Executive Branch Information Technology
Office of Information Technology Services
2800 SW Topeka Blvd., Building 100
Topeka, KS 66611

Kansas
Office of Information Technology Services

Phone: (785) 296-3463
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oits.info@ks.gov

DeAngela Burns-Wallace, Chief Information Technology Officer

Laura Kelly, Governor

June 27, 2022

Richard Beattie, Director
Procurement and Contracts

Dear Mr. Beattie:

The high-level project plan for the Department of Health and Environment Medicaid Eligibility Quality Control (MEQC) Quality Tool project is enclosed. Glen Yancey is the primary contact for the project and can be reached at (785) 296-5643. This letter constitutes approval of the project pursuant to K.S.A. 75-7209.

K.S.A. 75-7209 states all specifications for any competitive acquisition related to an approved information technology project shall be *reviewed* by the chief information technology officer for the branch of state government of which the agency or agencies are a part. The requirement that agencies obtain CITO approval of proposed IT projects has been adjusted to be in agreement with JCIT suggestions. As a result, all specifications for any competitive acquisition related to an approved IT project shall now be *approved* by the CITO before release.

If a variance of 10% or more in time or cost to the approved high-level project plan would occur with vendor selection, a revised high-level project plan must be submitted for CITO approval and the CITO's approval shall be received, *prior* to contract award. The CITO will notify JCIT of such events as per their request.

Once the final contracts are awarded, the high-level project plan will need to be updated with detailed information and receive final CITO approval. As required by statute and reinforced by the JCIT, the detailed project plan must receive CITO approval *prior* to project execution. This detailed project plan should include information found at the following link: https://ebit.ks.gov/kito/epmo/proposed-information-technology-project-plans.

As of July 1, 2013, new CITO-reportable projects are assessed a fee to support KITO operations. The fee will be assessed against the total project cost identified in the agency's detailed project plan. The fee will be billed quarterly until the project's Post Implementation Evaluation Report (PIER) is received. Fees will be based on the following rate structure:

- Projects valued between $250,000 and $1,000,000 - .004 of the Project cost
- Projects valued between $1,000,001 and $5,000,000 - .003 of the Project cost
- Projects valued between $5,000,001 and $10,000,000 - .002 of the Project cost
- Projects valued greater than $10,000,001 - .0004 of the Project cost
- Infrastructure projects - .0003 of the Project cost

If there is any further assistance I may provide, please contact me.

Respectfully,

DocuSigned by:
Janet Stanek
27005E1DEC5D4DA...
Janet Stanek, Secretary
Department of Health and Environment

DocuSigned by:
DeAngela Burns-Wallace
1DAB26281F9B47E...
DeAngela Burns-Wallace
Executive Branch CITO

cc: Kelly O'Brien, CITO, Judicial Branch
Alan Weis, CITO, Legislative Branch
Adam Proffitt, Director of the Budget
Aaron Klaassen, JCIT
JCIT Membership
Linda Norris, OPC
Stephanie Creed, OPC
Tracie Gauntt, OPC
Brian Reiter, OITS
Glen Yancey, KDHE
Lalania Ropar, KDHE
Megan Burton, KSHS
Cole Robison, OITS
Alex Wong, CITA
Sara Spinks, KITO

1 EXECUTIVE PROJECT APPROVAL TRANSMITTAL

June 8, 2022

DeAngela Burns-Wallace
Secretary- Kansas Department of Administration
Executive Branch Chief Information Technology Officer
Curtis State Office Building
1000 SW Jackson St, Suite 500
Topeka, KS 66612

Dear Dr. Burns-Wallace
The Kansas Department of Health and Environment (KDHE) Division of Healthcare Finance (DHCF) is seeking to upgrade the tools that support the Medicaid Eligibility Quality Control (MEQC) /Quality Assurance (QA) processes. With the new system, DHCF plans to reduce cost, improve workflows, and reduce fraud/waste, as well as focus on quality assurance and drive down payment errors. The expected improvements will result in significant cost savings and improved citizen access for the Medicaid program. Currently, the MEQC team and QA team are using separate solutions. The MEQC solution is outdated and no longer sustainable from either an ongoing support or future growth perspective. The solution utilized by the QA team was internally built and does not meet the strategic needs of the Division. KDHE desires to replace the two separate tools with a single web-based application that will serve both teams.

At this time, we are submitting a formal request for high level approval with the following documentation as outlined by the Kansas Information Technology Office.

