we delaying reforms; what is the HPA budget and the revised budget; the business health partnership, are we missing the objective of the Authority's goal of moving to a non-political environment, and does the Authority have any staff at this point.

As there was no further discussion, the Chair stated that the legislature will still be in session in March and they will be interested in seeing the Authority's recommendations.

Adjournment

As there was no further business, the meeting was adjourned. The time was 2:30 p.m.

The next meeting is scheduled for February 7, 2006.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: January 31, 2006 (Tues.)

NAME	REPRESENTING
Gavin Young	Dept. of Admin
Luke Thompson	DHPF
Scott Brunner	DHPF
Mike Huttles	Huttles Gov't. Relations
Jay Wheel	First Guard Healthplan
Tom Bruno	EDS
Larry Pittman	KEMC
Chip Wheelen	Asn of Osteopathic Med
John Ratzemberger	InterHab
Judy Shaw	Kearney & Associates
Kenie J Barou	KCDC
Andy Allison	KHPA
Chris Tilden	KDHE
Chad Austin	KS Hosp Assoc
Ron Seebe-	Hein Law Firm
Paul Johnson	Ks Catholic Conference
Ray Long	Federico Lawall
Jose Torres	SILCK
Linda J. DeCunzio	American Heart Assn)
Kamille Kober	KATP
Marc Nielsen	KHPAB
Jim McLean	KS Health Institute

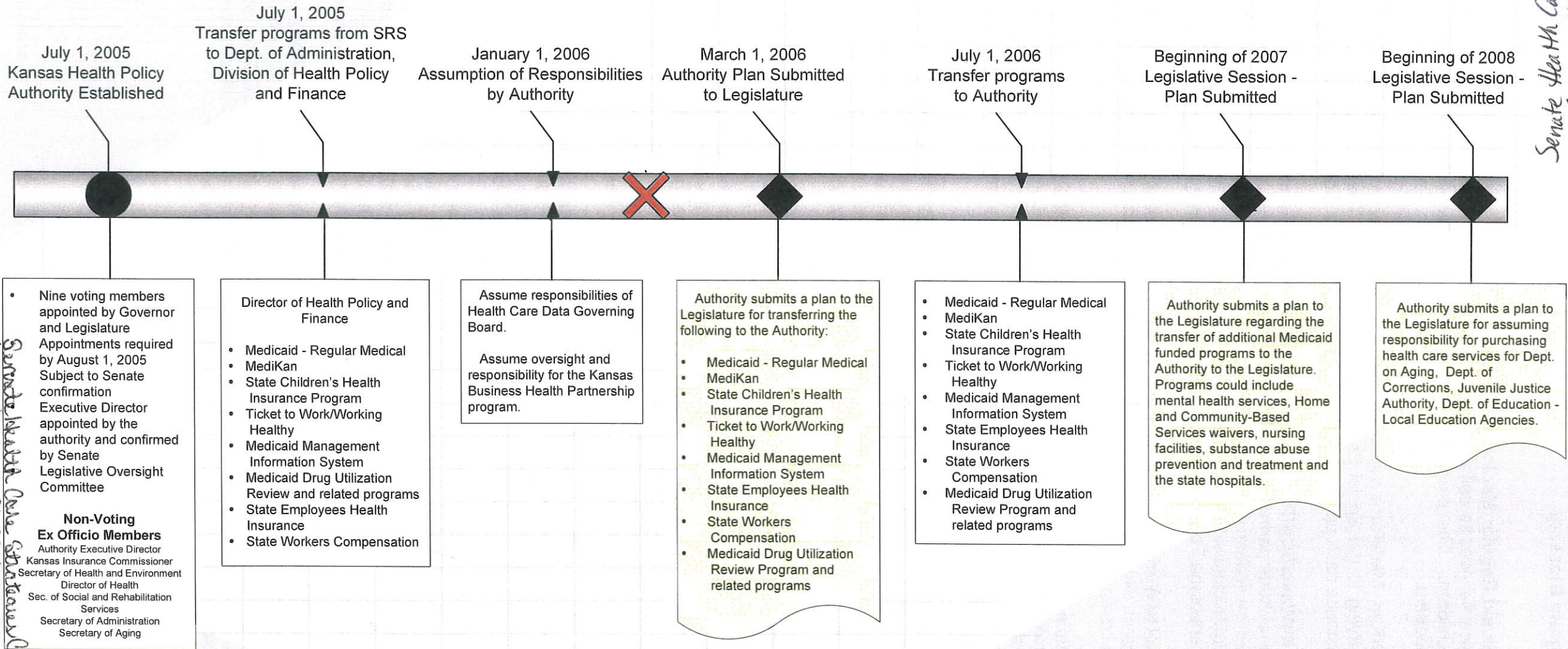
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: 1/31/06

NAME	REPRESENTING
Bud Burke	KS PHYSICAL THERAPY ASSN
John Peterson	First Guard Health Plans
Kevin Siek	TILRC

Kansas Health Policy Authority



- Nine voting members appointed by Governor and Legislature
 - Appointments required by August 1, 2005
 - Subject to Senate confirmation
 - Executive Director appointed by the authority and confirmed by Senate
 - Legislative Oversight Committee
- Non-Voting Ex Officio Members**
- Authority Executive Director
 - Kansas Insurance Commissioner
 - Secretary of Health and Environment
 - Director of Health
 - Sec. of Social and Rehabilitation Services
 - Secretary of Administration
 - Secretary of Aging

- Director of Health Policy and Finance**
- Medicaid - Regular Medical
 - MediKan
 - State Children's Health Insurance Program
 - Ticket to Work/Working Healthy
 - Medicaid Management Information System
 - Medicaid Drug Utilization Review and related programs
 - State Employees Health Insurance
 - State Workers Compensation

Assume responsibilities of Health Care Data Governing Board.

Assume oversight and responsibility for the Kansas Business Health Partnership program.

- Authority submits a plan to the Legislature for transferring the following to the Authority:
- Medicaid - Regular Medical
 - MediKan
 - State Children's Health Insurance Program
 - Ticket to Work/Working Healthy
 - Medicaid Management Information System
 - State Employees Health Insurance
 - State Workers Compensation
 - Medicaid Drug Utilization Review Program and related programs

- Medicaid - Regular Medical
- MediKan
- State Children's Health Insurance Program
- Ticket to Work/Working Healthy
- Medicaid Management Information System
- State Employees Health Insurance
- State Workers Compensation
- Medicaid Drug Utilization Review Program and related programs

Authority submits a plan to the Legislature regarding the transfer of additional Medicaid funded programs to the Authority to the Legislature. Programs could include mental health services, Home and Community-Based Services waivers, nursing facilities, substance abuse prevention and treatment and the state hospitals.

Authority submits a plan to the Legislature for assuming responsibility for purchasing health care services for Dept. on Aging, Dept. of Corrections, Juvenile Justice Authority, Dept. of Education - Local Education Agencies.

