

PERFORMANCE AUDIT REPORT

Reviewing the Contract for the Medicaid Management Information System

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
February 1994**

Legislative Post Audit Committee

Legislative Division of Post Audit

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PERFORMANCE AUDIT REPORT

REVIEWING THE CONTRACT FOR THE MEDICAID MANAGEMENT INFORMATION SYSTEM

OBTAINING AUDIT INFORMATION

This audit was conducted by Cindy Lash, and Jim Davis. If you need any additional information about the audit's findings, please contact Ms. Lash at the Division's office.

TABLE OF CONTENTS

SUMMARY OF AUDIT FINDINGS

REVIEWING THE CONTRACT FOR THE MEDICAID MANAGEMENT INFORMATION SYSTEM

Overview of the Medicaid Management Information System Contract	3
Is EDS Federal Corporation Charging The Department For Services That Should Be Covered Under the Basic Contract for the Medicaid Management Information System?	4
Conclusion	12
Recommendations	12

APPENDIX A: Amendments to the Contract for the Kansas Medicaid Management Information System, July 1, 1990 Thru June 30, 1995	13
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APPENDIX B: Agency Response	21
--	----

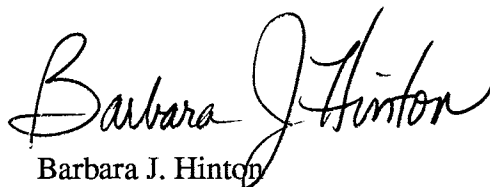
REVIEWING THE CONTRACT FOR THE MEDICAID MANAGEMENT INFORMATION SYSTEM

Summary of Legislative Post Audit's Findings

The Department of Social and Rehabilitation Services has contracted with EDS Federal Corporation to manage the Kansas Medicaid Management Information System since 1978. The current five-year contract will cost the Department more than \$53 million before it expires in June 1995. Under the contract, EDS Federal is required to provide 11 on-site systems engineers (programmers and systems analysts) and 1,000 hours annually of additional programming time to maintain the System and make changes requested by Department staff. However, major changes to the System have been handled as contract amendments, for which the Department pays additional fees. The 22 amendments to the current contract have contributed \$9.3 million of the total \$53 million cost.

Is EDS Federal Corporation charging the Department for services that should be covered under the basic contract for the Medicaid Management Information System? The Department's contract with EDS Federal does not attempt to define specific program modifications that are included within the price of the contract and those that will require additional payment. Any changes that were not agreed to at the time the contract was signed, or that could not be completed in the time available from the 11 on-site systems engineers or the additional 1,000 hours of programming time, have been handled as contract amendments at an additional cost to the Department. But because the Department does not have good information about how the systems engineers spend their time, it cannot ensure it is getting what it pays for. Other states we contacted generally carry out more monitoring of their systems than Kansas does.

This report includes several recommendations for the Department. We would be happy to discuss these recommendations or any other items in the report with any legislative committees, individual legislators, or other State officials.



Barbara J. Hinton
Legislative Post Auditor



REVIEWING THE CONTRACT FOR THE MEDICAID MANAGEMENT INFORMATION SYSTEM

The Department of Social and Rehabilitation Services contracted with EDS Federal Corporation in 1990 to manage the Kansas Medicaid Management Information System, a large computer system that processes claims and generates reports for the Medicaid program. The five-year contract will cost the Department more than \$53 million for services included in the base contract and amendments to that contract. Since 1990, the Department and EDS Federal have amended the contract 22 times. Slightly less than half (10) of those amendments were the result of new federal mandates requiring changes to the System. The 12 State-initiated amendments were made for such things as efficiency or cost-containment purposes, or to maximize the use of federal funds.

The Department pays EDS Federal additional fees for System changes handled as contract amendments. If the changes can be completed by 11 on-site systems engineers provided under the contract to maintain and modify the System, the State incurs no extra cost. Legislators have questioned why changes to the System that are handled as contract amendments cannot be carried out by the 11 on-site systems engineers under the basic contract. This 100-hour audit addressed the following question:

1. Is EDS Federal Corporation charging the Department for services that should be covered under the basic contract for the Medicaid Management Information System?

To answer this question, we interviewed officials from the Department's Division of Medical Services and from EDS Federal to determine why contract amendments and additional payments were needed for certain System changes. We also reviewed relevant portion of the contract. We interviewed officials from the federal Health Care Financing Administration (the agency that oversees Medicaid) and from the Department of Administration's Division of Information Systems and Communications to learn what type of reviews they perform before approving State contract amendments. We also reviewed the workpapers for the Department's internal audit of the System. Finally, we interviewed State Medicaid contract monitoring officials in four other states that use EDS Federal as their fiscal contractor to find out how their contracts were structured and whether they paid additional fees to implement selected federal mandates.

In conducting this audit, we followed all applicable government auditing standards set forth by the U. S. General Accounting Office.

We found that the contract for the Medicaid Management Information System does not define specific program modifications that are included in the contract and those that will require additional payments. The contract provides 11 on-site systems engineers to work solely on System maintenance and changes, and creates a pool of

1,000 hours of additional programming time to make changes to the System, at no additional cost to the State. Any changes that cannot be accomplished with these resources require a contract amendment and additional payment. One weakness in the contract is that it does not require documentation to show how the systems engineers spend their time. Because of this, the Department cannot ensure it is getting what it paid for. Other states we contacted have contracts that are similar to Kansas' contract with EDS Federal in terms of information system resources. However, some of those states provide more staff to monitor compliance with their contracts.

Overview of the Medicaid Management Information System Contract

The Department of Social and Rehabilitation Services initially contracted with EDS Federal to serve as the State's fiscal agent for the Medicaid program in 1978. Under the contract, EDS Federal provides a full range of services. It is responsible for processing claims, responding to provider and recipient questions, enrolling providers in the program, providing management reports, and monitoring the use of benefits.

The current contract is a fixed-price, five-year agreement between the Department and EDS Federal. By the time the contract expires on June 30, 1995, it is estimated the State will have spent more than \$53 million for this contract period. (Fixed-price refers to the fact that EDS Federal cannot charge the State more simply because the number of Medicaid recipients, or transactions for those recipients, increases. It does not guarantee a fixed price for modifying the Medicaid Information System.) The base cost for the contract was \$44 million. It has been amended 22 times since the contract was signed, at an additional cost of nearly \$9.3 million.

The Medicaid Management Information System was implemented in 1978, using a technology developed in the late 1960s and early 1970s. The System has been modernized during its 15 years of use, but it represents old, outdated technology, according to officials from both the Department and EDS Federal.

Medicaid information systems are modified frequently, because of ongoing, numerous changes in federal and State Medicaid policies. Previous State contracts with EDS Federal specified that major changes to the System would require a contract amendment and additional fees. This lack of precision led to disagreements over what constituted a "major" change. In the current contract, EDS Federal agreed to provide 11 on-site systems engineers to maintain and modify the System. These 11 people would work only on the State's system. EDS Federal also agreed to provide an additional 1,000 hours of programming time. Any changes that were over-and-above what could be accomplished by these 11 systems engineers or in the additional 1,000 hours, or that involved ongoing costs, had to be handled as amendments.

The Department is currently working with a consultant to draft a Request for Proposal for a fiscal agent to replace the existing Medicaid Management Information System with a new system that will incorporate up-to-date technology. The Department does not intend to build a new system, but rather to customize an existing system that has already received federal certification. Officials indicated they plan to issue the RFP in September 1994, award the contract in March 1995, and have a new system operating by July 1, 1996. This timeline would require the Department to renew its contract with EDS Federal for one year, using the renewal option built into the current contract.

Is EDS Federal Corporation Charging The Department For Services That Should Be Covered Under the Basic Contract for the Medicaid Management Information System?

The Department's contract with EDS Federal does not attempt to define specific program modifications that are included within the price of the contract and those that will require additional payment. The contract provides for 11 systems engineers to be available to make changes to the System and carry out normal System maintenance, and also creates a pool of 1,000 hours of additional programming time for the State. Any changes that were not agreed to at the time the contract was signed or that could not be accomplished by the 11 on-site systems engineers have been handled as amendments to the contract at additional cost to the Department of nearly \$9.3 million. The Department conducts limited monitoring of the contract, and cannot ensure that it is getting what it pays for. Other states we contacted that use EDS Federal for their Medicaid Management Information Systems also have contracts that provide for a specified amount of systems engineering resources, but these states generally carry out more monitoring of their systems than does Kansas. These and other findings are discussed in more detail in the sections that follow.

The Medicaid Management Information System Contract Does Not Clearly Distinguish Between System Changes That Are Included In the Contract And Those That Are Not Included

The scope of work defined in the contract essentially requires EDS Federal to operate the System that was operating at the time the contract was signed, and to make any specific changes agreed to at that time. Work outside this defined scope of the contract is to be at the Department's expense. However, the contract also requires EDS Federal to supply 11 on-site systems engineers (programmers and systems analysts) to provide basic maintenance for the System and make modifications as requested by State officials. It further requires EDS Federal to supply an additional 1,000 hours of programming staff time annually, at no additional cost to the State.

The Department has chosen to use the 11 systems engineers for routine maintenance and small changes to the System. Each week, staff from the Division of Medical Services meet with EDS Federal representatives to discuss the changes that need to be made to the system, and to prioritize work for the systems engineers.

As mentioned earlier, the Medicaid Information System is very old. It has been modified to incorporate some of the newer technology, but because of its age and structure, requires extensive maintenance. According to Department computer staff, program changes are difficult to accomplish and the time required to complete

programming projects is greater than it would be with a system using up-to-date technology. In this sense, it is not unlike the Department of Administration's KIPPS system.