- Cover Letter
- DA-518 and DA-519
- Work Breakdown Structure
- Statement of Architectural Compliance
- Accessibility Statement and Approval Letter
- Ownership of Software Code and Related Intellectual Property Statement
- Risk Identification Summary
- Risk Assessment Model

Your support and guidance through the submission process is greatly appreciated. If there are any errors of omission in the documentation or additional information we can provide, please let us know.
Sincerely,

Janet Stanek
Janet Stanek (Jun 14, 2022 15:14 CDT)

Janet Stanek
Secretary
Kansas Department of Health and Environment
1000 SW Jackson Street, Suite 540
Topeka, KS 66612

Cc:					
	Sara Spinks	Cole Robison	Elizabeth Wolff	Allison Bugg	Dev Peruman
	Lalania Ropar	Christiane Swartz	Glenwood Yancey	Mark Heim	

...st for Detailed IT Project Plan

State Entity: KDHE	Included (Y/N) If no, Explain
Project Name: MEQC Quality Tool	
Greater than $250,000/ less than $1,000,000 (Y/N): N	
Greater than $1,000,000 (Y/N): Y	
IT Project Plan Documents	
For forms and/or more detailed information on completion of plan, see https://ebit.ks.gov/kito/it-project-oversight/proposed-it-project-plans	
For ITEC Policy and/or more detailed information on approval of IT projects, see ITEC 2400 and 2400A. https://ebit.ks.gov/itec/resources/policies	
Cover Letter Requesting Project Approval	Y
IT Project Request Explanation--DA518	Y
IT Cost Benefit Statement--DA519	Y
Work Breakdown Structure @ 8/80 hr duration/elapsed calendar time level	
Task Name (tasks should be descriptive)	Y
Duration (total duration/elapsed calendar time)	Y
Work (total person/hours of effort for all resources for the task)	Y
Start	Y
Finish	Y
Dependencies (Predecessors)	Y
Resource Names (assigned to the task)	Y
Milestone	Y
Work Product Identification (Form ITEC PM02-6)	Y
Architectural Statement (ITEC Policy 4010 and 9500) https://ebit.ks.gov/itec/resources/policies	
Listing of products and standards that will be implemented to accomplish the project including a statement of compliance with ITEC Policy.	Y
If different, attach CITA waiver	N/A
Ownership of Software Code and Related Intellectual Property (ITEC Policy 1500) https://ebit.ks.gov/docs/default-source/itec/itec_policy_1500.pdf	
Statement of compliance	Y
If different, attach CITO waiver	
Privacy Statement (Privacy Act 1974, Health Insurance Portability & Accountability Act 1996-HIPAA) https://www.justice.gov/opcl/overview-privacy-act-1974-2015-edition	
https://www.hhs.gov/hipaa/index.html	
1. What information is included	Y
2. Why is it collected	Y
3. How will it be used	Y
4. Exclusion opportunities	Y
5. 1974 Act implementation	Y
6. Other privacy requirements	Y
7. Total privacy cost estimate	Y
Security Statement (ITEC Policies 7230, 9500, 7300) https://ebit.ks.gov/itec/resources/policies	
Statement of compliance regarding security measures, technologies used, compliance with policy & standards	Y
If different, explain	
Accessibility Statement (ITEC Policy 1210) https://ebit.ks.gov/itec/resources/policies/policy-1210	
Confirm the project will comply with ITEC Policy 1210 requirements by attaching a completed Accessibility Conformance Report (ACR) produced using the Voluntary Product Accessibility Template® (VPAT®), version 2.0 or later, for the product(s) procured, provided as a service, or custom-built. If requirements are to be developed as part of project, indicate that VPAT requirements will be included. See VPAT at: https://www.itic.org/policy/accessibility/vpat.	Y
If VPAT/ACR indicates compliance on all items, provide statement identifying task number(s) in WBS where verification of overall compliance will occur. For any VPAT/ACR item(s) where full compliance is not indicated, identify task number(s) in WBS where remediation of compliance issues will occur, and the task number(s) that will include verification of overall compliance. **If product is not anticipated to be compliant upon initial implementation, please attach State ADA Coordinator exception.** If accessibility standards do not apply, please provide explanation.	Y
Attach approval letter from State Director of IT Accessibility.	
Electronic Record Retention Statement https://www.kshs.org/p/electronic-records/11334 (K.S.A. 45-403 and K.S.A. 45-213 through 45-223)	
1. Identify replaced paper records	Y
2. Identify new business functions	Y
3. Reasons for business functions	Y
4. Records requirements for business function	Y
5. Documents in another system?	Y
6. Public access requirements	Y
7. Access control requirements	Y
8. Identify all records with retention period of ten or more years	Y
9. Estimate three year cost of addressing records identified in No. 8	Y
Attach approval letter from State Archivist.	Y
Risk Identification Summary (Form ITEC PM02-11a)	Y
Risk Assessment Model (RAM) Summary - Detailed Plans	Y
Fiscal Note, if appropriate	
Electronic copy submitted two - four weeks prior to contract award and/or project execution	

INFORMATION TECHNOLOGY PROJECT REQUEST EXPLANATION -- DA 518

1. Project Title:	Project Priorit	3. Estimated Dates	
QA AND MEQC Quality Tool	High	**Planning Start:**	7/1/2021
Agency:		**Execution Start:**	1/4/2022
KDHE-DHCF		**Close-Out End:**	6/30/2023

4. Project Description and Justification: **Date Submitted:** 6/24/2022

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

The DHCF Quality Assurance team is staffed by KDHE employees who are responsible for overseeing the quality of all eligibility functions. This includes eligibility determinations and communications that occur within the call center. They conduct a complete quality review of all staff completing training to ensure staff have obtained the necessary level of expertise to perform the job. They are also responsible for evaluating the impact of policy changes and training. This team is currently leveraging an internally built tool that is administratively cumbersome and does not give them the ability to effectively report and trend the quality issues.