Senate Health Care Strategies
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Attachment 1

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Attachment 1

Medicaid Regular Medical Program - the Regular Medical Program provides coverage for medical services as well as mental health coverage for adults and children and dental coverage for children. The program has both a fee-for-service component and a managed care component.

MediKan - MediKan is a state-only funded program that provides limited benefits to persons who are trying to get Social Security disability benefits. These individuals also receive General Assistance cash payments through the Department of Social and Rehabilitation Services.

HealthWave/SCHIP - the State Children's Health Insurance Program (SCHIP) (Title XXI) is a Federal/State partnership that provides health insurance coverage to children whose families, based on federal income guidelines, are not eligible for Medicaid. HealthWave/SCHIP is available statewide to children from birth to age 19 who live in families with incomes up to 200 percent of the Federal Poverty Level (FPL). The children must be residents of Kansas.

Ticket to Work/Working Healthy - Ticket to Work/Working Healthy, the Kansas Medicaid buy-in program, allows adults with disabilities to work and increase earnings without losing their health care coverage.

Medicaid Management Information System (MMIS) - the MMIS system processes approximately 300,000 claims each day from medical providers serving Medicaid customers across the state in compliance with federal law. In addition, the MMIS is the primary data system used to manage the Medicaid and HealthWave programs. Electronic Data Systems (EDS) administers the MMIS.

Medicaid Drug Utilization Review - the Omnibus Budget Reconciliation Act of 1990 (OBRA '90) required each state Medicaid Program to establish a Drug Utilization Review (DUR) program for outpatient drugs. The DUR program provides education to physicians, mid-level practitioners and pharmacists. The education is provided through patient profile reviews, population-based interventions, academic detailing visits and a quarterly newsletter.

State Employees Health Care Benefits Program - the benefits program is administered by the Kansas State Employees Health Care Commission (HCC) which was created by the 1984 Legislature through the enactment of K.S.A. 75-6501 et. seq. to "develop and provide for the implementation and administration of a state healthcare benefits program." The program may provide benefits for persons qualified to participate in the program for hospitalization, medical services, surgical services, non-medical remedial care and treatment rendered in accordance with a religious method of health and other health services. The HCC is authorized to "negotiate and enter into contracts with qualified insurers, health maintenance organizations and other contracting parties for the purpose of establishing the state healthcare benefits program.

State Workers Compensation Program - the compensation program is administered by the Department of Administration through the State Self-Insurance Fund (SSIF) to provide high quality medical care, prompt disability and death benefits, return to work options and customer service to state employees covered under the Kansas Workers Compensation Act.

Health Care Data Governing Board - the Board was created by the 1993 Legislature in response to the need to provide health care consumers, third-party payors, providers and health care planners with information regarding the trends in use and cost of health care services in Kansas and, thereby, improve health policy decision-making. The Department of Health and Environment was charged with administering the health care database, compiling a uniform set of data and establishing mechanisms through which the data would be disseminated.

Kansas Business Health Partnership - the Partnership was created by the Legislature in 2000 to help small businesses find affordable health insurance coverage for their employees. The Partnership is a joint effort including members of the Legislature, the Office of the Governor, the Kansas Insurance Department, the Department of Social and Rehabilitation Services, the Department of Commerce, and members from the private sector.

Kansas Health Policy Authority

• Appointed Members

Marcia Nielsen, PhD <i>(Governor appointee)</i>	Chair of Health Policy Authority; Asst. Vice Chancellor for Health Policy, University of Kansas Medical Center
Garen Cox <i>(Speaker of House appointee)</i>	CEO, Medicalodges Inc.
E.J. (Ned) Holland, <i>(Senate President appointee)</i>	Jr Vice President of Compensation, Benefits, Labor & Employee Relations, Sprint Corporation
Connie Hubbell <i>(Speaker of House appointee)</i>	Senior Vice President of Community Relations for the Kansas Foundation for Medical Care
Arneatha Martin <i>(Governor appointee)</i>	Faculty, Wichita State; CEO and Co-President for the Center for Health and Wellness (retired)
Vernon Mills, MD <i>(Governor appointee)</i>	Pediatrician
Charles Mossman, DC <i>(Senate Minority Leader appointee)</i>	Chiropractor
Susan Page <i>(House Minority Leader appointee)</i>	CEO and President of Pratt Regional Medical Center
Joe Tilghman <i>(Senate President appointee)</i>	Regional Administrator, Center for Medicare and Medicaid Services (retired)

• Ex-Officio Members

Roderick Bremby	Secretary of Kansas Department of Health and Environment
Gary Daniels, PhD	Secretary of Social and Rehabilitation Services
Duane Goossen	Secretary of Administration
Kathy Greenlee	Acting Secretary of the Kansas Department of Aging
Sandy Praeger	Insurance Commissioner
Howard Rodenberg, MD	Director of Health, Kansas Department of Health and Environment

• Staff

Robert Day, PhD	Interim Director, Kansas Health Policy Authority and Director for the Division of Health Policy and Finance
Andrew Allison, PhD	Deputy Director, Kansas Health Policy Authority

Joint Committee on Health Policy Oversight

Statutory Summary

Joint Committee Established

- Legislative joint committee established by Section 4 of 2005 House Sub. for SB 272.
- Has the exclusive responsibility to monitor and study the operations and decisions of the Kansas Health Policy Authority.
- Provisions of Section 4 expire on July 1, 2013.

Joint Committee Membership

- Composed of 12 members.
 - Six members from the House of Representatives - four appointed by the Speaker of the House and two appointed by the Minority Leader.
 - Six members from the Senate - four appointed by the President of the Senate and two appointed by the Minority Leader.

Joint Committee Member Term

- Members to be appointed July 1, 2005 and to serve until the first day of the 2007 regular legislative session.
- Thereafter, all members serve two-year terms ending on the first day of the next odd-year regular legislative session.

Joint Committee Chairperson Term

Joint Committee has alternating chairpersons appointed for one-year terms ending on the first day of next regular legislative session.

- Speaker of the House appoints chairperson on July 1, 2005 and for the term starting on first day of 2006 regular legislative session. The one-year term ends on the first day of the 2007 regular legislative session.
- President of the Senate appoints next chairperson on first day of the 2007 regular legislative session. The one-year term ends on the first day of the next regular legislative session.
- Thereafter, the one-year appointment of the chairperson continues to alternate between the Speaker of the House and the President of the Senate.

Joint Committee Vice-Chairperson Term

Joint Committee has alternating vice-chairpersons appointed for one-year terms ending on the first day of next regular legislative session.