The Department completes a form called a Change System Request whenever maintenance or modification to the System is needed. These projects tend to be small — a recent Department internal audit found that in 1993, the average request took EDS Federal 18.5 hours to complete. Completion times ranged from one hour to 200 hours. Nearly half of these changes were related to normal maintenance of the System, just to keep it running. Most others were needed because of system errors, new or revised Medicaid policies, requests for specific reports, and problems in individual providers' files. According to Department officials, the systems engineers currently have a backlog of 100 to 200 change requests.

When major changes to the System are required, either because of federal mandates or new State initiatives, the Department generally amends the contract. Major changes typically require from several hundred to several thousand hours to complete, and have included such things as developing an automated drug rebate program, designing a subsystem for monitoring nursing homes, and modifying the System to accept an increased number of diagnosis and medical procedure codes. The Department has several options when a significant change needs to be made to the System:

- reassign systems engineers from maintenance and small projects to a major project
- use some or all of the 1,000 hours of additional programming time allowed under the contract to complete the major project
- write a contract amendment and pay EDS Federal to use off-site systems engineers to develop the necessary programs

Department officials said that if a project is large, and particularly if it has a tight deadline, they handle it as an amendment to avoid disrupting work on maintenance and smaller changes. And if a change requires ongoing effort—costs that will be incurred in the future as a result of the change—a contract amendment would have to be written to cover those expenses even if the on-site systems engineers did all the initial programming. Ongoing effort includes such things as the annual salary costs for staff (frequently clerks or nurses) added as part of an amendment, payment for CPU time used to generate a new report created by an amendment, paper and postage to mail out a new report, and the like. Appendix A provides a list of each amendment to the 1990 contract to-date, including the date, cost, and purpose of each amendment.

The 1,000 hours of additional programming time has been used for mid-sized projects. A list of projects charged against this bank of hours for fiscal year 1993 showed the average project size to be approximately 150 hours.

The Department's Monitoring of the Contract Is Limited By the Information Available and By Its Staff Resources

As noted earlier, the contract guarantees the Department the full use of 11 on-site systems engineers plus an additional 1,000 hours of programming staff time. If there is more work than can be accomplished with these resources, the Department must amend the contract and pay additional fees for other staff to complete the work. This makes it imperative that the Department have good information about how the 11 on-site systems engineers spend their time.

To determine how the Department decided not to use the 11 on-site systems engineers for certain projects, we reviewed three contract amendments. Two were the result of federal mandates and one was a State initiative. The three changes, and the Department's rationales for handling them as contract amendments, are listed below.

Amendment # 2 Kan Be Healthy Program - OBRA '89 Changes
Date: October 17, 1990
Cost: \$48,503 (442.5 programming hours, 41.5 CPU hours, bulletins, and manuals)
Rationale: Because this federally mandated change was not a huge project and did not require ongoing expenses in future years, it potentially could have been handled as a Change System Request, charged against the 1,000-hour component of the contract. However, Department officials said the 11 on-site systems engineers were working on other higher-priority requests at the time. In order to complete the mandate in the required time frame, Department officials said, it made sense to handle this change as an amendment to the contract.

Amendment # 16 HCFA 1500 Claim Form Modifications
Date: June 25, 1992
Initial Cost: \$325,812 (2,213 programming hours, 142 CPU hours, computer equipment, furniture, and bulletins)
Ongoing Costs: \$361,912 (salaries for new staff, CPU time, system outputs, on-line hookup, office (thru 6/95) space, and supplies)
Rationale: This federally mandated change required extensive modifications throughout the System. Department officials said this project was simply too big too be handled as a Change System Request, and could not have been completed by the federal deadline. The significant ongoing costs alone would have required an amendment, they said.

Amendment #17 Remittance Advice Forms and FFP Processing
Date: June 25, 1992
Initial Cost: \$71,660 (730 programming hours, 56 CPU hours)
Ongoing Costs: \$295,890 (CPU time, system outputs, and postage) (thru 6/95)
Rationale: The Department said it needed to make this State-initiated change quickly in order to maximize federal dollars and give providers better information. After evaluating the workload and priorities of the 11 on-site systems engineers, Department officials decided an amendment was needed to implement this change in a timely manner.

The Department has not had good information to know whether EDS Federal has provided systems engineering services in the amounts specified in the contract. About a year ago, in the process of reviewing a relatively small proposed contract amendment, an official from the Department of Administration's Division of Information Systems and Communications raised the question of why the change could not be handled by the 11 on-site systems engineers. He asked specifically how their time was spent and what their qualifications were. Unable to receive a satisfactory answer, the official refused to approve any contract amendments until the Department could provide this information.

In response the Department directed its internal auditors to examine how the 11 on-site systems engineers were being used, whether the priorities assigned to Change System Requests seemed reasonable, and what the qualification of the systems engineers were.

The Department's internal audit report, issued in January 1994, identified numerous problems. Among the findings for the time period examined, July 1992 through May 1993, the auditors reported that:

- EDS Federal did not require the systems engineers to keep time sheets, so the auditors were unable to determine with certainty how the systems engineers spent their time. The RFP for the contract required reports and communication from EDS Federal, so that Division of Medical Services staff could monitor the work of the 11 systems engineers, but did not specify time sheets. Over time, officials of the Department and EDS Federal agreed that quarterly System resource reports, lists of the Change System Requests, and weekly meetings to discuss resources were sufficient.
- the duties of the systems engineers were not clearly defined in the contract, and it appeared they performed many different tasks, some of which seemed to fall outside what might be considered maintenance and modification work. The RFP for the contract simply asked for a pool of 11 systems engineers to work full-time to maintain and modify the System. It did not specify the types of tasks that would be appropriate.
- there was not sufficient documentation for the auditors to determine whether Change System Requests were being prioritized correctly, that is, whether the expected impact and benefit of the change were related to the priority assigned for completion
- the auditors could not determine the qualifications of the systems engineers from the information supplied by EDS Federal. The company was willing to provide only the specific information required by the RFP for the contract.

These findings make it clear that the Department has not had sufficient information to adequately monitor the contract.

The Department and EDS Federal have recently acted to correct many of these problems, but the Department still does not have a clear procedure for deciding when a change needs to be handled as a contract amendment. In June 1993, EDS Federal began requiring the 11 on-site systems engineers to keep formal time sheets. This action should provide Department officials with the basic information they need to decide whether the systems engineers' time is being spent in a manner they think is appropriate. The Department and EDS Federal also have agreed that the 1,000-hour bank of additional programming time will be completely separate from the 11 on-site systems engineers' work. Finally, the Department agreed to document the impact and benefit of each Change System Request in the process of prioritizing that work.

The Department still does not have a formal process for deciding whether a change should be handled as an amendment rather than as a modification. Because this is a very costly decision, there should be a clear and consistent process for deciding whether additional State funds need to be spent to make necessary changes. Currently, the decision is made by an official in the Division of Medical Services after reviewing the current workload and priorities of the on-site systems engineers. As the Division begins to get better information on the net effect of each proposed Change System Request, and on how the systems engineers are spending their time, Division officials should be able to develop a systematic way of looking at this information to decide if an amendment is necessary.

The Department needs to be more involved in contract monitoring. The Division of Medical Services has only one position assigned to monitor the contract. Most of this person's time is spent developing, tracking, and monitoring Change System Requests. The Department acknowledges that it cannot take a proactive approach to monitoring with just one person, and would like to have more staff assigned to this function.

Officials said they do not have enough staff to carefully define and test changes. For example, when they discover a problem with a particular report, they often find that they did not specify clearly enough in the original Change System Request exactly what they needed. This is a particular problem when System changes are made to implement new policies. Additional monitoring staff could test System changes before they are finalized to determine if EDS Federal understood the intent of the policy change.

Until last year, officials in the Division of Medical Services also did not have the resources to determine whether the cost estimates supplied by EDS Federal for a proposed amendment were reasonable. Staff had to make a judgment based on other amendment work EDS Federal had completed in the past. Recently, the Department's Division of Information Resources has become involved in reviewing proposed contract amendments. The Department's computer staff should be in a better position to assess cost estimates for amendment work.

Other States We Contacted Appeared to Have Contracts With Provisions That Were Similar to the Kansas Contract

EDS Federal is the Medicaid fiscal agent for 15 states, including Kansas. We selected a sample of four of those states—Arkansas, Indiana, Kentucky, and Wisconsin—and asked officials whether they had to pay additional fees and amend their contracts to incorporate changes into their Medicaid Management Information Systems.

All four states we contacted had a set number of systems engineers assigned to their system. In addition, all four of the states reported that they had more systems engineers assigned to their system than Kansas, and two had more hours available for making changes on their systems. The following is a summary of information we obtained:

Arkansas: Has 14 systems engineers that are dedicated to working on its system. To the extent that all regular system maintenance and needed changes can be performed by those 14, the state does not have to pay additional fees to EDS Federal. Additional fees must be paid for major changes that require additional resources. To pay such additional fees, the state must amend its contract with EDS Federal. The state has a staff of four in its in-house contract monitoring unit.

Indiana: Has 20 systems engineers that are dedicated to working on its system. If needed changes can be made for less than \$50,000 or can be done by the 20 systems engineers, no contract amendment is necessary. However, if needed changes exceed those limits, the state must amend its contract with EDS Federal.

Kentucky: Has 17 systems engineers that are dedicated to working on its system, plus a bank of 5,000 hours of free system engineer time. The state pays for any changes that cannot be accomplished by the 17 systems engineers, or within the 5,000 hours. No contract amendments are necessary if the state needs to purchase additional resources from EDS Federal.