The DHCF MEQC team is staffed by KDHE employees who are responsible for comprehensive audit analysis of state compliance with Medicaid and the Children's Health Insurance Program (CHIP) eligibility requirements and includes conducting a payment review of active cases. The MEQC program is mandated under 42 CFR part 431, Subpart P and Q, and is designed to reduce erroneous expenditures and work in conjunction with the Payment Error Rate Measurement (PERM). The MEQC program provides states a unique opportunity to improve the quality and accuracy of their Medicaid and CHIP eligibility determinations. The MEQC program is intended to complement the PERM program by ensuring state operations make accurate and timely eligibility determinations to ensure that Medicaid and CHIP services are appropriately provided to eligible individuals. DHCF MEQC Team is using an outdated tool that was internally developed 12 years ago and is no longer viable long term due to its limited data storage capacity, its limited functionality and its costly on-going support complexity.

KDHE desires to replace the two separate tools with a single web-based application that will serve both KDHE teams. KDHE DHCF is seeking a vendor to develop and support the following.

A.DHCF Quality Assurance: A web-based application for quality assurance (QA) and quality control (QC) of Medicaid eligibility case reviews.

B.DHCF MEQC: A web-based application to be utilized by the DHCF MEQC Team and stakeholders that facilitates the completion of audit tasks and other responsibilities per requirements set forth by the state of Kansas and the Centers for Medicare and Medicaid Services (CMS). MEQC is governed by 42 CFR 431, Sub-part P and Q.

Upon review of the PERM RY2019 Medicaid and CHIP Corrective Action Plans, we have identified that significant cost savings will occur when our quality staff have the ability to focus on quality improvement activities rather than just quality monitoring. The MEQC and PERM audits measure dollars in error. In RY2019, the eligibility errors amounted to $206,357 extrapolated to a potential of $515 million in over payments for Medicaid and a potential additional $34 million for CHIP. If the team could refocus its efforts to quality initiatives due to reduced effort in managing the monitoring process, we could conservatively hope to see a 3% reduction in the error rates over the next year, which would equate to $16,481,700 in error reduction. Then, as error rates continue to drop, the number of audits will decrease allowing the staff to continue focusing on improvements which will result in to further error rate reductions.

In summary, we believe the implementation of this automated tool will have both immediate benefits, such as process improvement and improved reporting, and long-term benefits of actual cost savings via improvement in our error rates.

Is this an Infrastructure Project? (Y/N)	N
Will Business Process Modeling be completed during the IT project and business design? (Y/N)	Y
Will national and/or industry data standards be used? (Y/N)	N
If yes, please specify.	

List any collaboration that has taken place in the planning of the IT Project, and/or will take place during execution of the project. Include tools, methods, and best practices used for providing collaboration, user input, and continued social networking.

1. Contracts/procurement - establishing RFP, proposal review and vendor selection and contracting
2. Medicaid Eligibility/ CHIP Eligibility - business process, system review
3. DHCF Quality Assurance Team - business process, system review, QA, final acceptance
4. DHCF MEQC Team - business process, system review, QA, final acceptance
5. KEES - data integration, data mapping, etc.
6. CMS - funding requests, progress reporting, project close-out
7. KDHE PMO - project management methodologies, status reporting, monitoring
8. Any dept across state whose data may be used as part of MEQC tool implementation. -Criminal records, court records, drivers license, professional license, etc.

Teams site for collaboration and information sharing. Hold regular steering committee meetings. Regular project team meetings.

5. Estimated Project Cost

Category	Cost
Internal Cost (Salaries)	$369,360
Contractual Services	$588,326
Commodities	$0
Capital Outlay	$0
Sub-Total Project Costs	$957,686
Total KITO Rate Fee	$23,418
Total Project Costs	**$981,104**

KITO Rate Structure			Project Quarterly KITO Fee
Project Value Range		Quarterly Rate	
$250,000	$1,000,000	0.004	$3,903
$1,000,001	$5,000,000	0.003	
$5,000,001	$10,000,000	0.002	
$10,000,001	Greater	0.0004	
Infrastructure Projects		0.0003	

6. Project Subprojects (include name, start and end dates, and cost of each Subproject):

Subproject Name	Start Date	End Date	Internal Cost	External Cost	Total Cost
Planning	7/1/2021	7/1/2022	$24,300	$0	$24,300
Execution					
Execution	1/4/2022	6/30/2023	$336,960	$578,326	$915,286
KITO Fee				$23,418	$23,418
					$0
					$0
					$0
					$0
Execution Sub-Total	1/4/2022	6/30/2023	$336,960	$601,744	$938,704
Close-Out	4/4/2023	6/30/2023	$8,100	$10,000	$18,100
Grand Internal, External, and Total Costs			$369,360	$611,744	**$981,104**