- President of the Senate appoints vice-chairperson on July 1, 2005 and for the term starting on first day of the 2006 regular legislative session. The one-year term ends on the first day of the 2007 regular legislative session.
- Speaker of the House appoints next vice-chairperson on first day of the 2007 regular legislative session. The one-year term ends on the first day of the next regular legislative session.
- Thereafter, the one-year appointment of the vice-chairperson continues to alternate between the President of the Senate and the Speaker of the House.

Joint Committee Vacancies

- Chairperson and vice-chairperson vacancies shall be filled with a committee member of the same house as the office being vacated.

Joint Committee Quorum

- Quorum of the Joint Committee is seven.

Joint Committee Meetings, Duties, Professional Services, Legislation

- Committee may meet at any time within the state on the call of the chairperson.
- Committee subject to statutory provisions applicable to special committees (KSA Chapter 46, Article 12), including the filing of an annual report, to the extent the provisions do not conflict with specific committee statutory provisions.
- Committee members receive compensation, travel expenses and subsistence expenses when attending meetings.
- Staffing and other assistance provided by the Legislative Research Department, Revisor's Office, and Division of Legislative Services.
- Legislative Coordinating Council may provide professional services as requested by the committee.
- Committee may introduce legislation as it deems necessary in performing its functions.



KANSAS

DIVISION OF HEALTH POLICY AND FINANCE

ROBERT M. DAY, DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony on:
Update on Medicaid Transition

presented to:
Senate Committee on Health Care Strategies

by:
Scott Brunner
Division of Health Policy and Finance

January 31, 2006

For additional information contact:

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Division of Health Policy and Finance

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*Senate Health Care Strategies Committee
Date: January 31, 2006
Attachment 2*

Kansas Division of Health Policy and Finance
Robert M. Day, Director

Senate Committee on Health Care Strategies
January 31, 2006

Update on Medicaid Transition

Madam.Chair and members of the Committee, my name is Scott Brunner and I am the Director of Medical Policy and Medicaid for the Division of Health Policy and Finance. I would like to share with you a status report on the transition of the Medicaid program from the Department of Social and Rehabilitation Services (SRS) to the Division of Health Policy and Finance (DHPF). I would like to break my report into four main topics: moving the authority for the Medicaid program, moving of funds between the two agencies, moving people from SRS to DHPF, and finally items that still need to be completed.

Moving Medicaid

Federal Actions. On June 16, 2005, we submitted State Plan Amendment (SPA) 05-04 to the Centers for Medicare and Medicaid Services to officially transfer the single state Medicaid agency designation from SRS to DHPF. This was necessary to transfer the legal authority for Medicaid under Title XIX of the Social Security Act from the Secretary of SRS to the Director of DHPF as specified in House Substitute for SB 272. This state plan amendment required a certification from the Attorney General that the designated state agency has legal authority to administer or supervise the administration of the state Medicaid plan and make rules and regulations for administering the plan or that bind local agencies to administer the plan. CMS requested some clarifications on the SPA and the authorizing legislation, but we never received formal questions. The SPA was approved on August 9, 2005. We also submitted a change in our State Children's Health Insurance Program state plan to CMS on July 29, and that plan amendment was approved on October 17, 2005

Other administrative activities related to moving the operation of the Medicaid program included authorizing DHPF to draw federal funds and submit the quarterly expenditure reports and estimates. The authority to draw federal funds could not be transitioned until the SPA was approved. DHPF began drawing federal Medicaid funds on October 1, 2005. Since that time DHPF has made regular withdrawals from the federal Medicaid accounts and transferred federal funds among the agencies that use Medicaid funds. The staff person from SRS that was primarily responsible for assembling the quarterly reports transferred to DHPF on July 1, and continued her duties for the reports submitted at the end of August.

With the State Plan change approved, our next step has been to develop a cost allocation plan (CAP) to allow DHPF to claim federal funds for administrative costs. The CAP for DHPF was submitted on September 2, with a retroactive effective date to July 1, 2005. The CAP describes the direct and indirect costs for DHPF to administer the Medicaid program. It is based on the cost allocation formula used by SRS with the addition of the new staff that transferred to DHPF

and the Governor's Office of Health Policy and Finance. We have answered one round of questions about the methodology we proposed, and just received this week some clarifying questions. We continue to be optimistic that the CAP will be approved quickly to avoid a disruption in federal funding for DHPF operating expenditures.

Interagency Agreement. During this same period, my staff drafted an interagency agreement to describe the relationship between DHPF and SRS for cooperative administration of Medicaid services as described in House Substitute for SB 272. This agreement used the work of several SRS workgroups that were established during the development of the Governor's Executive Reorganization Order. The agreement outlines the programs each agency retains policy authority for, which agency is responsible for drawing and maintaining accountability for federal funds, continuity of privacy and security policies related to the Health Insurance Portability and Accountability Act (HIPAA), and mechanisms to resolve disputes between the agencies. There are also detailed schedules describing administrative functions provided to DHPF by SRS, the exchange of information technology and data services, and policy development and change processes for Medicaid funded services. The specific services and program assigned to each agency are shown in Table 1. This agreement was signed by Director Day and Secretary Daniels on September 12, 2005.

Transitioning provider payments. Effective July 1, 2005, the process for making provider payments through the Medicaid Management Information System (MMIS) was adjusted for the change in agencies. Staff from DHPF and SRS worked to identify services that each agency would be responsible for after the transition. This list was used to isolate procedure codes based on the agency that would fund the provider payment. The data analysis of the procedures and services paid by each agency was used to determine the amount of funding that would have to transfer from SRS to DHPF. The same analysis was the foundation for the change in the accounting system to make provider payments.

For a provider to receive a payment for Medicaid services, they submit a claim that processes through the MMIS. The MMIS processes the claim and assigns a program cost account (PCA) code to the payment amount. That information is passed to the SRS accounting subsystem, which uses the PCA to assign the expenditure to an agency and a funding source. Before July 1, MMIS expenditures were assigned to SRS, the Department on Aging, or the Juvenile Justice Authority (JJA). SRS modified its accounting system to split the MMIS expenditures between DHPF, SRS, Aging, and JJA. With all of the weekly payments split among the four agencies, a data file is sent to the Department of Administration to generate the actual payments to providers. This process allows each agency to pay for the Medicaid services it administers and account for its own Medicaid expenditures.

The majority of provider payments were made on July 1 without issue. The assignment methodology worked in both the SRS and Department of Administration accounting systems. There were a limited number of providers that did not receive payments in the first payment cycle. Some residential providers for children, primarily Level 5 facilities, were not paid because the JJA vendor file was not loaded or recognized in the Department of Administration system for Medicaid payments. Those payments were delayed by two or three days.