Wisconsin: Has 12 systems engineers plus “pool hours” of additional systems engineer time. The contract with EDS Federal originally provided 1,500 hours. However, because the contract allows unused hours to be added to subsequent years’ hours, the state had accumulated 4,500 hours at the time of this audit. As with Kentucky, if the state has changes that need to be made to its system that cannot be done by the 12 systems engineers or within the pool hours, it can purchase additional resources from EDS Federal. Contract amendments are not necessary.

**Programming Required To Implement
Federal Mandates
Is Unique in Each State**

Legislative questions have been raised about whether EDS gives a price discount to states when it implements federally mandated changes to Medicaid Management Information Systems. It appears that when a new federal mandate is issued, EDS Federal could design the programming codes needed to implement the change, and share them with all its state offices.

EDS officials said that the company does not have a "central office" that generates programming codes to distribute to the various offices when a new federal mandate is announced. Each state office is responsible for designing and implementing whatever changes may be required for its state's system because Medicaid programs are different in every state. Each state is unique in the way it allows claims to be paid. Even uniform claims forms may have different characteristics in different states, requiring different programming.

EDS officials acknowledged that when possible, information on overall design, and at times, a limited amount of programming code, is shared among EDS offices. In one instance company officials cited, Kansas was the first to develop a good, stand-alone drug rebate program, and several other states were able to benefit by using Kansas' program.

EDS officials commented that it is risky for a state to wait on other states to develop a program it can use. During such a waiting period, federal officials might find the state out of compliance. An official with the federal Health Care Financing Administration stated that, in general, there is little chance to transfer system designs for implementing federal mandates from state to state, because all states are working to implement federal mandates at the same time. However, that office encourages sharing technology on state-initiated changes, and tells state officials which other states have completed similar projects. In fact, federal officials have rejected proposals from states that planned to "reinvent the wheel."

mandates readily available, but estimated the costs at about \$90,000 to \$100,000 to implement both mandates. Their cost for the changes to the Medicaid claim form were very low because they did not have to convert their existing system. Indiana expects to have a new system on-line in October 1994, which will incorporate the changes. In the meantime, federal officials allowed the state to make a temporary fix to their system.

Three of the four states we contacted did not pay additional fees for two recent federally mandated changes in their systems. In addition to comparing numbers of dedicated systems engineers and other resources available under each of the five states contracts, we asked how much extra—if any—each state had to pay to implement two recent federal mandates. The first mandate was to the Early and Periodic Screening and Diagnostic Testing (EPSDT) program, which in Kansas is called Kan Be Healthy. This was a relatively limited change. The second mandate significantly modified the existing Medicaid claim form. These are the same two federally mandated changes described for Kansas on page six.

As noted earlier, Kansas paid \$48,503 to incorporate the changes to the EPSDT program, and \$325,812 for the modifications to the Medicaid claim form. In addition, the Department will pay \$361,902 in ongoing costs for this amendment for the 30 months from the time the project was completed until the end of the contract. Arkansas, Kentucky, and Wisconsin did not have to pay any extra to make the changes necessary to accommodate these two federal mandates. The resources available under their contracts were sufficient (except for some additional state-initiated changes in Arkansas' EPSDT program). Officials in Indiana did not have their extra costs for the two

In only one state—Indiana—did officials report that they did not have staff to monitor the contract. Indiana officials said that because they were in the process of developing a new system, they needed all available staff for that task. Officials added that they plan to have formal contract monitoring in the future, under the new system when it is implemented. The other states had contract monitoring units of one staff person in Wisconsin, four in Arkansas, and six in Kentucky. The Department reported that it has one staff person that monitors the contract.

The cost comparisons with other states raises the question of why Kansas paid so much to incorporate these changes into our System, while the other states paid much lower—or no—additional fees. Unfortunately, to answer that question would require extensive research that was outside the scope of the audit. For example, within the limitations of this audit, we were unable to:

- determine whether the systems in the other states are as old and labor-intensive as Kansas' system
- determine whether the other states have as many minor changes as Kansas does
- compare amounts each state pay for their base contracts, because the services provided vary greatly from one to another. The price of the base contract is largely determined by the number of transactions the information system is expected to process, and by the type of services the fiscal agent is expected to provide. For example, although Kansas may not process as many transaction as other states, we pay EDS Federal to provide labor-intensive services (such as enrolling providers in the Medicaid program and reviewing benefits), that many other states carry out with state employees.

Since last year, the Department has taken steps to ensure that estimated costs for System changes are reasonable. As of July, 1992, personnel in the Department's Division of Information Resources, as well as in the Division of Information Systems and Communications have begun reviewing proposed contract amendments and evaluating the estimated costs.

In addition, the Health Care Financing Administration—the federal agency responsible for the Medicaid system—reviews and must approve all contract amendments. As part of this review, officials of that federal agency examine the cost of the changes. The amounts the Department paid for both of the federally mandated changes discussed above were not found to be unreasonable.

Conclusion

The Department's contract for the Medicaid Management Information System is similar to several other states' contracts, in that it defines specific staff resources that EDS Federal must make available under the contract, and requires the Department to pay additional fees for work that cannot be accomplished by those staff resources. But by failing to clearly specify the types of work the systems engineers may perform under the contract, or to require adequate documentation of how the engineers' time is spent (as noted in the Department's internal audit), the Department has no way to ensure that it is getting what it pays for.

Recommendations

1. In developing its Request for Proposal for a new Medicaid Management Information System, the Department should do the following:
 - a. clearly specify what resources are to be available at no additional cost under the contract
 - b. clearly define how those resources can be used
 - c. require specific documentation to demonstrate how systems engineers use their time
 - d. use its internal audit staff to help review contract provisions to ensure that proper controls are included before the contract is signed.
2. To ensure that staff resources provided under the contract are being used appropriately, and to test the accuracy of System changes, the Department should:
 - a. develop a good system for monitoring the use of those resources
 - b. devote additional staff resources to contract administration.
3. The Department should develop a written procedure for determining when a System change should be handled as a contract amendment, and when it should be handled by the systems engineers provided by EDS Federal.

APPENDIX A

Amendments to the Contract for the Kansas Medicaid Management Information System July 1, 1990 through June 30, 1995

Information in this appendix was provided by the Department of Social and Rehabilitation Services, Division of Medical Services.

**AMENDMENTS TO THE KANSAS MEDICAID
MANAGEMENT INFORMATION SYSTEM
July 1, 1990 through June 30, 1995**

Amendment One

Title: On-line Drug Pricing
Signed: October 10, 1990
Reason: State Initiative
Costs: Implementation \$21,855
Ongoing \$56,700 * subject to inflation (a)

Description:

To allow an override of the Federal Upper Limit or State Maximum Allowable Cost pricing restriction if there is a need to provide a brand name pharmacy product due to medical necessity. In addition, design and develop an on-line screen which is utilized to automatically update the Drug Master File based upon Generic Product Identifier.

Amendment Two

Title: Kan Be Healthy OBRA 89 Changes
Signed: October 17, 1990
Reason: Federal Mandate
Costs: Implementation \$48,503
Ongoing None

Description:

OBRA 89 mandates that non-covered services be covered for KBH recipients when medically necessary and that one procedure code be used for medical, vision, hearing, and dental screenings with distinction being made by the use of a modifier. Systems changes are required to make the necessary changes to the claims processing and reference subsystems to recognize the new screening procedure code and eight modifiers.

Amendment Three

Title: Federal Financial Participation (FFP) Only Services - Pricing and Reporting
Signed: December 21, 1990
Reason: State Initiative
Costs: Implementation \$72,240
Ongoing None

Description:

To automate payment for those services that the KMMIS pays only the federal portion. Currently, prenatal risk reduction services are the only service set up to pay the federal portion and the pricing is manual. The pricing needs to be automated and reports need to be created to report Substance Abuse Treatment and LEA expenditures. In addition, modify the provider subsystem to include an encounter rate and effective date table for Rural Health Clinics, Indian Health and Federally Qualified Health Center services.

(a) *subject to inflation - certain ongoing costs, for example salaries for new staff and CPU time, are increased by an inflation factor annually. The inflation factor is limited to four percent per year.

Amendment Four

Title: Modifier Replacement Conversion
Signed: December 21, 1990
Reason: State Initiative
Costs: Implementation \$56,904
Ongoing None

Description:

To convert existing modifiers used in claims processing to new replacement modifiers. The State of Kansas, Division of Medical Services has been advised by HCFA to substitute modifiers when the Kansas Medicare carrier is using the same modifier as Kansas Medicaid.

Amendment Five

Title: Surveillance and Utilization Review (SURS) Nursing Home System
Signed: December 21, 1990
Reason: State Initiative
Costs: Implementation \$34,282
Ongoing \$28,500 * subject to inflation

Description:

Modify the SURS subsystem to include a nursing home system for the purpose of monitoring nursing home providers of the Medicaid program. Effective October 1, 1990, the Kansas Department of Health and Environment will not conduct inspection of care reviews of nursing homes as in the past, therefore, the SURS analysts will assume responsibility for monitoring this provider type and initiating the SPR required case reviews as a result of SURS exception processing.

Amendment Six

Title: Cost Avoidance Third Party Liability (TPL) Matrix
Signed: December 21, 1990
Reason: Federal Mandate
Costs: Implementation \$63,971
Ongoing None

Description:

Modify the claims processing subsystem to create new types of health insurance coverage indicators for the recipient TPL data base. A TPL matrix is available for prepayment editing on specific types of health insurance. This enables the Kansas TPL database to contain specific claims payment information pertinent to a particular health insurance policy. This type of system will eliminate the need for securing a cost avoidance waiver for these services rarely covered by the third party payor.