7. Amount by Source of Financing:

State Fiscal Years	1. SGF	2. FFP 50/50	3. FFP 75/25	4. FFP 90/10	5. TITLE XXI CHIP	6.	7.	Total
SFY 2021								$0
SFY 2022	$37,615	$3,304		$272,601	$52,101			$365,621
SFY 2023	$65,427	$6,608	$6,349	$449,393	$87,706			$615,483
SFY 2024								$0
SFY 2025								$0
SFY 2026								$0
Total Project Costs	$103,042	$9,912	$6,349	$721,994	$139,807	$0	$0	**$981,104**

Description of funds listed above

State General Funds (SGF)
Federal Fiscal Participation (FFP)
TITLE XXI Children's Health Insurance Program (TITLE XXI CHIP)

INFORMATION TECHNOLOGY PROJECT REQUEST EXPLANATION -- DA 519

1. Project Title	2. Estimated Dates		Projected Months from Execution to Close-Out
QA AND MEQC Quality Tool	Planning Start:	7/1/2021	18
	Execution Start:	1/4/2022	
	Close-Out End:	6/30/2023	
3. Agency	**4. Project Director/Project Manager**		
KDHE-DHCF	Dev Peruman		

5. Qualitative and Quantitative Savings Explanation

The implementation of an automated QA and MEQC Quality Tool will provide KDHE with both immediate and long-term benefits. Upon initial implementation, our DHCF Quality Assurance team has estimated that they will be able to eliminate approximately 60 hours of administrative work each month that is currently spent making database updates and manipulating the data/reports to be presentable. The DHCF MEQC team expects the system to increase their effectiveness and efficiency which they expect to translate into a staff reduction of one position. It is also anticipated that the amount of time the auditors spend on each audit will be reduced significantly, allowing them to increase the number of audits performed or dedicate that time to quality improvement initiatives.

We anticipate that the automation allowed by this quality assurance tool will provide KDHE with a long-term cost benefit through the reduction of our federal improper payment rates. With an updated system, KDHE will be able to improve the efficiency of the audit process, thereby allowing staff to focus their efforts on quality improvement initiatives rather than just quality monitoring. Since the sample requirements are based on the error rate percentage, improvement in the error rate will result in a reduction of the number of audits and ultimately a reduction in the number of staff required to conduct the reviews. Additionally, allowing all quality departments to share a joint database will allow the DHCF Quality Assurance and DHCF MEQC teams to more quickly pinpoint and communicate errors and apply prompt changes to correct them.

Upon review of the PERM RY2019 Medicaid and CHIP Corrective Action Plans, we have identified that significant cost savings will occur when our quality staff have the ability to focus on quality improvement activities rather than just quality monitoring. The MEQC and PERM audits measure dollars in error. In RY2019, the eligibility errors amounted to $206,357 extrapolated to a potential of $515 million in over payments for Medicaid and a potential additional $34 million for CHIP. If the team could refocus its efforts to quality initiatives due to reduced effort in managing the monitoring process, we could conservatively hope to see a 3% reduction in the error rates over the next year, which would equate to $16,481,700 in error reduction. Then, as error rates continue to drop, the number of audits will decrease allowing the staff to continue focusing on improvements which will result in to further error rate reductions.

In summary, we believe the implementation of this automated tool will have both immediate benefits, such as process improvement and improved reporting, and long-term benefits of actual cost savings via improvement in our error rates.

6. Qualitative and Quantitative Savings Estimate

Description of Savings		SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2026
Cost Avoidance (Soft Dollars)							
Administrative work			$0	$16,200	$32,400	$32,400	$32,400
Subtotal	$113,400	$0	$0	$16,200	$32,400	$32,400	$32,400
Cash Savings (Hard Dollars)							
Medicaid Savings (3% of $515 million) (2023 is half year)			$0	$7,725,000	$15,450,000	$15,450,000	$15,450,000
CHIP Savings (3% of $34 million) (2023 is half year)			$0	$510,000	$1,020,000	$1,020,000	$1,020,000
Subtotal	$57,645,000	$0	$0	$8,235,000	$16,470,000	$16,470,000	$16,470,000
Other (Include Intangible Benefits)							
Subtotal	$0	$0	$0	$0	$0	$0	
Quantitative Savings	$57,758,400	$0	$0	$8,251,200	$16,502,400	$16,502,400	$16,502,400

7. Summary*		SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2025
Project Costs **Total**	$981,104	$0	$365,621	$615,483	$0	$0	$0
Net Cost Benefit **Total**	$56,777,296	$0	-$365,621	$7,635,717	$16,502,400	$16,502,400	$16,502,400
Cost Benefit per Month	$3,208,800						
Calendar Months to Break Even	0						

8. Ongoing Cost	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025	SFY 2026
Operational Cost for three ensuing SFYs	$0	$0	$79,775	$159,550	$159,550	$159,550