The other issue with provider payment was related to providers that had outstanding accounts receivable. The SRS accounting system segregated the payments among the agencies, but did not allow receivables to be satisfied across the agencies. This created a discrepancy between the payment amount generated by the MMIS and the amount of the checks that were eventually written by Department of Administration. To prevent providers from being confused by the different information from the MMIS and the payment amounts, DHPF held payments and pulled back some electronic transfers. We reissued the payments based on the MMIS paid amounts, delaying payments to providers. In the first week, approximately 50 providers were affected by this problem and there are continuing problems that impact between 10 and 15 providers each week. DHPF accounting staff reviews a weekly report of these unresolved accounts receivable and manually adjust payment amounts to account for splits among agencies.

Transitioning accounting functions. DHPF has assumed responsibility for other accounting functions, such as contractual payments, receivables, and payables. The number of staff transferred for these duties was determined based on the volume of work in SRS. We have been working to cross train the DHPF and SRS staff so that all of the accounting responsibilities can be completed. One significant gap for DHPF is staff to process and account for receivables. DHPF receives funds from 11 or more sources, including drug rebates, estate recovery payments, medical subrogation payments, premium payments, provider overpayments, and federal grant awards. No staff were transferred related to this process and staff across DHPF have been working to receive, deposit, and account for incoming funds. DHPF is able to deposit funds in our own fee fund accounts and make the appropriate credits. SRS processed part our receivables, but we transitioned all receivables to DHPF as we moved out of the Docking State Office Building.

Moving Funds

The attached Table 2 shows the distribution of funding between SRS and DHPF starting with the FY 2006 budget submitted last September. The State General Fund amounts were divided based on the administrative functions that were moving from SRS to DHPF and the Medicaid services that were assigned to each agency. The SRS Fee Fund was divided based on the amount used to fund Regular Medical caseload expenditures. The final appropriations bill (Senate Substitute for HB 2482) transferred \$40.8 million from the SRS Social Welfare Fund to the DHPF fee fund. DHPF, SRS, and the Department of Administration agreed that the transfer was not necessary as long as each agency could receive and deposit funds into its own accounts. This is true of the other transfers authorized by Senate Substitute for HB 2482. For the federal funds, DHPF will begin drawing from the total federal Medicaid award and distribute funds to agencies for claims and administrative costs.

Moving people

In all, DHPF has **140.37** authorized FTE positions. This includes 133.87 transferred from SRS, the five staff of the Governor's Office of Health Policy and Finance, and 2.5 new unclassified temporary positions funded through the Demonstration to Maintain Independence in Employment grant. Table 3 shows the position titles of the support staff transferred from SRS to DHPF that were not previously attached to Medical Policy/Medicaid.

In December, we completed moving staff from the Docking State Office Building to the 9th and 10th Floors of the Landon State Office Building. This consolidated the majority of the staff that moved from SRS to DHPF. The State Employees Benefit staff occupies the South end of the 9th floor. Medical Policy/Medicaid and the Director's office occupy the remainder of the 9th floor and the accounting, finance, federal reporting, and Ticket to Work staff occupy the North wing of the 10th floor.

What is left to do.

One of the guiding themes during the transition to DHPF has been the recognition that this is only the first step. We are trying to avoid making long lasting decisions that may have to be undone as DHPF fully merges operations with the State Employees Health Plan or as the Kansas Health Policy Authority starts meeting. There are some issues specifically related to the operation of the Medicaid program that we are addressing.

1. **Modify the MMIS to support financial operations separate from SRS.**

We have started MMIS policy changes to the financial and provider payment subsystem to support separate agencies. These changes are still in a design phase, but we believe that the Medicaid agency should have financial processes separate from the SRS accounting system. This also will automate and simplify some of the financial reporting mechanisms for CMS. The projected implementation date for these changes is January 2007.

2. **Combine receivables into a common reporting system.**

DHPF needs to develop a central receivables process to account for the multiple sources of revenue that come in through the various payment mechanisms across the DHPF. We have conducted a preliminary audit of the receivables processes throughout DHPF and it appears that the separate collection locations developed because of varying reporting and programmatic needs. The State Employees Health Plan also identified a need to improve the process for billing retirees and non-state groups that is similar to other receivables in DHPF. A central receivables system could streamline the receipting, depositing, and fund accounting needed to make sure the right funds are applied to the right bills.

3. **Develop data reporting and analysis capacity.**

Our primary charge as an organization is to improve the quality and efficiency of health purchasing in Kansas. Part of that mission involves using the data we have to understand what Medicaid is paying for, how much we are purchasing, and for whom. We also would like to look at the value of what we are purchasing in terms of improving the health and well being of Medicaid and SCHIP beneficiaries. We have an excellent staff of fiscal analysts and researchers, but we need to make sure they have the tools to analyze more complex questions. We also need to improve our ability to make information available to our stakeholders and customers in means that are accessible and understandable.

4. **Develop budget and fiscal analysis capacity.**

DHPF is responsible directly for approximately \$2.0 billion in state expenditures, and provides the Medicaid oversight for an additional \$500.0 million. One budget analyst

position was transferred from SRS. We have interviewed candidates for that position, and have hired a Chief Financial Officer to lead the Operations Unit including accounting, finance, and federal reporting activities. We continue to work on mechanisms to improve our ability to monitor financing issues that have long and short term impacts on the services funded with federal Medicaid dollars. This comes from reviewing expenditure trends, the amount claimed on federal reports, changes in Medicaid rules, and tracking deferrals and audit findings.

5. Support the functions of the Health Policy Authority.

To meet the statutory deadlines for making recommendations to the 2006 Legislature, the Kansas Health Policy Authority (KHPA) will need a great deal of assistance to understand the programs and services we administer. There also will be a need to provide administrative support to organize meetings, gather and respond to data requests, and develop recommendations. KHPA hired Dr. Bob Day as interim director and Dr. Andrew Allison as deputy director to provide direct support. DHPF stands ready to assist in any way possible as part of our mission to be the recognized experts on Medicaid in Kansas.

That concludes my testimony and I will stand for any questions.

Table 1

Division of Medicaid Program Responsibilities

	<u>DHPF</u>	<u>SRS</u>
Medicaid - Regular Medical Services		Private ICF-MR
SCHIP		Persons with Developmental Disabilities HCBS Wavier
MediKan		Persons with Physical Disabilities HCBS Wavier
		Persons with Traumatic Brain Injuries HCBS Waiver
		Technology Dependent Children HCBS Waiver
		Public ICF-MR
		Attendant Care for Independent Living
		Targeted Case Management
		Substance Abuse Treatment
		Psychologist and Psychiatrist Services
		Behavior Management
		Community Mental Health Center Services
		Children with Severe Emotional Disturbance HCBS Waiver
		Positive Behavior Support
		State Mental Health Hospitals
		Nursing Facilities for Mental Health
		Residential Treatment Facilities for children
Family Medical Eligibility Policy		
Adult Medical Eligibility Policy		
HealthWave Clearinghouse - Eligibility Determination and Case Maintenance		Eligibility Determination for applications filed at SRS Service Centers
		Case Maintenance for Adult Medical Programs