Amendment Seven

Title: Medicare Ten Digit Provider Number
Signed: January 10, 1991
Reason: Federal Mandate
Costs: Implementation \$4,830
Ongoing None

Description:

To enhance the KMMIS to accept crossover claims from Medicare with a ten-digit provider number as well as a six-digit provider number. Medicare utilizes a six-digit provider number on all claim types and the KMMIS converts these Medicare provider numbers to the applicable Kansas Medicaid/MediKan provider number thus allowing the claim to process without provider intervention.

Amendment Eight

Title: UB82 Claim Form Retain 10 Diagnosis and 10 Procedure Codes
Signed: May 13, 1991
Reason: Federal Mandate
Costs: Implementation \$166,418
Ongoing \$ 37,800 * subject to inflation

Description:

To retain, report and edit against five additional diagnosis codes and seven additional procedure codes and dates on the UB82 claim form. HCFA is requiring at least ten diagnosis codes and procedures codes for DRG assignment for Medicare claims processing with version eight of the DRG software.

Amendment Nine

Title: Pediatric Services - Special Pricing
Signed: April 23, 1991
Reason: Federal Mandate
Costs: Implementation \$30,823
Ongoing \$47,280 * subject to inflation

Description

To automatically price selected pediatric procedures at a higher rate for recipients under the age of 18. For recipients 18 years of age and older, the system will continue to price at the current rate. To automatically price the same procedure at two different rates, the KMMIS will be enhanced to allow for a special price on the Level III file and a new PAC value designating to pay the special price when the recipient is under the age of 18.

Amendment Ten

Title: Drug Rebate / OBRA 90 Claims Processing
Signed: July 19, 1991
Reason: Federal Mandate
Costs: Implementation \$ 253,998
Ongoing \$1,329,206 * subject to inflation

Description:

To implement an automated Drug Rebate System (DRS) as mandated by OBRA 90, section 4401, Prescription Drug Reform. This will automatically produce paper, magnetic tape, diskette or electronic invoices that are sent to HCFA and drug manufacturers which have signed contracts, agreeing to reimburse the State of Kansas a specific rebate amount for each drug dispensed for Kansas Medicaid recipient. Invoices will be generated each quarter and will be calculated based on date of payment retroactive to January 1, 1991. In addition, the DRS will feature several on-line screens that enhance the invoice process and maximize the effectiveness of additional DRS staff and the State's Pharmacy Manager.

Amendment Eleven

Title: Kansas Legal Services Medicare Advocacy Report
Signed: September 10, 1991
Reason: State Initiative
Costs: Implementation \$ 3,405
Ongoing \$17,388

Description:

To develop a monthly report that identifies claim expenditures paid by the KMMIS for recipients who are, or may be, eligible for Medicare. This report will identify two categories of claims: 1) Services denied payment by Medicare and 2) Eligibility denied by Medicare (for recipients over 65). In addition, eligibility denials will automatically be identified on the report for those recipients under the age of 65 once the proposed SSA data match has been completed and the recipients have been identified on the KMMIS TPL Master file.

Amendment Twelve

Title: Systems Modification for Technology Assisted and Head Injured Waivers
Signed: October 8, 1991
Reason: State Initiative
Costs: Implementation \$31,115
Ongoing \$27,720

Description:

To identify and report on expenditures related to the Technology Assisted Children Waiver #40165 and the Head Injured Waiver #40164. Implementation of this enhancement will allow the KMMIS to identify the affected recipients, allow these procedures to be paid in an HCBS setting, and track these recipients and expenditures to produce the HCFA 372 reporting necessary to document compliance with these waivers.

Amendment Thirteen

Title: Systems Modification for Mental Retardation & Developmental Disability Waiver
Signed: October 8, 1991
Reason: State Initiative
Costs: Implementation \$ 29,160
Ongoing \$150,420 * subject to inflation

Description:

To identify and report on expenditures related to mentally retarded/developmentally disabled recipients in an HCBS setting. This tracking and reporting is necessary to satisfy the requirements of Waiver #0224. It is the State's intention to expand the number of recipients covered for these services and to track them under a separate HCFA 372 report.

Amendment Fourteen

Title: Health Insurance Premium Payment System (HIPPS)
Signed: July 3, 1993
Reason: Federal Mandate
Costs: Implementation \$ 559,061
Ongoing \$2,337,839 * subject to inflation

Description:

To automate an Health Insurance Premium Payment System as mandated by OBRA 90, section 4402. This enhancement will establish procedures that will allow the State to identify and pay for health insurance premiums for Medicaid eligible recipients who have private health insurance available, through their employer or otherwise. The health insurance premiums will be paid through the KMMIS, when it is cost-effective to do so.

The HIPPS will allow payment of insurance premiums for non-Medicaid eligible family members if their enrollment is a requirement to enroll Medicaid eligible recipients in the same family and it is cost effective to do so. Non-Medicaid eligible individual data will be maintained on the HIPPS Master File with special indicators to identify them as non-Medicaid eligible during costs effectiveness redetermination. These individuals will not be on the Recipient Eligibility File. This will ensure that all coinsurance and deductible payments are not paid for non-Medicaid eligible individuals, only the health insurance premium will be paid through the KMMIS.

Amendment Fifteen

Title: Expanded Staff
Signed: December 10, 1991
Reason: State Initiative
Costs: Implementation \$ 147,709
Ongoing \$1,312,678 * subject to inflation

Description:

To expand the current KMMIS staff by adding a Medical Policy Clerk, a PC Statistician and four SURS on-site review nurses.

Amendment Sixteen

Title: HCFA 1500 Claim Form Modifications
Signed: June 25, 1992
Reason: Federal Mandate
Costs: Implementation \$325,812
Ongoing \$361,902 * subject to inflation

Description:

To incorporate changes to allow the acceptance of the 12/90 version of the HCFA 1500 claim form. Includes expanding the KMMIS to retain additional data elements, reorganizing the data entry programs, converting the KMMIS for the replacement and expansion of fields, adding staff to handle the decrease in productivity and increase in provide billing errors and notifying providers of the modifications.

Amendment Seventeen

Title: Remittance Advice Forms and FFP Processing
Signed: June 25, 1992
Reason: State Initiative
Costs: Implementation \$ 71,660
Ongoing \$295,890 * subject to inflation

Description:

To enhance the KMMIS hospital and professional remittance advice format to display additional elements. These elements include the claim reduction amount fields; co-payments, other insurance, spenddown and patient liability. For FFP priced claims, the RA will display the Contributed Match amount field. Modifications to the FFP pricing logic which will allow application of all reductions amounts to the State portion will be made.

Amendment Eighteen (Project has not been signed off) (b)

Title: Third Party Liability (TPL) Cost Containment
Signed: April 12, 1993
Reason: State Initiative
Costs: Implementation \$ 35,946
Ongoing \$309,544 * subject to inflation

Description:

To enhance the KMMIS TPL Unit with the addition of two Accounts Receivable Analysts. This enhancement is to save Medicaid dollars through TPL lies not only in identifying other insurance available to recipients but aggressively pursuing the liability of third party.

Amendment Nineteen

Title: Youth and Adult Services Initiatives
Signed: April 12, 1993
Reason: State Initiative
Costs: Implementation \$119,132
Ongoing \$123,488 * subject to inflation

Description:

Increase staff and services that support the KMMIS to implement Kansas Youth Initiative. The initiative's focus is on children in foster care family settings and those awaiting foster care services, but could actually serve any Medicaid recipient under the age of 21. The initiative is based on the premise that every effort must be made to maintain a child in his/her own home so an alternative outside the home is not sought through psychiatric hospitalization or other out-of-home placement.

(b) Project has not been signed off - The Department has not yet received or reviewed the finished product.

Amendment Twenty

Title: UB92 Claim Form
Signed: August 19, 1993
Reason: Federal Mandate
Costs: Implementation \$559,085
Ongoing \$148,974 * subject to inflation in FY95

Description:

To allow the acceptance of the revised National Uniform Billing form (UB92). The revised form is intended to be used for submission of hospital inpatient, outpatient, and swing bed claims. In order to accommodate the HCFA mandated use of the UB92 form, this project includes expanding the KMMIS to: 1) Retain new data elements 2) Modify existing data elements 3) Restructure data entry software 4) Add staff to handle increased processing effort and 5) Notify providers of service.

Amendment Twenty-One Phase One (Project has not been signed off)

Title: Clinical Laboratory Improvement Amendment (CLIA)
Signed: October 1, 1993
Reason: Federal Mandate
Costs: Implementation \$8,082
Ongoing awaiting to implement Phase II of the project

Description:

To ensure payment is made under the Kansas Medicaid program for only those laboratory services provided by a laboratory CLIA conditions as stipulated in 42 CFR 493.1809. This statute prohibits all third party payers from issuing payment to any entity that renders laboratory services that is not approved under CLIA provisions.

Amendment Twenty-Two (Project has not been signed-off)

Title: Bypass Post Pay Bills for Non-Covered Services
Signed: This amendment has not yet been signed by the Department and EDS Federal
Reason: State Initiative
Costs: Implementation \$24,800
Ongoing None

Description:

To enhance the TPL Unit with a process to bypass the generation of post pay bills (PPBs) to insurance companies which do not cover a particular service. With the implementation of this project, the resources dedicated to processing these PPBs can be diverted to other PPB activities such as aggressive follow up of PPB denials.