* Project Costs = Total Cost of Project over all Fiscal Years from all Funding Sources
Net Cost Benefit = Total Qualitative & Quantitative Savings minus Total Project Costs
Cost Benefit per Month = Total Qualitative & Quantitative Savings divided by Length of Project in months
Calendar Months to Break Even = Total Project Costs divided by Cost Benefit per Month

ID	Task Name	Duration	Work	Start	Finish	Predecessors	Resource Names	Milestone
1	**PLANNING**	**255 days**	**8,016 hrs**	**Thu 7/1/21**	**Fri 7/1/22**			**No**
2	**Project Setup**	**117 days**	**2,256 hrs**	**Thu 7/1/21**	**Wed 12/15/21**			**No**
3	Administrative Work	38 days	304 hrs	Thu 9/9/21	Mon 11/1/21		Lalania Ropar	No
4	Forming the Project Team	31 days	248 hrs	Mon 10/18/21	Thu 12/2/21		Lalania Ropar	No
5	Project Plan	117 days	936 hrs	Thu 7/1/21	Wed 12/15/21		Lalania Ropar	No
6	Communications Plan	52 days	416 hrs	Fri 8/20/21	Mon 11/1/21		Lalania Ropar	No
7	Create Requirements Matrix	44 days	352 hrs	Wed 9/1/21	Mon 11/1/21		Lalania Ropar	No
8	**KITO Documentation**	**250 days**	**5,760 hrs**	**Thu 7/8/21**	**Fri 7/1/22**			**No**
9	Complete Planned Project Document	1 day	0 hrs	Tue 11/2/21	Tue 11/2/21			No
10	Complete FSR	240 days	0 hrs	Thu 7/8/21	Fri 6/17/22			No
11	Complete DA518/519	240 days	1,920 hrs	Thu 7/8/21	Fri 6/17/22		Lalania Ropar	No
12	Complete Checklist	240 days	1,920 hrs	Thu 7/8/21	Fri 6/17/22		Lalania Ropar	No
13	Complete High-level plan	240 days	1,920 hrs	Thu 7/8/21	Fri 6/17/22		Lalania Ropar	No
14	CITO Archivist Approval	0 days	0 hrs	Tue 11/2/21	Tue 11/2/21			Yes
15	CITO Accessibility Approval	1 day	0 hrs	Wed 11/24/21	Wed 11/24/21			No
16	SUBMIT: Planned Project to CITO	156 days	0 hrs	Wed 11/3/21	Fri 6/17/22			No
17	CITO Determines Project Reportable	1 day	0 hrs	Tue 11/16/21	Tue 11/16/21			No
18	SUBMIT: FSR to CITO	156 days	0 hrs	Wed 11/3/21	Fri 6/17/22			No
19	CITO FSR Approval	6 days	0 hrs	Fri 6/17/22	Fri 6/24/22			No
20	SUBMIT: High Level Plan	156 days	0 hrs	Wed 11/3/21	Fri 6/17/22			No
21	CITO Issues Approval for High-level plan	11 days	0 hrs	Fri 6/17/22	Fri 7/1/22			No
22	SUBMIT: Specifications for CITO review	156 days	0 hrs	Wed 11/3/21	Fri 6/17/22			No
23	CITO Issues Approval	11 days	0 hrs	Fri 6/17/22	Fri 7/1/22			No
24	SUBMIT: Detailed project plan for CITO review	156 days	0 hrs	Wed 11/3/21	Fri 6/17/22			No
25	CITO Approves Detailed plan	11 days	0 hrs	Fri 6/17/22	Fri 7/1/22			No
26	**EXECUTION**	**381 days**	**1,984 hrs**	**Tue 1/4/22**	**Fri 6/30/23**			**No**
27	**Phase 1: MEQC**	**200 days**	**1,984 hrs**	**Tue 1/4/22**	**Fri 10/14/22**			**No**
28	Requirements Definition	88 days	704 hrs	Tue 1/4/22	Fri 5/6/22		Vendor	No
29	Design Configuration	54 days	432 hrs	Mon 5/9/22	Mon 7/25/22		Vendor	No
30	Development and Testing	54 days	432 hrs	Mon 5/9/22	Mon 7/25/22		Vendor	No
31	Training	52 days	416 hrs	Wed 7/27/22	Fri 10/7/22		Vendor	No
32	Implementation/Go LIVE	5 days	0 hrs	Mon 10/10/22	Fri 10/14/22			No
33	**Phase 2: Quality Assurance**	**315 days**	**0 hrs**	**Thu 4/7/22**	**Fri 6/30/23**			**No**
34	Requirements Definition	50 days	0 hrs	Wed 6/15/22	Wed 8/24/22			No
35	Design Configuration	187 days	0 hrs	Thu 8/25/22	Fri 5/19/23			No
36	Development and Testing	187 days	0 hrs	Thu 8/25/22	Fri 5/19/23			No
37	Training	45 days	0 hrs	Mon 3/27/23	Fri 5/26/23			No