Table 2

Status of Appropriation and Fund Transfers
FY 2006 Approved Budget

	<u>Submitted SRS</u>	<u>Gov and Leg Adjs</u>	<u>Total</u>	<u>Approved SRS</u>	<u>Approved DHPF</u>
State General Fund - State Operations	96,801,283	3,556,417	100,357,700	83,797,915	16,559,785
State General Fund - Medical Assistance	385,810,855	62,499,142	448,309,997	50,001,634	398,308,363
State General Fund - Children's Health Insurance	15,185,949	0	15,185,949	216,404	15,185,949
CIF - Medicaid	3,000,000	0	3,000,000	0	3,000,000
CIF - HealthWave	2,000,000	0	2,000,000	0	2,000,000
CIF - Immunization Outreach	500,000	0	500,000	0	500,000
SRS - Social Welfare Fund	65,849,741	7,554,655	73,404,396	32,614,760	
DHPF - Social Welfare Fund					40,789,636
SRS - Other State Fees Fund	no limit	no limit		no limit	
DHPF - Other State Fees Fund					187,500
Health Care Access Improvement Fund	no limit	no limit		0	44,737,733
Federal Medical Assistance	no limit	no limit		no limit	803,875,736
Other Federal Grants	no limit	no limit		no limit	536,685
Children's Health Insurance - Federal Fund	no limit	no limit		no limit	45,324,484

Table 3

**FTE Staff Transfer
SRS to Division of Health Policy and Finance**

Program Area	Functional Area	FTE
Management Operations	Budget (<i>vacancy</i>)	1
	Accounting	1
	Grants & contracting	1
	PERT/ IRS	3
Administration	Working Healthy/MIG Grant	2.49
Budget	Federal reporting	1
SRS Operations	Payables	4
Audits	Internal auditor	1
Economic & Employment Support	Estate recovery attorneys	2
	Estate recovery support specialists	2
	Eligibility policy	1
	Eligibility trainer (<i>vacancy</i>)	1
Personnel	Human Resources Professional	1
Legal	Attorneys	2
	Support staff	1
Information Technology	PC Support	1
	Web support (<i>vacancy</i>)	0.5
TOTAL		25.99



KANSAS

DIVISION OF HEALTH POLICY AND FINANCE

ROBERT M. DAY, DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony on:
Kansas Health Policy Authority Update

presented to:
Senate Committee on Health Care Strategies

by:
Marcia J Nielsen, PhD, MPH
Chair, Kansas Health Policy Authority Board

January 31, 2006

For additional information contact:

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*Senate Health Care Strategies Committee
Date: January 31, 2006
Attachment 3*

Kansas Division of Health Policy and Finance
Robert M. Day, Director

Senate Committee on Health Care Strategies
January 31, 2006

Kansas Health Policy Authority Update

Thank you Chairperson Wagle, Vice Chair Brungardt, and the entire Committee for inviting me here this afternoon. I have been asked to update you on the progress of the Kansas Health Policy Authority Board.

Authorizing Legislation. As you know, the Kansas Health Policy Authority Board (HPAB) was created last year with the passage of Senate Bill 272. The legislation resulted in one of the most significant reorganizations in the history of Kansas State government – in essence folding together Medicaid, the State Employees Health Plan, S-CHIP and several other health programs into one agency. The goals as outlined by the bill are clear. The Health Policy Authority will enhance the health of Kansans through: (1) improved efficiency and cost-effectiveness of health care purchasing, (2) improved use of data to drive health policy decisions; (3) increased focus on wellness and public health.

Health Policy Authority Board Members. The board is comprised of talented and dedicated members who live and work in Kansas. Collectively, we have several decades of experience in administering, purchasing, and providing health care services and promoting public health. Attached to my testimony you will find more detailed bios for recently confirmed members of the board.

Un-official Meetings. Prior to our Senate confirmation in November, the board was granted permission from our Legislative Oversight Committee to meet informally. We thus began meeting monthly in September 2005 and focused on understanding the various health programs that will fall under the jurisdiction of the board. During these informal public meetings, we met with directors from the programs and spent time focusing on board process issues.

Official Meetings. To date, the board has met twice in an official capacity, given a delay in our confirmation process. The delay was largely due to a lengthy KBI background check for voting members of the board. Although the legislation required that board members be appointed on or before August 1, 2005, we were unable to have our Senate confirmation hearing until the end of November. Accordingly, our first official meeting occurred in December, and we met again in January. During these most recent meetings, we continued to learn about Kansas health programs, and heard from two nationally known speakers on the issues of chronic disease and health disparities. Additional subcommittees have also met, for example, to discuss the planning of our board retreat. As the legislation stipulates, we will continue to meet monthly for the first year. Thereafter, the board is required to meet quarterly, but may meet more often as necessary.

Strategic Planning Retreat. In February, the board will participate in a planning retreat. We will determine what the long term mission and strategic goals of the Health Policy Authority Board will be, as well as which areas of health policy the board will focus on in the short term. We have an expert line-up to promote our learning: our facilitators are from Wichita State University; and we have distinguished guest lecturers from the Kaiser Family Foundation and the Commonwealth Fund. These researchers will identify best practices in state, national, and private sector health policy trends. Our retreat will end with a plan for our next steps – both short term and long term. As required by law, we will provide to the legislature on March 1, 2006 our recommendations regarding the transfer of health programs from the Division of Health Policy and Finance to the Health Policy Authority.

I look forward to sharing more information about the Kansas Health Policy Authority Board at the completion of our planning retreat. Thank you for your attention; I would be happy to stand for questions.

Kansas Health Policy Authority Board Members



Garen Cox, JD

President, Chief Executive Officer and General Counsel for Medicalodges, Inc.

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Garen Cox is the President, Chief Executive Officer and General Counsel for Medicalodges, Inc. home multi-facility operation in America with 41 locations in Kansas, Missouri, Oklahoma, and Arkansas. Medicalodges employs in excess of 2400 employees and is the only 100% employee-owned nursing home multi-facility operation in America. Cox joined Medicalodges after graduating law school and has served as its general counsel handling all of the legal matters associated with a large health care operation.

Since March 14, 2003, Cox has served the company as its President, CEO, and General Counsel. He was recently elected to a third term as President, CEO, and General Counsel. Cox has also served as Medicalodges' Executive Vice-President and General Counsel (1998 to 2003). From 1976 to 1998, Cox was employed by Medicalodges serving as Vice President and General Counsel.

In 1976 Cox began work in private law practice representing individuals in all walks of life and represented indigent defendants in criminal matters until 1998.

Garen Cox graduated from Washburn School of Law in 1976. He completed his undergraduate degree at Kansas University with a Bachelor of Science in Education Degree in 1973.