APPENDIX B

Agency Response

On February 16, we provided a copy of the draft audit report to the Department of Social and Rehabilitation Services. The agency's response is included as this appendix.

In response to additional documentation provided by the Department, we made changes to our comments about the 1,000-hour bank of additional programming time. We acknowledged that the 1,000 hours could be provided by existing staff working overtime, rather than by additional staff, and we deleted a reference to the Department's internal audit which suggested that EDS Federal may not have provided the entire 1,000 hours of additional programming time in 1993.

We also clarified that the Department will renew, not extend, its contract with EDS Federal for one additional year.



JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

**KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES**

DONNA WHITEMAN, SECRETARY

February 21, 1994

Barbara J. Hinton
Legislative Division Of Post Audit
Merchants Bank Tower
800 S. W. Jackson, Suite 1200
Topeka, Kansas 66612-2212



Dear Ms. Hinton,

The information contained in this letter is provided in response to the enclosed performance audit titled, "Reviewing the Contract for the Medicaid Management Information System".

Response to Recommendations

"1. In developing its Request for Proposal for a new Medicaid Management Information System, the Department should do the following:

- a. clearly specify what resources are to be available at no additional cost under the contract
- b. clearly define how those resources can be used
- c. require specific documentation to demonstrate how systems engineers use their time.
- d. use its internal audit staff to help review contract provisions to ensure that proper controls are included before the contract is signed."

Response: SRS is currently in the process of developing the Request for Proposal for the next Medicaid Management Information System (MMIS) fiscal agent and is incorporating all of the above recommendations into that document and process.

In addition, SRS has begun requiring more thorough documentation of the use of system engineer time (See attached January, 1994 SE Resource Utilization report).

"2. To ensure that staff resources provided under the contract are being used appropriately, and to test the accuracy of System changes, the Department should:

- a. develop a good system for monitoring the use of those resources.**
- b. devote additional resources to contract administration."**

Response: We agree that additional staff resources are required to monitor a contract of this size. As was addressed in the Legislative Post Audit report, Kansas has fewer monitoring staff than other states with similar programs. Recently, consultants who are knowledgeable in MMIS fiscal agent issues nationwide recommended that SRS add a minimum of an additional 7 monitoring staff. To date these additional positions have not been approved due to budget and staffing limitations, although one and a half persons in the Division of Information Resources have now been assigned to assist Medical Services Staff in administrating this contract. At this point, rather than devote new resources to monitoring the current contract we believe the best plan is to bring additional staff in for the design, development, implementation and ongoing monitoring of the upcoming new system. As part of that process, a new monitoring plan could be developed and implemented when the next contract goes into effect. Devoting additional monitoring staff or resources to the remaining two years of the current contract would require that the existing staff with expertise in the area devote time to hiring and training these staff when the resources are needed for the development of the next RFP; and, very little benefit could be realized in the short time left on the current contract once adequate time is allowed for the hiring and training of the new monitoring staff.

"3. "The Department should develop a written procedure for determining when a System change should be handled by the systems engineers provided by EDS Federal."

Response: SRS concurs with this recommendation and will write a procedure outlining how this determination is made. Processes are also now in place to better document this information on the Change System Request forms.

Responses to Comments Contained in the Draft Report

"According to an internal audit conducted by the Department, the on-site systems engineers reported working on projects that should have been done by other staff as part of the 1,000 hours of extra programming time allowed by the contract. To the extent that this happened, the Department paid for services it never received."

(Page 2, paragraph 1 of the audit report)

"In the current contract, EDS Federal agreed to provide 11 on-site systems engineers to maintain and modify the System. These 11 people would work only on the State's system. EDS Federal also agreed to provide an additional 1000 hours of programming hours from other systems engineers."

(This quote is from page 3, paragraph 4 of the audit report. The same issue is again addressed on page 7 of the report under the third bullet.)

Response: Throughout the audit report, it is stated that the 1000 hours of extra programming time must be completed by staff other than the 11 on-site systems engineers. The RFP definitely requires that the 1000 hours be supplied in addition to the regular full time hours of the 11 on-site staff but it leaves EDS the option of supplying the additional hours by means of requiring overtime hours from existing staff (reference RFP section 30.530 and Addendum #2, question 87). The documentation of the system engineer hours for the period indicate that the total number of system engineer hours paid for in the base contract and provided through both on-site and off-site support (excluding all hours paid for through contract amendments) well exceed the equivalent of 11 full time staff plus 1000 hours. Consequently, we don't agree that there is evidence to support the statement that the Department paid for services it never received.

"Officials indicated they plan to issue the [next] RFP in September 1994, award the contract in March 1995, and have a new system operating by July 1, 1996. This timeline would require the Department to extend the current contract with EDS federal for one year."

(Page 3, paragraph 5 of the audit report)

Response: The current contract with EDS includes three optional years after 1995. SRS has opted to use one of those optional years. This does not require a contract extension.

"The Department's internal audit report, issued in January 1993, identified numerous problems. Among the findings for the time period examined , July 1992 through May 1993, auditors reported"

(Page 7, paragraph 3 of the audit report)

Response: The internal report identified some inadequacies primarily in the documentation of the use of system engineer hours. No actual findings were cited in the report.

"...there was not sufficient documentation for the auditors to determine whether Change System Requests were being prioritized correctly, that is, whether the expected impact and benefit of the change were related to the priority assigned for completion."

(Page 7, 4th bullet of the audit report)

Response: SRS meets weekly with EDS systems management staff to discuss and prioritize Change Systems Requests (CSR's). Specific criteria are used by SRS staff in the assignment of priorities for the CSR process. These criteria were outlined in the internal audit report. Thus, though it is true that due to shortage of resources the detailed reason for the assignment of priority to each individual CSR is not documented, SRS does take an active part in this process and uses both established criteria and professional judgement as a basis for making decisions. This current process was put in place in January 1993 and has been refined overtime. Prior to January 1993, a similar but less intensive process was being used.

"...the auditors could not determine the qualifications of the systems engineers from the information supplied by EDS Federal. The company was willing to provide only the specific information required by the RFP for the contract."

Response: The information that EDS would not supply was personal information contained on the employees' original application and resume'. EDS policy protects this personal information and thus they could not supply the original employee resume's as requested by the SRS auditors. The information EDS did supply was sufficient to meet contract requirements.

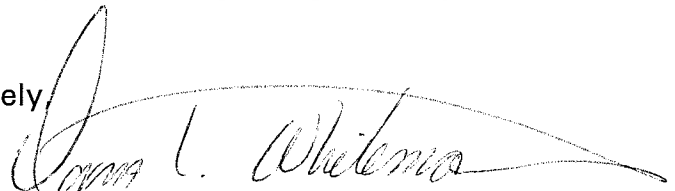
"....we pay EDS Federal to provide labor-intensive services (such as determining eligibility and reviewing benefits)..."

(Page 11, 3rd bullet of the audit report)

Response: While we agree that the state pays EDS to provide a number of other labor-intensive services, eligibility determinations are not performed by EDS. SRS Income Maintenance and Social Service workers complete these determinations utilizing the state's KAECSES system. The eligibility data is then transmitted to EDS where it is used for claims processing and reporting purposes.

We appreciate the work the auditors have done to evaluate our fiscal agent contract . Please let us know if you have any questions regarding our response.

Sincerely



Donna L. Whiteman
Secretary

DLW:RLE:SCH:mas

cc: Robert Epps
Joyce Sugrue

Kansas Medicaid/MediKan Program
Monthly SE Resource Utilization Summary
January, 1994

Author: Tom Warsop, Systems Engineer Manager
EDS Corporation

To: Tim White, Contract Monitor
Kansas Department of Social and Rehabilitation Services

Date: February 7, 1994

cc: Diane Davidson
Sandra Hazlett
Joyce Sugrue
Steve Whitton
EDS SEs

*Kansas Medicaid/MediKan Program
Monthly SE Resource Utilization Summary
January, 1994*

General Summary

This document summarizes EDS SE activities for the month of January, 1994. The SEs' time is primarily spent completing Ad Hoc Special Report Requests (SRRs), State-initiated Customer Service Requests (CSRs), and Internally-initiated CSRs. This summary details the SEs activities in these categories, as well as several others.

Kansas Medicaid Management Information System (KMMIS)

The KMMIS is comprised of six major HCFA-certified subsystems functioning as an integrated system providing prompt, efficient payment of claims and flexible information retrieval for report generation. The six major subsystems of the KMMIS are:

- Recipient Subsystem
- Provider Subsystem
- Reference Subsystem
- Claims Processing Subsystem
- Management and Administrative Reporting Subsystem (MARS)
- Surveillance and Utilization Review Subsystem (SURS)

The EDS maintenance and modification team is responsible for maintenance and modification activities, as directed by the Kansas Department of Social and Rehabilitation Services / Division of Medical Services (SRS/DMS), for all of these subsystems.