ID	Task Name	Duration	Work	Start	Finish	Predecessors	Resource Names	Milestone
38	Implementation	25 days	0 hrs	Mon 5/29/23	Fri 6/30/23			No
39	**Phase 3: Integrations and Reporting**	**45 days**	**0 hrs**	**Mon 5/1/23**	**Fri 6/30/23**			**No**
40	**Phase 4: Operational Maintenance**	**1 day**	**0 hrs**	**Fri 6/30/23**	**Fri 6/30/23**			**No**
41	SUBMIT: Quarterly Report to CITO	1 day	0 hrs	Fri 4/1/22	Fri 4/1/22			No
42	SUBMIT: Quarterly Report to CITO	1 day	0 hrs	Fri 7/1/22	Fri 7/1/22			No
43	SUBMIT: Quarterly Report to CITO	1 day	0 hrs	Mon 10/3/22	Mon 10/3/22			No
44	SUBMIT: Quarterly Report to CITO	1 day	0 hrs	Mon 1/2/23	Mon 1/2/23			No
45	SUBMIT: Quarterly Report to CITO	1 day	0 hrs	Mon 4/3/23	Mon 4/3/23			No
46	SUBMIT: Quarterly Report to CITO	1 day	0 hrs	Fri 6/30/23	Fri 6/30/23			No
47	**CLOSE-OUT**	**64 days**	**0 hrs**	**Tue 4/4/23**	**Fri 6/30/23**			**No**
48	Project Acceptance	1 day	0 hrs	Fri 6/30/23	Fri 6/30/23			No
49	PIER (Post Implementation Evaluation Report)	64 days	0 hrs	Tue 4/4/23	Fri 6/30/23			No
50	SUBMIT: Pier and close-out to CITO	1 day	0 hrs	Fri 6/30/23	Fri 6/30/23			No

State Archives Division
6425 SW 6th Avenue
Topeka KS 66615-1099

Kansas Historical Society

785-272-8681, ext. 271
matt.veatch@ks.gov
kshs.org

Jennie Chinn, Executive Director

Laura Kelly, Governor

February 4, 2022

Secretary Janet Stanek
Kansas Department of Health and Environment
1000 SW Jackson Street
Topeka, KS 66612

Dear Secretary Stanek:

As part of the approval process for information technology projects over $250,000, the State Archivist is required to evaluate the impact of such projects on government records with long-term (10+ year) retention requirements. If the project impacts long-term records, the State Archivist must ensure that appropriate provisions have been made for these records in the high-level and detailed project plans, in the system design, and for their ingestion, if prudent and feasible, into the Kansas Enterprise Electronic Preservation (KEEP) system. An Electronic Records Retention Statement (ERRS) and approval letter from the State Archivist must accompany high level and detailed project plans submitted to the Executive Branch Chief Information Technology Officer.

In compliance with this process Lalania Roper, Project Manager, sent to me for review an ERRS for the Kansas Department of Health and Environment's MEQC Quality Tool High-Level project plan. It is clear that the project will impact records, however a records retention schedule is already in place for the related records.

The Electronic Records Retention Statement for the KDHE MEQC Quality tool high-level project plan is approved. A copy of this letter should be included when submitting the project plan to the Executive Branch CITO for approval.

I want to thank you and your staff for your cooperation in the effort to meet the challenges of effectively managing and preserving Kansas government electronic records.

Sincerely

Megan Burton

Megan Burton
Senior Archivist

Cc: Lalania Ropar, Project Manager, KDHE
Cole Robison, Director of IT Accessibility, OITS

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DeAngela Burns-Wallace, Chief Information Technology Officer

Laura Kelly, Governor

November 24, 2021

Ashley Goss, Acting Secretary
Department of Health and Environment
1000 SW Jackson St., Curtis State Office Building
Topeka, KS 66612

Dear Ms. Goss:

As part of the approval process for information technology projects over $250,000, a statement indicating compliance with State Information Technology Executive Council (ITEC) Policy 1210 *Information and Communication Technology Accessibility Standards* must be filed with the Branch Chief Information Technology Officer and approved by the Director of Information Technology (IT) Accessibility. I recently received from Lalania Ropar an Accessibility Compliance Statement for the Medicaid Eligibility Quality Control (MEQC) Quality Tool project for review in compliance with this process.

This statement affirms that the project will comply with the requirements of ITEC Policy 1210, and documentation of compliance using the Voluntary Product Accessibility Template® (VPAT®) will be required.

The Accessibility Statement for the MEQC Quality Tool high-level project plan is approved. A copy of this letter should be included with the submittal of the MEQC Quality Tool high-level project plan to the Branch CITO for approval.

Sincerely,

DocuSigned by:
Cole D. Robison
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Cole D. Robison
Director of IT Accessibility

cc: Anthony Fadale, State Americans with Disabilities Act Coordinator
Lalania Ropar, Department of Health and Environment
Sara Spinks, Interim Director, Kansas Information Technology Office
Glen Yancey, Department of Health and Environment

INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION A: EXECUTIVE SUMMARY

KDHE-DHCF follows ITEC Policies 4010, 7230 and 9500.