Cox graduated from Mound City High School (1969) as Co-Valedictorian with numerous awards for leadership and scholastic achievement. Active 4-H Club Member, toured Washington, D.C. sponsored by Rural Electric Cooperative. Toured Europe on music scholarship (Trumpet). Winner of numerous awards in public speaking. Outstanding Student Award by the American Legion and John Phillip Sousa Award for outstanding musician. American Legion Boys State (Senator).

Cox has served the state and community in many capacities:

- Board of Directors of Medicalodges, Inc. (1998 to Present)
- Officer and Board of Directors of Peoples Choice Credit Union, Coffeyville, KS (1980 to 2005)
- Leadership Kansas (1992)
- Served on the Governor's Long-Term Care Task Force for the State of Kansas (appointed by Governor Bill Graves).
- Active in local Nazarene Church as past Board Member, Teacher, Leader.
- Member of American Bar Association, American Trial Lawyers Association, American Health Lawyers Association, Kansas Bar Association, Kansas Trial Lawyers Association, and Montgomery County Bar Association.
- Currently serves on the American Health Care Association's Medical Liability Reform Subcommittee (2004 to present) and the Kansas Health Care Association's Tort Reform Subcommittee (Chair) (2004 to present).
- Kansas Health Care Association's Multi-Facility Vice-President. (2005)
- Has served or is presently serving on other groups related to the improvement of the health care community and volunteer groups.
- Frequent lecturer and teacher on health care issues and taught a course for paralegal training at Independence Community College.
- Appointed by the Speaker of the Kansas House, Doug Mays, to serve on the Kansas Health Policy Authority under what was described by Kansas Governor Kathleen Sebelius as "one of the most significant reorganizations in the history of state government in Kansas." (August 2005)

Garen Cox has been married for thirty years to Waneta who is a teacher for the Tri-County Special Education Cooperative at the Independence High School in Independence, KS. They have two adult children: Branden and Christopher.



E.J. 'Ned' Holland, Jr, JD

Vice President of Compensation, Benefits, and Labor Relations at Sprint Corporation

<u>Work Address:</u> Mail stop: KSOPHD0516-5A101 6220 Sprint Parkway Overland Park, KS 66251 (913) 749-3800 ned.holland@sprint.com	<u>Assistant Info:</u> Mary Baker (913) 794-3801 mary.e.baker@sprint.com
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E.J. 'Ned' Holland, Jr, is a senior executive with substantial legal, business, and civic career. Holland has a strong track record in senior management and leadership roles in legal profession, health care

organizations, and the corporate environment. He was a managing partner and practice group leader of ninety lawyer law firm. Holland has substantial experience in providing policy direction and strategy development for major hospitals and health care organizations. He has managed a variety of functional areas and a multi-million dollar expense and benefits budget as Chief Administrative Officer of a Fortune 500 company. Holland manages multi-billion dollar compensation and benefit plans for a Fortune 100 company.

Holland's professional experience is extensive; including work with Spring Corporation, Overland Park, Kansas as Sprint Corporation is a global communications company integrating long-distance, local and wireless communication services and one of the World's largest carriers of internet traffic. It has \$26 billion in annual revenues, serves more than 20 million customers and has 62,000 employees.

As Assistant Vice President of Corporate Benefits (1/99-5/00), Holland was responsible for the company's major corporate benefits on an enterprise wide basis. This included responsibility for company's retirement and welfare benefits, including purchasing health care for the company's then 85,000 employees and 15,000 retirees nationwide.

As Vice President of Compensation, Benefits, Labor & Employee Relations, Holland is currently responsible for all compensation programs, rank and file as well as executive, and for all major corporate benefits for the enterprise, over \$5B in programs. He is also responsible for corporate labor relations strategy, including dealing with the incumbent international labor unions.

Holland was previously employed by Payless Cashways, Inc., Kansas City, Missouri as Senior Vice President of Administration/Corporate Secretary. Payless Cashways is a \$2.7 billion building materials retail chain with up to 20,000 diversified employees providing goods and services to both retail and professional customers from over 200 locations. There Holland was responsible for all legal affairs, board relations, corporate governance, human resources, employment, employee and labor relations, compensation, benefits, training, human resource development, corporate communications, internal administrative functions, and stand-alone video production facility operated as separate profit center. He began in 1992 as Senior VP Human Resources but gradually acquired the other responsibilities described.

Holland has also worked for Spencer, Fane, Britt & Browne, Kansas City, Missouri as a Managing Partner and Health Care Practice Group Leader. Holland worked as an attorney in private practice with primary expertise in labor and employee relations and health care law as

well as additional experience in zoning and land use planning and litigation on behalf of major regulated public utility.

E.J. Holland graduated from Boston College Law School, Brighton, Massachusetts, with a Jurist Doctorate. He earned his undergraduate degree from Rockhurst College, Kansas City, Missouri, with a Bachelors of Arts in philosophy.

Holland is very involved in professional and civic activities that include:

- Frequently published author and speaker on labor, employment and health care policy issues.
- Member, Board of Directors, National Business Group on Health.
- Chair, National Committee on Evidence Based Benefit Design.
- Member, Board of Directors, Joint Commission Resources.
- Member, Kansas Health Care Data Governing Board.
- Member Conference Board Council on Benefits.
- Past Chairman, Mid America Coalition on Health Care.
- Past member of American Academy and Missouri Society of Hospital Attorneys.
- Past General Counsel to Kansas City Area Hospital Association.
- Past Special Counsel to Missouri Hospital Association.
- Past legal counsel to approximately 40 hospitals and industry associations.
- Past Chairman of the Kansas City, Missouri Tax Increment Financing Commission.
- Past member of the Kansas City, Missouri City Plan Commission.
- Past member and Finance Committee Chair of the Kansas City, Missouri Board of Education.
- Member of the Missouri Governor's Health Systems Partnership task force.
- Past Board Chairman, Truman Medical Center, a 500 bed, multi-facility hospital system.
- Past President, Truman Medical Center Charitable Foundation
- Completed special hospital management internship.
- Past Board Chairman, Kansas City Area Hospital Association.
- Past Board member, Children's Mercy Hospital.

Holland has earned many awards and honors throughout his distinguished career. These awards include:

- Kansas City Metropolitan Medical Society Lay Honor Award.
- Kansas City Gillis Center Spirit Award.
- Kansas City Consensus and Heart of America United Way Volunteer Service Award.
- Missouri Hospital Association Excellence in Governance Award.
- Missouri Department of Social Services Distinguished Service Award.
- Two time White House Fellows national finalist.