Composition of the Maintenance and Modification Team:

- Darren Benzing
- Terry Bullerman
- Don Carlson
- Diane Hodson
- Tom Keitges
- Lori Marshall
- Gary Merrifield
- Jennifer O'Neill
- Frank Schultz
- Paul Shaw
- Barbara Stewart
- Jeff Strand
- Janet Wilbur

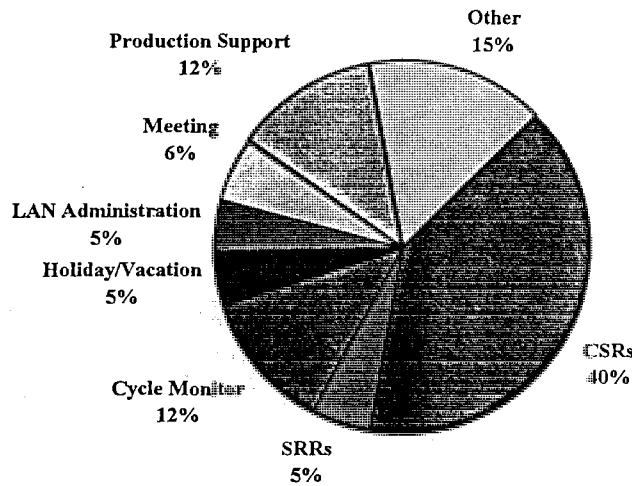
Major Milestones:

- UB92 Project successful implementation
- On-time implementation of nearly 40 CSRs included in the "Q4 93" Project, implemented in conjunction with UB92
- Substantial progress toward completion and implementation of a new CSR process
- Significant improvements in SE activity tracking and information collection and reporting

SE Activity Distribution

The activities of the maintenance and modification team during January were distributed as depicted in the following chart:

Distribution of SE Activities by Type of Work



Total Hours for January, 1994 = 2,415 (15.1 person-months)

Production Support includes immediate action to resolve processing errors, general research requests, user training, and other activities required to ensure continued system operation. Cycle monitor hours were unusually high during January due to the implementation of the UB92 project. During the first two payment cycles, extra monitoring was necessary to ensure a successful implementation.

Exhibits and Attachments:

Several items are attached to this document which provide significant detail concerning the activities of the EDS maintenance and modification team during the month. A brief description of each attachment follows:

<i>Title</i>	<i>Description</i>
Distribution of SE Activities by Type of Work	A breakdown of SE activities by general categories of work
Kansas Medicaid Program - Completed CSRs	A listing of all CSRs completed during the month
Kansas Medicaid Program - Completed SRRs	A listing of all SRRs completed during the month
Kansas Medicaid Program - CSR/SRR Work Detail	A breakdown, by SLC phase, of work done on CSRs and SRRs during the month
Kansas Medicaid Program - Systems Engineer CSR/SRR Work Detail	A breakdown, by SE and SLC phase of work done on CSRs and SRRs during the month

**Distribution of SE Activities by Type of Work
January, 1994**

<u>Work Type</u>	<u>Total Hours</u>
Cycle Monitor	296.00
Holiday/Vacation	112.00
Internal CSR	607.00
LAN Administration	109.50
Meeting	136.00
Miscellaneous	164.75
Production Support	290.25
Report Liaison	14.50
SRR	119.00
Security	9.50
Sick	68.25
State CSR	371.00
Status Report	22.00
Supervision	72.00
Training	23.25
Total Team Hours	2415.00

**Kansas Medicaid Program
Completed CSRs for January, 1994**

CSR Number	Description	Completed	Total Hrs
KNIN7111	EDIT 143 - MOTHER/BABY BILLED ON SAME CLAIM	01/07/94	0.00
KNIN7237	PRECERTIFICATION/OTHER INSURANCE	01/07/94	10.00
KNIN7306	RS SCREEN	01/27/94	13.25
KNIN7380	ECS CLAIMS DENIED FOR PA	01/04/94	0.00
KNIN7432	EDIT 432	01/13/94	43.00
KNIN7439	AUTO-FORCING EDIT 342 FOR SPECIFIED MODIFIERS	01/13/94	13.00
KNIN7441	VARIANCE EDITING DRUG CLAIMS	01/13/94	14.00
KNIN7454	BUY-IN DUPLICATE DELETION PROBLEM	01/17/94	45.50
KNIN7480	AIDS REPORT (HMAI095H)-EDIT 335 AIDS RECIPIENT	01/07/94	0.00
KNIN7484	POLICY 93041-EDIT 964	01/13/94	12.50
KNIN7489	POLICY 93035-ERROR STATUS CODE DISPOSITION-OI PAYM	01/07/94	0.00
KNIN7511	RECIPIENT DATA SHEET	01/07/94	3.00
KNIN7514	POLICY 93051 SPECIALTY HOSPITAL REIMBURSED DRG	01/04/94	10.50
KNIN7527	DME CLAIMS DENYING FOR PA IN ERROR	01/07/94	0.00
KNIN7532	DUPE PAYMENT-CO-INSURANCE/DEDUCTIBLE-OTR #310	01/07/94	8.00
KNIN7533	ADJUSTMENT REPORT-OTR #310	01/14/94	7.50
KNIN7534	DELETING CODES FROM EDIT 493 CRITERIA	01/07/94	3.00
KNIN7547	DELETION OF A COLUMN HEADER ON THE HMDR55FF REPORT	01/07/94	0.00
KNIN7548	SOME COLUMN HEADERS NEED CHANGING ON HMBR212H	01/07/94	3.00
KNIN7552	J2206 MODIFICATIONS - POLICY 93028 - POS EDITING	01/18/94	4.00
KNIN7553	POLICY 93028:ADDING #23 AND #65 AS COVERED POS	01/07/94	0.00
KNIN7554	POLICY 93038:NOC CODES FOR TA & HI WAIVERS	01/13/94	8.00
KNIN7555	J2205 MODIFICATIONS-POLICY 93036	01/18/94	3.00
KNIN7556	POLICY 93036:DIAGNOSIS NOT REQUIRED ON DENTAL	01/13/94	15.00
KNIN7563	OTR 309 CORRECT PROCESSING OF ADJ. ON QTR CONTR.	01/07/94	0.00
KNIN7570	ACCOUNTS RECEIVABLE POST-PAY BILL -OTR 318	01/07/94	5.00
KNIN7579	EDIT 303 ALL ICF/MR DENTAL SERVICES REQUIRE PA	01/13/94	10.50
KNIN7580	ADDING PROVIDER TYPE 15 TO EDIT 433 LOGIC-OTR PEND	01/07/94	2.50
KNIN7581	PCN WORKSHEETS FOR EDIT 414/HCBS & NAMT WORKSHEETS	01/07/94	2.00
KNIN7590	BUY-IN PREMIUM CHANGE - HMMR925H	01/11/94	2.75
KNIN7609	ID CARD INSERT	01/26/94	0.25
KNST0517	BYPASS EDITS FOR QMB RECIPIENTS	01/07/94	4.00
KNST0522	MODIFICATION TO REPORT HMDR732H	01/07/94	0.00
KNST0527	QUARTERLY REPORT FOR LEA EXPENDITURES	01/07/94	0.00
KNST0537	RECREATE CLAIM DATA TAPE	01/05/94	66.00
Total Hours			309.25

**Kansas Medicaid Program
Completed SRRs for January, 1994**

SRR Number	Description	Completed	Total Hrs
KNSR0272	ABSENT PARENT INSURANCE REPORT	01/11/94	16.50
KNSR0273	REPORT ON THE NFMH LEVEL OF CARE ERRORS	01/10/94	25.75
KNSR0277	BEHAVIOR MANAGEMENT REPORT	01/05/94	16.75
KNSR0281	REPORT PHARMACY PAYMENTS FOR FISCAL YEAR 1993	01/18/94	0.00
KNSR0282	REPORT LISTING CLAIMS SUBMITTED FOR PREGNANCY DX	01/18/94	0.00
KNSR0283	REPORT LISTING RECIPIENTS UNDER 5 WITH GLASSES	01/18/94	0.00
KNSR0285	REPORT CONCERNING LEAD POISONING	01/18/94	0.00
KNSR0286	KBH OFFICE VISITS OVER 24 PER YEAR	01/26/94	9.25
		Total Hours	68.25

**Kansas Medicaid Program
CSR/SRR Work Detail
January, 1994**

Task Number	Description	Analysis	Const	Test	Impl	Total Hrs
KNIN6587	OTR # 184 EDIT 416 NOT SUSPENDING PROPERLY	11.50	8.00	15.50	0.00	35.00
KNIN6777	J2210 - IP/OP WORKSHEETS WITH MEDICARE FAILURES	0.25	0.00	0.00	0.00	0.25
KNIN6975	FLAGGING RA FOR INACTIVE PROVIDERS	0.50	2.50	5.00	0.00	8.00
KNIN7120	UPDATE DRUG REBATE ONLINE SCREENS	5.00	0.00	0.00	0.00	5.00
KNIN7180	OTR 184 - EDIT 416	1.00	0.00	0.00	0.00	1.00
KNIN7197	REPORT HMKR451H REVISION	0.00	20.50	4.75	2.75	28.00
KNIN7199	REPORT HMKR452H REVISION	0.00	3.75	4.50	1.00	9.25
KNIN7210	POLICY 92023 - EDIT 400 AND EDIT 408 LOGIC	1.00	0.00	0.00	0.00	1.00
KNIN7231	EDIT 400-CLAIM SHOULD BE FILED MEDICARE	1.25	0.50	0.00	0.00	1.75
KNIN7253	OTR 214 QMB ONLY PROC NOT FLASHING/FAILING FOR MCR	1.25	0.50	0.00	0.00	1.75
KNIN7254	OTR 214 QMB PROC. NOT FLASHING/FAILING FOR MEDICAR	0.25	0.00	0.00	0.00	0.25
KNIN7257	POLICY CLARIFICATION 196	1.00	0.00	0.00	0.00	1.00