Architectural information for this proposed KDHE-DHCF MEQC Quality Tool project follows the Kansas Information Technology Architecture version 12.0. The vendor supplied technologies will be implemented in accordance with state architecture standards.

Ownership of Software Code and Related Intellectual Property Statement

KDHE-DHCF follows ITEC Policy 1500.

Code generated during the project will be the sole property of the state. Accordingly, the project does not present any compliance issues.

Privacy Compliance Statement

KDHE's privacy and related compliance requirements will remain in force for this project. The solution will automate the capture of eligibility information from the Kansas Eligibility Enforcement System (KEES) through a real-time or nightly interface(s)

1. What information will be included?

All information necessary to create instant and automated definition and creation of audit frames and either unrestricted or stratified samples based on user-selected confidence intervals and standards of error will be included. The specific data to be included will be defined in requirements sessions with the vendor.

2. Why is it collected?

A more modern and flexible system will provide opportunities to significantly improve the review and audit processes through streamlining and automation of the processes. This includes such things as recording errors, facilitating communication to relevant parties, and conducting payment review.

3. How will the data be used?

The solution provides enhanced visualization and reporting tools via Amazon QuickSight to authorized user roles. The solution captures audit activities, progress, statuses and supporting documentation. The solution supports case correction correspondence and audit closures. The solution facilitates "deep dive" investigations through an interface with TransUnion's TLOxp® investigative Platform.

4. Exclusion opportunities.

None identified

5. 1974 Act Implementation.

This project will abide by the Privacy Act 1974

6. Other Privacy Requirements.

To be determined

7. Total privacy cost estimate.

To be determined

Accessibility Statement

This proposed KDHE-DHCF MEQC Quality tool project will follow ITEC policies governing accessibility. A Voluntary Product Accessibility Template version 2.3 will be required from the selected vendor and will be included with the contracting documents submission. Any accessibility requirements within KDHE today will not be affected by this project and will remain in their current state.

Electronic Record Retention Statement

This proposed KDHE-DHCF MEQC Quality Tool scope of work includes implementation of application(s) to replace current operating procedures/systems. Any new record created as a result of this project within KDHE-DHCF will fall under the existing records retention schedule for audit documents.

Record keeping and records retention consideration will be a required part of:

- All requirements validation work,
- Product designs and product build efforts.
- All report design and build efforts

Regular monthly records review meetings will be held through the build complete phase of the project to confirm appropriate capture of new records or retired record planning. If there is an impact on retention it will be brought to formal review. No destruction of records contrary to existing policy will be allowed without formal retention schedule updates and law changes if appropriate.

INFORMATION TECHNOLOGY PROJECT SUMMARY
SECTION A: EXECUTIVE SUMMARY

1. For each business function supported by the new system, what paper records are being replaced and which will continue to exist in both paper and electronic form?

MEQC is required to have screenshots of all systems that we use to analyze the case decision (e.g. KEES, KEES ImageNow, KMMS, EATSS, BASI/BARI, EARA, Premium Billing, etc.), as well as complete various worksheets. If the new system cannot access the various interfaces, encompass the worksheets, and/or the documents need to be stored elsewhere, MEQC will continue to have a separate electronic file as it is mandated by CMS. The Eligibility Quality team works with electronic records only.

2. What new business functions will be implemented?

The new application should assist in the tasks related to the processes of auditing from the perspective of MEQC. These tasks include but are not limited to recording identified Medicaid and CHIP eligibility errors, facilitating communication back and forth between relevant parties involved in the audit process, and conducting Medicaid and CHIP payment reviews of the Medicaid Management Information System (MMIS)/Kansas Modular Medicaid System (KMMS) and/or other required systems. The new application should have the ability to import and export required data in the required format and should be capable of producing comprehensive reports. The new application should allow for modifiable fields and reports to accommodate changing audit requirements in a specified timeframe.

3. What are the reasons for performing the business functions?

The MEQC team is staffed by KDHE employees who are responsible for comprehensive audit analysis of state compliance with Medicaid and the Children's Health Insurance Program (CHIP) eligibility requirements and includes conducting a payment review of active cases. The MEQC program is mandated under 42 CFR part 431, Subpart Q, and is designed to reduce erroneous expenditures and work in conjunction with the Payment Error Rate Measurement (PERM). The MEQC program provides states a unique opportunity to improve the quality and accuracy of their Medicaid and CHIP eligibility determinations. The MEQC program is intended to complement the PERM program by ensuring state operations make accurate and timely eligibility determinations to ensure that Medicaid and CHIP services are appropriately provided to eligible individuals.

The KDHE Quality team is staffed by KDHE employees who are responsible for overseeing the quality of all eligibility functions. This includes eligibility determinations and communications that occur within the call center. They conduct a complete quality review of all staff completing training to ensure staff have obtained the necessary level of expertise to perform the job. They are also responsible for evaluating the impact of policy changes and training.

4. What legal, regulatory, or operational requirements, including State Records Board approved retention schedules, exist for keeping records related to each business function?

MEQC and the Eligibility Quality teams are required to maintain all records for a minimum of seven years from the end of the project which in August of the following year that the project is completed.