Connie Hubbell

Senior vice president for Community Relations of the Kansas Foundation for Medical Care

<u>Work Address:</u> 2947 SW Wanamaker Drive Topeka, KS 66614-4193 (785) 273-2552 chubbell@kfmc.org	<u>Assistant Info:</u> Rhonda Lassiter rlassiter@kfmc.org
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Connie Hubbell is the Senior Vice President, Community Relations, 2003 – Present for Kansas Foundation for Medical Care, Inc. Under the direction of the President and CEO, Hubbell assumes oversight responsibility to establish KFMC as a recognized resource and partner in the Kansas healthcare community. Hubbell leads KFMC's activities and education of Medicare Beneficiaries, and their caregivers, in health care services related to improved health and quality of life. She works successfully with representatives from various communities and organizations with respect to the diverse populations and cultures. Hubbell's position requires that she report directly to the President and C.E.O.

Hubbell's previous professional work experience includes Secretary of Aging, State of Kansas, 1999 – 2003. She was also employed by Kansas Department of Social and Rehabilitation Services (SRS) as the Assistant Secretary-Health Care Policy/Commissioner of Substance Abuse, Mental Health, and Developmental Disabilities, 1997 – 1999. Hubbell served as Commissioner of Income Maintenance/Employment Preparation Services, 1995 – 1997.

In 1968, Hubbell received her Bachelor of Science in Physical Education from Kansas State University, Manhattan, Kansas.

An active member in the community, Hubbell has been a member of or involved with many professional and community service organizations:

- Statewide Independent Living Centers of Kansas (1998 - 2003)
- Cabinet member, Governor Bill Graves' Administration (1999 - 2003)
- National Association of State Units on Aging Association, Board Member (2002)
- Kansas Legislature's Long Term Care Services Task Force (2000 - 2003)
- Kansas State Board of Education,
 - Elected member (1985 - 1995)
 - Chairman (1989 - 1990)
 - Legislative Chair (1986 - 1988 & 1991 - 1993)
- National Association of State Boards of Education (1989 - 1994)
 - President (1993 - 1994)
- Public Policy Monitor (YMCA) of Kansas (1992 - 1995)
- Kansas Agricultural Rural Leadership (1998 - 2000)
- Governor's Kansas Workforce Investment Partnership (1995 - 1998)

- Volunteer Center of Topeka Board of Directors (2003-Present)
- St. Francis Hospital Foundation Board of Directors (2003-Present)
- Topeka/Shawnee County Library Friends Board of Directors (2004-Present)
- Topeka/Shawnee County Library Foundation Board of Directors (1995 - 2002)
 - Chair (2000 - 2001)
- Topeka YMCA Board of Directors (1989 - Present)
 - President (1995)
- Kansas Business Hall of Fame (1990 - 1998)
- Kansas Alliance for Literacy (1995 - 1996)
- Kansas Alliance for Adolescent Health (KAHA) (1994 - 1997)
- Lieutenant Governor Candidate (1994)
- Governor's Mental Health Services Planning Council (1990 - 1994)
- Governor's School to Work Commission (1994 - 1995)
- Kansas 2000 Project (1991)
- National Board of Directors, Parents and Teachers (1991 - 1995)
- Board of Directors, Kansas Business Hall of Fame (1990 - 1995)
- Midwest Higher Education Compact (1990 - 1994)
- Junior League of Topeka, Board of Directors (1976 - 1981)
 - President (1980 - 1981)
 - National Board Service ((1982 - 1985 & 1992 - 1994)
- Topeka Blood Bank, Board of Directors (1984 - 1991)
 - Vice-President (1985)
- United Way of Topeka, Board of Directors (1984 - 1991)
- President, Topeka High School Parents Organization (1990)
- Young Women's Christian Association (YMCA) Board of Directors (1984 -1988)
- Leadership Kansas (1984)
- Volunteer Center, Board of Directors (1981 - 1984) President (1984)

Hubbell's many distinguished honors and awards include:

- ABWA Distinguished Woman of the Year, 2003
- Sertoma "Service to Mankind" District and Regional Award, 2003
- Gold Rose Award, Junior League of Topeka
- Special Vocational Award, Kansas Vocational Association
- Certificate of Commendation, Kansas Future Farmers of America
- Proclamation by Governor Mike Hayden for State and National Leadership in State Boards of Education
- Recognition for Contributions to teachers in Kansas: Phi Delta Kappa and Geraldine Rockefeller Dodge Foundation
- President's Award, Kansas Association of Health and Physical Education
- Distinguished Service Award, Kansas Association for School Health
- 1999 Capital Minute Citizen Award, Multimedia Cablevision and Capitol Federal Savings
- 1999 Award for Service to Kansas Families, Kansas Association for Marriage and Family Therapy



Arneatha Martin, BSN, MSN, ARNP

Retired Co-President and CEO, Center for Health and Wellness

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Arneatha Martin has served the health community in many capacities throughout her profession. Having recently retired, Martin leaves behind a distinguished career that includes: Director Department of Education and Research, St. Joseph Medical Center, 1987-1996, Director of Development, Via Christi Health System, 1996-1998, and Chief Executive Officer & Co-President, Center for Health and Wellness, Inc., 1998 – 2005. (retired May 2005).

Arneatha Martin received her Bachelor of Science degree in Nursing in 1975 and Masters of Science degree in Nursing in 1980. She received her Advanced Registered Nurse Practitioner (ARNP) certification in 1996 from the Kansas State Board of Nursing. Martin is a Lieutenant Colonel in the United States Army Reserve (Retired). She spent 6 months in Saudi Arabia during the Gulf War.

Martin’s involvement in the community is extensive. She is involved with or holds office with the following organizations:

- Wichita State University Board of Trustees
- Board of Directors, Sedg. County Board of Health
- Team member, National Governor’s Policy Academy of Chronic Disease Prevention & Management.
- Board of Directors, Wichita State University Alumni Assoc.
- Board of Directors, Step Stone
- Board of Directors, American Red Cross
- Board of Directors, Center for Health and Wellness
- Board of Directors, American Lung Association
- Board of Directors, Regional Prevention Center

Martin is also widely involved in professional organizations:

- Wichita State Nursing Alumni Society
- Wichita Black Nurses Association
- Kansas Association of Health Education

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- Kansas State Nurses Association
- Delta Sigma Theta Sorority
- Kansas State Nurses' Association
- Soroptimist International of Wichita
- National Black Nurses' Association
- Wichita Chapter of Links, Inc.
- Sigma Theta Tau Honor Society of Nursing

Martin's notable career has awarded her many honors. These include:

- Sedgwick County Community Enrichment Award 2004.
- National Black Nurses Administrator of the Year Award 2002.
- The National Conference for Community and Justice Humanitarian Awards 2002.
- Robert Wood Johnson Community Health Leader Award 2001.
- Search Committee member for Wichita State University's President and Dean of College of Health Professions.
- Leadership Kansas class of '98.
- Women in NAACP award 1997.
- Martin Luther King, Jr. 1998 Recognition Award.
- Distinguished Nursing Alumni Award 1997.
- Up with people Award, Urban League of Wichita.
- Wichita State University Alumni Achievement Award 1998.
- President, Kansas State Board of Nursing 1996-97.