**Kansas Medicaid Program
CSR/SRR Work Detail
January, 1994**

Task Number	Description	Analysis	Const	Test	Impl	Total Hrs
KNIN7289	REVISED OTR 207/POLICY 92023	0.75	0.50	0.00	0.00	1.25
KNIN7305	EDIT 408, 409 AND 410	3.75	1.25	0.00	0.00	5.00
KNIN7306	RS SCREEN	3.00	4.00	4.25	2.00	13.25
KNIN7342	OTR #260 P.A. RANGE 38 INPATIENT	0.00	1.00	2.50	0.50	4.00
KNIN7343	OTR #271 REMITTANCE ADVICE OVERRIDE	0.00	5.50	17.75	0.00	23.25
KNIN7344	OTR 264 HCFA 1500 CLMS PD FOR OOS PROVIDERS WO PA	0.00	1.00	2.50	0.50	4.00
KNIN7349	EDIT 410 MULTIPLE TPL	1.75	0.25	0.00	0.00	2.00
KNIN7363	EDIT 409 AND 410	1.25	0.50	0.00	0.00	1.75
KNIN7371	P1 ON-LINE MOD. ADD PCN INDICATOR ON PAGE 1	0.00	0.00	0.00	0.75	0.75
KNIN7390	PROCEDURE CODES CONSIDERED KBH	0.50	0.00	0.00	0.00	0.50
KNIN7426	NO CLAIMS ACTIVITY IN EIGHTEEN MONTHS	2.00	0.00	0.00	1.25	3.25
KNIN7432	EDIT 432	0.00	0.00	0.00	1.00	1.00
KNIN7437	POLICY #93939 INCREASE RATES FAMILY PLANNING SVCS	7.50	2.00	1.00	0.00	10.50
KNIN7439	AUTO-FORCING EDIT 342 FOR SPECIFIED MODIFIERS	0.00	0.00	0.00	1.00	1.00

**Kansas Medicaid Program
CSR/SRR Work Detail
January, 1994**

Task Number	Description	Analysis	Const	Test	Impl	Total Hrs
KNIN7441	VARIANCE EDITING DRUG CLAIMS	0.00	0.00	0.00	1.00	1.00
KNIN7445	POLICY #93033 - PCN REFERRALS - HIPPS	1.00	0.00	3.75	0.00	4.75
KNIN7454	BUY-IN DUPLICATE DELETION PROBLEM	1.00	3.00	17.75	1.75	23.50
KNIN7455	BUY-IN DUPLICATE NOTICE OF ACTION PROBLEMS	3.00	0.00	0.00	0.00	3.00
KNIN7472	SPECIALTY 18 vs. PCN	1.00	0.00	0.00	0.00	1.00
KNIN7479	EDIT 346-SUSPECT WORKERS COMP AUTO FORCE	7.50	4.50	0.50	0.00	12.50
KNIN7483	POLICY 90342-ECS LOGIC FOR EDIT 427 PRIOR AUTHO.	2.00	3.00	6.00	0.00	11.00
KNIN7484	POLICY 93041-EDIT 964	0.00	0.00	0.00	1.00	1.00
KNIN7499	FFP ADJUSTMENTS NOT PRICING CORRECTLY	1.50	0.00	1.00	0.00	2.50
KNIN7510	POLICY 93046-STATE INSTITUTION BILLING UB92	5.50	10.00	0.00	0.00	15.50
KNIN7514	POLICY 93051 SPECIALTY HOSPITAL REIMBURSED DRG	0.00	0.00	0.00	1.00	1.00
KNIN7533	ADJUSTMENT REPORT-OTR #310	5.50	3.50	1.00	0.50	10.50
KNIN7537	DELETION OF SMAC RATES ON DRUG FILE	0.00	2.00	11.50	0.00	13.50

Kansas Medicaid Program

CSR/SRR Work Detail

January, 1994

Task Number	Description	Analysis	Const	Test	Impl	Total Hrs
KNIN7538	PA DATABASE OUT OF MEMORY MESSAGE	2.00	0.00	0.00	0.00	2.00
KNIN7542	POLICY 93054 - ARNP AS PCN CASE MANAGERS	1.00	0.00	0.00	0.00	1.00
KNIN7543	POLICY 93031-REQUIRING PCN REFERRALS	3.25	5.00	1.50	0.00	9.75
KNIN7551	BATCH JOB FOR NON-COVERED DRUG MANUFACTURERS	2.50	3.00	0.00	0.00	5.50
KNIN7554	POLICY 93038:NOC CODES FOR TA & HI WAIVERS	0.00	0.00	0.00	1.00	1.00
KNIN7556	POLICY 93036:DIAGNOSIS NOT REQUIRED ON DENTAL	0.00	0.00	0.00	1.00	1.00
KNIN7559	UPDATE MENUFACTURER REPORTING ZERO REBATE AMT	2.25	3.75	1.00	0.50	7.50
KNIN7561	DRUG REBATE DELINQUENT LETTER	2.25	3.25	3.25	0.00	8.75
KNIN7566	SPECIALTY ADDITION - POLICY 92081	1.00	7.25	0.00	0.00	8.25
KNIN7570	ACCOUNTS RECEIVABLE POST-PAY BILL -OTR 318	0.00	0.00	1.50	0.00	1.50
KNIN7571	MODIFY UR BATCHES TO ACCEPT ALL CLAIM TYPES	4.00	3.00	6.50	0.25	13.75

Kansas Medicaid Program

CSR/SRR Work Detail

January, 1994

Task Number	Description	Analysis	Const	Test	Impl	Total Hrs
KNIN7574	POL 93057-EXEMPTING HMO OR OTHER MAN. CARE & HCBS	4.00	1.00	3.75	0.00	8.75
KNIN7579	EDIT 303 ALL ICF/MR DENTAL SERVICES REQUIRE PA	0.00	0.00	0.00	1.00	1.00
KNIN7588	POLICY ANTEPARTUM CARE	3.00	2.00	0.00	0.00	5.00
KNIN7589	BUY-IN NOTICE OF ACTION CHANGE	0.00	0.00	0.00	0.25	0.25
KNIN7590	BUY-IN PREMIUM CHANGE - HMMR925H	1.00	0.50	0.75	0.50	2.75
KNIN7596	POLICY 93050 TERMINATION OF PHARMACY COST AVOIDANC	10.25	4.50	4.00	1.00	19.75
KNIN7598	POLICY 93050 ECS PHARMACY CLAIMS	2.00	0.50	0.00	0.00	2.50
KNIN7600	DRUG REBATE INVOICE	4.75	0.50	3.25	0.00	8.50
KNSR0249	PRENATAL CARE MATCHING	0.00	3.00	0.00	1.00	4.00
KNSR0267	PCN CHILDREN REPORT	0.00	1.00	2.50	1.50	5.00
KNSR0272	ABSENT PARENT INSURANCE REPORT	3.00	5.75	3.50	4.25	16.50
KNSR0273	REPORT ON THE NF/MH LEVEL OF CARE ERRORS	2.50	1.50	0.00	10.50	14.50
KNSR0277	BEHAVIOR MANAGEMENT REPORT	0.00	4.25	1.00	2.50	7.75

**Kansas Medicaid Program
CSR/SRR Work Detail
January, 1994**

Task Number	Description	Analysis	Const	Test	Impl	Total Hrs
KNSR0280	MENTAL HEALTH SERVICES REPORT	10.50	13.00	10.50	4.25	38.25
KNSR0281	REPORT PHARMACY PAYMENTS FOR FISCAL YEAR 1993	0.00	8.00	0.00	1.00	9.00
KNSR0282	REPORT LISTING CLAIMS SUBMITTED FOR PREGNANCY DX	4.00	3.00	0.00	0.00	7.00
KNSR0285	REPORT CONCERNING LEAD POISONING	0.75	0.00	0.00	0.00	0.75
KNSR0286	KBH OFFICE VISITS OVER 24 PER YEAR	1.50	7.50	2.50	0.75	12.25
KNST0516	NUMBER OF KBH CHILDREN W/CURRENT MEDICAL SCREENS	21.50	3.25	15.00	6.00	45.75
KNST0519	ALLOW ACCEP OF CLAIM DATA IN HCFA FORMAT FOR COB	5.00	0.00	13.50	22.50	41.00
KNST0536	MODIFY REPORT HMVR270H	7.75	1.00	1.25	0.00	10.00
KNST0537	RECREATE CLAIM DATA TAPE	0.00	0.00	0.00	0.50	0.50
KNST0538	REPORT FOR OUTREACH PROGRAM	0.00	3.50	11.25	3.00	17.75
KNST0544	PAY DENTAL PROCEDURES WHEN DENTAL SCREEN PRESENT	1.50	0.00	4.50	0.00	6.00

**Kansas Medicaid Program
CSR/SRR Work Detail
January, 1994**

<u>Task Number</u>	<u>Description</u>	<u>Analysis</u>	<u>Const</u>	<u>Test</u>	<u>Impl</u>	<u>Total Hrs</u>
KNST0546	PAY MEDICAL PROCEDURES WHEN MEDICAL SCREEN PRESENT	1.50	0.00	4.50	0.00	6.00
KNST0547	REPORT LISTING UP-TO-DATE KBH SCREENS	6.00	15.50	0.00	0.00	21.50
KNST0548	ADD TWO PCN ASSIGNMENT CHANGE REQUESTS	1.25	0.25	0.00	0.00	1.50

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Benzing, Darren</i>					
<i>Internal CSR</i>					
KNIN7570	0.00	0.00	1.50	0.00	1.50
KNIN7596	1.50	0.00	0.00	0.00	1.50
UB92	3.00	2.00	8.00	0.00	13.00
<i>Total Internal CSR</i>	4.50	2.00	9.50	0.00	16.00
<i>State CSR</i>					
KNST0542	37.50	35.00	32.50	1.00	106.00
KNST0543	7.00	24.50	4.00	0.00	35.50
<i>Total State CSR</i>	44.50	59.50	36.50	1.00	141.50
Total for SE	49.00	61.50	46.00	1.00	157.50