5. Will any of the data necessary to document the business functions either be maintained in another system within the agency or in a system outside the agency? If so, please specify.

No data necessary to document the business function will be maintained in another system within the agency or outside the agency.

6. What are the legal, regulatory, or operational requirements to providing public access to the records?

The state of Kansas is required to allow CMS access to all our records. This includes the universe from which we sampled Medicaid and CHIP beneficiaries.

7. Access to Records Requirements:

States should be aware that the MEQC regulations at § 431.818 contain an access to records requirement. This stipulates that "the State, upon written request must submit to . . . HHS staff or other designated entity, all records including complete local agency eligibility case files or legible copies and all other documents pertaining to its MEQC reviews to which the State has access." Records that may be requested include information available under 42 CFR 435, Subpart I, which deals with the specific eligibility and post-eligibility financial requirements for the medically needy.

In addition, federal OIG will also ask for project information when they are auditing CMS and/or the state.

8. What are the legal, regulatory, or operational requirements for controlling access to the records in order to ensure confidentially?

Staff are required to take HIPAA training. Per HIPAA regulations, staff are required to only access PHI/PII when it is required for the management of the program. Staff are to protect PHI in any form including but not limited to e-mail, fax, information on the computer, voice and paper. KDHE IT also requires staff to take IT security training yearly which includes training on locking computers before walking away and using unique passwords that prevent others from access your computer files.

9. Identify all records with retention periods of ten or more years that will be affected by the project or indicate that the project has no such records involved.

The project has no records involving a retention period of ten or more years.

A description of project risks, the probability of the risk occurring, the impact of the risk on the project, and the suggested mitigation activities.

Last Risk Assessment Date: 5/25/2022 Prepared by: Lalania Ropar

Category	*Prob*	*Imp*	*Risk*	*Mitigation Approaches*
Financial	**Med**	**High**	Financial Risk: First year savings are dependent on early deployment and adoption of Phase One Development. The risk is that benefits projected for 2023 will not be realized due to slower deployment and adoption.	All members of Project Team must understand and support the early adoption of the new business processes. Department Managers are expected to provide the leadership and support necessary to facilitate the transition. Benefits for year one are reduced by 50% to allow for Phase 2 development schedule.
Project Management	**Med**	**Low**	Project Management Risk: Milestone dates have not been established for all phases of the project, as the vendor is requesting that requirements for each phase be fully defined before final dates are set.	Identify clear milestones for phase 2 by July 1, 2022. Timely reporting on progress to hold vendor accountable. Establish milestones for Phases 3 and 4 by October 1, 2022 then manage to completion.
Project Management	**Med**	**Low**	Current environment with pandemic may necessitate project resources be virtual or geographically dispersed. (3) Development team members are in multiple locations but meet regularly.	Established project reviews, meetings, and operating rhythm will ensure team members meet regularly and objectives are met.
Resource	**Med**	**Med**	Resource Risk: Implementation may be affected by MEQC Federal Audit	Additional time has been added to the schedule to account for potential delays in responses from resources.
Resource	**Low**	**Med**	Resource Risk: Effects of COVID-19 on resources.	Remote work options and virtual meeting capabilities.

Legend
Prob = Probability of Occurrence (High: probable to occur, Medium: reasonable probability of occurring, Low: not expected to occur)
Imp = Impact (High: significant risk to project cost/schedule/scope that requires adjustment and approval of project plan by leadership, Medium: moderate impact to project that can be mitigated by change management within cost/schedule/scope, Low: small impact and can be mitigated within project cost/schedule/scope)

RISK ASSESSMENT MODEL
High Level Plan - Summary Report
Ver. 1.0

Agency Name: KDHE

Project Name: MEQC Quality Tool

1. Introduction

The Risk Assessment Model measures risk in distinct areas. Below are the average scores based on the results from the questionnaire. Each area indicates the measured risk on a scale from 1 to 9, with 9 being the highest risk. Scores lower than 2.0 are considered "Low Risk", scores higher than 2.0 are "Medium Risk" and scores higher than 3.0 are considered "High Risk".

2. Summary

Score	Risk Level	Risk Area
1.5	LOW	Strategic Risk
1.0	LOW	Financial Risk
2.8	MEDIUM	Project Management Risk
2.3	MEDIUM	Technology Risk
1.0	LOW	Change Management / Operational Risk

Note: If you get "#VALUE!" as a result in any of the "Score" or "Risk Level" fields, you have unanswered questions. Go back and check your answers.

3. Signature

I have reviewed the results of the Risk Assessment Model. The results are indicators only and do not represent all the risks of the project. ITEC will use the results as the basis of discussion, and will not rely solely on the output.

Project Director

RISK ASSESSMENT - Summary Report

High Level Plan - List of Comments

(Expand Row Height to Show all Text)

1	
2	
3	
4	
5	
6	
7	A work plan will be provided by the vendor and will be monitored for accuracy by the KDHE PMO
8	
9	Once project is established, tracking and resolution will be in place and used widely
10	
11	
12	
13	
14	