Vernon A. Mills, MD

Pediatrician

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Dr. Vernon Mills, a pediatrician, graduated from the University of Kansas School of Medicine, Kansas City, KS in 1977 after earning a Bachelors of Science in pharmacy from Howard University in 1974. He went on to complete his internship and residency at the District of

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Columbia General Hospital, Washington, DC, 1978 and 1979 respectively. In 1980, Dr. Mills completed a Pediatric Infection Disease Fellowship at the University of Texas at Houston, Houston, TX. He is board certified by the American Board of Pediatrics.

Dr. Mills' professional activities have included being a founding member and first president of the Student National Pharmaceutical Association in 1972 and has held positions of: Alternate Councilor, Councilor, 2nd Vice President, 1st Vice President, and President of the Kansas Medical Society. He has also held the position of President of the KAW Valley Medical Society. Dr. Mills is an active member of the National Medical Association and the American Medical Association. He has been active on the Board of Directors for Heartland Health, Sunflower Foundation, and KAMMCO.

Dr. Mills and his wife, Cheryl, have four children, two daughters and two sons.



Marcia Nielsen, PhD, MPH

Assistant Vice Chancellor for Health Policy, Office of External Affairs University of Kansas Medical Center and Assistant Professor, Department of Health Policy and Management

<p><u>Work Address:</u> 3901 Rainbow Blvd, Mail Stop 3013 Kansas City, KS 66160 Phone: (913) 588-1872 Fax: (913) 588-1481 mnielsen@kumc.edu</p>	<p><u>Assistant Info:</u> Jason Edwards Phone: (913) 588-2695 jedwards2@kumc.edu</p>
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Dr. Marcia Nielsen received a Ph.D. in Health Policy and Management from Johns Hopkins School of Public Health, a Master of Public Health degree from George Washington University, and a Bachelor of Science from Briar Cliff College in Sioux City, Iowa. Prior to joining the University of Kansas in 2002, she spent ten years working in Washington, D.C., as a senior legislative assistant for a U.S. Senator and a health care lobbyist. At the University of Kansas Medical Center she serves as both a faculty member in the Department of Health Policy and Management as well as Assistant Vice Chancellor for Health Policy and Governmental Affairs. Marci is a Nebraska native, a former US Army Reservist, and a returned Peace Corps volunteer. She currently lives with her husband and twin daughters in Prairie Village Kansas.

Dr. Nielsen's teaching and research interests are in federal and state health policy, the US health care system, and public health. In the School of Medicine, she is co-director of the Social Basis of Medicine course for first year medical students, and has taught several courses in the Masters of Health Services program. Dr. Nielsen has been also been involved in numerous research projects, including a HRSA Supplemental State Planning Grant that explores issues related to the affordability of health insurance in Kansas. She is currently the principal investigator on a

Kansas Health Foundation (KHF) grant, "Expanding MPH Curriculum Development in the areas of Health Policy and Administration."

Dr. Nielsen is the Chairperson of the Kansas Health Policy Authority Board, a 2005 Kansas Health Foundation Fellow, a former member of the Health Care Data Governing Board, a member of the Healthy Kansas 2010 Steering Committee, a Task Force member for the Kansas Public Health Systems Group, and participated in Governor Sebelius' Task Force on Health Care Reform. Dr. Nielsen has worked as a student advisor for the Kansas Medical Student Association on the 2003 "Covering the Uninsured Week" and for the JayDoc Clinic, which provides health care services to the medically underserved. She is a member of the Kansas Public Health Association, the American Public Health Association; a member of advisory task group on health and social justice (a joint initiative of the National Association of County and City Health Officials), America's HealthTogether, and the Center for the Advancement of Health; and an advisory panel member to the Ethics and Professional Policy Committee of the American College of Medical Quality. She also serves on the Heart of America United Way Public Policy committee and a past board member of New Horizons, a non-profit which provides residential and treatment services for mentally ill and disabled adults.



Susan Page, MA

CEO of Pratt Regional Medical Center

<u>Work Address:</u> Pratt Regional Medical Center 200 Commodore St. Pratt, KS 67124 (620) 450-1163 spage@prmc.org	<u>Assistant Info:</u> Nancy Bailey nbailey@prmc.org (620) 450-1160
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Susan Page has been President and CEO of Pratt Regional Medical Center since 1993.

Susan received her Master's degree in Business Administration from Webster University in St. Louis, MO and her Bachelor's degree in Medical Record Administration from the University of Kansas. She is a Certified Diplomate in the American College of Healthcare Executives.

She has served as President and CEO since 1993. Pratt Regional Medical Center includes a 69 bed acute care hospital, a 51 bed long-term care nursing home, a home health agency, 2 physician specialty clinics, and three outlying rural health clinics.

Page served as Chairman of the Board of the Kansas Hospital Association in 2002 and 2003, and recently completed her term on the Board. She is currently serving on the Region 6 Policy Board of the American Hospital Association.

Page serves on Congressman Moran's Executive Council; serves on the Regents Advisory Council of the American College of Healthcare Executives; is a member of VHA Mid-America Board of Directors; and previously served as president of the Kansas Association of Healthcare Executives, Chair of the Kansas Hospital Service Corporation, and as a member of the Kansas Chamber of Commerce and Industry board of Directors.

Locally, Page is past President of the Pratt Area Chamber of Commerce; a founding Board member of Leadership 2000, a member of the Pratt Rotary Club, and Sacred Heart Church.

Susan and her husband Jim have two children, Katie who is 17 and Hannah who is 13.



Joe Tilghman

Retired, Midwest Consortium Administrator, Centers for Medicare and Medicaid (CMS), HHS

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Joe Tilghman has served the Centers for Medicare and Medicaid Services (CMS) in a senior field leadership position in a career spanning nearly the entire period of enactment of the Medicare and Medicaid programs. Tilghman retired on January, 2005, after 37 years of distinguished federal service.

As Midwest Consortium Administrator, Tilghman was responsible for federal administration of the Medicare and Medicaid programs in IA, KS, MO, NE, MN, MI, IN, IL, WI, and OH. He was an active member of the CMS Executive Council. Tilghman worked a six month detail to New York City following 9-11 to run the New York City, Boston, and Philadelphia regions. Prior to joining CMS (then the Health Care Financing Administration) in 1978 he worked in Social and Rehabilitative Services and the Bureau of Health Insurance.

A former Army Captain, Tilghman earned his Bachelors of Arts from the University of Kansas in 1967, majoring in philosophy and English. In 1970, he went on to complete a Masters of Science from Troy State University in education. Tilghman has also completed 30 hours of graduate work in Public Health Administration at the University of Missouri at Kansas City, 1972 - 1978.

Joe Tilghman and wife, Jo Anne Hardy, have two adult children: Stephanie and Abigail.