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Bullerman, Terry</i>					
<i>Internal CSR</i>					
KNIN6975	0.50	2.50	5.00	0.00	8.00
KNIN7343	0.00	5.50	17.75	0.00	23.25
KNIN7537	0.00	2.00	11.50	0.00	13.50
KNIN7538	2.00	0.00	0.00	0.00	2.00
KNIN7551	2.50	3.00	0.00	0.00	5.50
<i>Total Internal CSR</i>	5.00	13.00	34.25	0.00	52.25
Total for SE	5.00	13.00	34.25	0.00	52.25

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Carlson, Don</i>					
<i>Internal CSR</i>					
KNIN6777	0.25	0.00	0.00	0.00	0.25
KNIN7210	1.00	0.00	0.00	0.00	1.00
KNIN7231	1.25	0.50	0.00	0.00	1.75
KNIN7253	1.25	0.50	0.00	0.00	1.75
KNIN7254	0.25	0.00	0.00	0.00	0.25
KNIN7257	1.00	0.00	0.00	0.00	1.00
KNIN7289	0.75	0.50	0.00	0.00	1.25
KNIN7305	3.75	1.25	0.00	0.00	5.00
KNIN7306	3.00	4.00	4.25	2.00	13.25
KNIN7349	1.75	0.25	0.00	0.00	2.00
KNIN7363	1.25	0.50	0.00	0.00	1.75
KNIN7390	0.50	0.00	0.00	0.00	0.50
KNIN7479	3.75	2.25	0.25	0.00	6.25
KNIN7596	8.75	4.50	4.00	1.00	18.25
KNIN7598	2.00	0.50	0.00	0.00	2.50
<i>Total Internal CSR</i>	30.50	14.75	8.50	3.00	56.75
<i>SRR</i>					
KNSR0272	3.00	5.75	3.50	4.25	16.50
KNSR0273	2.50	1.50	0.00	4.00	8.00
<i>Total SRR</i>	5.50	7.25	3.50	8.25	24.50
Total for SE	36.00	22.00	12.00	11.25	81.25

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Hodson, Diane</i>					
<i>SRR</i>					
KNSR0267	0.00	1.00	2.50	1.50	5.00
<i>Total SRR</i>	0.00	1.00	2.50	1.50	5.00
<i>State CSR</i>					
Cost	2.00	4.75	14.00	5.00	25.75
KNST0516	21.50	3.25	15.00	6.00	45.75
KNST0538	0.00	3.50	11.25	3.00	17.75
KNST0547	6.00	15.50	0.00	0.00	21.50
<i>Total State CSR</i>	29.50	27.00	40.25	14.00	110.75
Total for SE	29.50	28.00	42.75	15.50	115.75

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Keitges, Tom</i>					
<i>Internal CSR</i>					
DISASTER	13.75	0.00	0.00	0.00	13.75
KNIN7571	4.00	3.00	6.50	0.25	13.75
<i>Total Internal CSR</i>	17.75	3.00	6.50	0.25	27.50
<i>SRR</i>					
KNSR0277	0.00	4.25	1.00	2.50	7.75
KNSR0280	2.00	4.50	6.50	1.75	14.75
<i>Total SRR</i>	2.00	8.75	7.50	4.25	22.50
Total for SE	19.75	11.75	14.00	4.50	50.00

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Marshall, Lori</i>					
<i>Internal CSR</i>					
KNIN7120	5.00	0.00	0.00	0.00	5.00
KNIN7454	1.00	3.00	17.75	1.75	23.50
KNIN7455	3.00	0.00	0.00	0.00	3.00
KNIN7559	2.25	3.75	1.00	0.50	7.50
KNIN7561	2.25	3.25	3.25	0.00	8.75
KNIN7589	0.00	0.00	0.00	0.25	0.25
KNIN7590	1.00	0.50	0.75	0.50	2.75
KNIN7600	4.75	0.50	3.25	0.00	8.50
<i>Total Internal CSR</i>	19.25	11.00	26.00	3.00	59.25
<i>SRR</i>					
BUY-IN	2.00	0.00	0.00	0.00	2.00
<i>Total SRR</i>	2.00	0.00	0.00	0.00	2.00
Total for SE	21.25	11.00	26.00	3.00	61.25

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Merrifield, Gary</i>					
<i>Internal CSR</i>					
KNIN7510	3.50	10.00	0.00	0.00	13.50
KNIN7533	5.50	3.50	1.00	0.50	10.50
ORDERNET	0.00	0.00	1.50	0.00	1.50
UB92	0.00	0.00	0.00	1.50	1.50
<i>Total Internal CSR</i>	9.00	13.50	2.50	2.00	27.00
<i>SRR</i>					
KNSR0280	8.50	8.50	4.00	1.00	22.00
KNSR0281	0.00	8.00	0.00	0.00	8.00
KNSR0282	4.00	3.00	0.00	0.00	7.00
PRIORITIZAT	2.00	0.00	0.00	0.00	2.00
<i>Total SRR</i>	14.50	19.50	4.00	1.00	39.00
<i>State CSR</i>					
KNST0519	5.00	0.00	13.50	22.50	41.00
KNST0537	0.00	0.00	0.00	0.50	0.50
<i>Total State CSR</i>	5.00	0.00	13.50	23.00	41.50
Total for SE	28.50	33.00	20.00	26.00	107.50

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>O'Neill, Jennifer</i>					
<i>Internal CSR</i>					
KNIN6587	11.50	8.00	15.50	0.00	35.00
KNIN7180	1.00	0.00	0.00	0.00	1.00
KNIN7197	0.00	20.50	4.75	2.75	28.00
KNIN7199	0.00	3.75	4.50	1.00	9.25
KNIN7371	0.00	0.00	0.00	0.75	0.75
KNIN7426	2.00	0.00	0.00	1.25	3.25
KNIN7445	1.00	0.00	3.75	0.00	4.75
KNIN7472	1.00	0.00	0.00	0.00	1.00
KNIN7542	1.00	0.00	0.00	0.00	1.00
KNIN7543	3.25	5.00	1.50	0.00	9.75
KNIN7566	1.00	7.25	0.00	0.00	8.25
KNIN7574	4.00	1.00	3.75	0.00	8.75
UB92	1.50	0.00	0.00	0.00	1.50
<i>Total Internal CSR</i>	27.25	45.50	33.75	5.75	112.25
<i>State CSR</i>					
KNST0536	7.75	1.00	1.25	0.00	10.00
KNST0548	1.25	0.25	0.00	0.00	1.50
<i>Total State CSR</i>	9.00	1.25	1.25	0.00	11.50
Total for SE	36.25	46.75	35.00	5.75	123.75

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total	
<i>Schultz, Frank</i>						
<i>Internal CSR</i>						
	DRUG	0.50	3.00	0.50	0.00	4.00
<i>Total</i>	<i>Internal CSR</i>	0.50	3.00	0.50	0.00	4.00
<i>SRR</i>						
	KNSR0273	0.00	0.00	0.00	6.50	6.50
	KNSR0280	0.00	0.00	0.00	1.50	1.50
	KNSR0281	0.00	0.00	0.00	1.00	1.00
<i>Total</i>	<i>SRR</i>	0.00	0.00	0.00	9.00	9.00
<i>State CSR</i>						
	MEDSTAT	0.00	2.50	0.00	0.00	2.50
<i>Total</i>	<i>State CSR</i>	0.00	2.50	0.00	0.00	2.50
Total for SE		0.50	5.50	0.50	9.00	15.50

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Shaw, Paul</i>					
<i>Internal CSR</i>					
KNIN7437	7.50	2.00	1.00	0.00	10.50
KNIN7499	1.50	0.00	1.00	0.00	2.50
KNIN7588	3.00	2.00	0.00	0.00	5.00
UB92	0.00	0.00	9.00	2.00	35.00
<i>Total Internal CSR</i>	12.00	4.00	11.00	2.00	53.00
Total for SE	12.00	4.00	11.00	2.00	53.00

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Stewart, Barbara</i>					
<i>Internal CSR</i>					
KNIN7342	0.00	1.00	2.50	0.50	4.00
KNIN7344	0.00	1.00	2.50	0.50	4.00
KNIN7432	0.00	0.00	0.00	1.00	1.00
KNIN7439	0.00	0.00	0.00	1.00	1.00
KNIN7441	0.00	0.00	0.00	1.00	1.00
KNIN7483	2.00	3.00	6.00	0.00	11.00
KNIN7484	0.00	0.00	0.00	1.00	1.00
KNIN7514	0.00	0.00	0.00	1.00	1.00
KNIN7554	0.00	0.00	0.00	1.00	1.00
KNIN7556	0.00	0.00	0.00	1.00	1.00
KNIN7579	0.00	0.00	0.00	1.00	1.00
UB92	0.00	0.00	47.00	12.00	81.00
<i>Total Internal CSR</i>	2.00	5.00	58.00	21.00	108.00
<i>State CSR</i>					
KNST0544	1.50	0.00	4.50	0.00	6.00
KNST0546	1.50	0.00	4.50	0.00	6.00
<i>Total State CSR</i>	3.00	0.00	9.00	0.00	12.00
Total for SE	5.00	5.00	67.00	21.00	120.00

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Strand, Jeff</i>					
<i>Internal CSR</i>					
KNIN7510	2.00	0.00	0.00	0.00	2.00
UB92	3.50	0.00	0.00	2.00	5.50
<i>Total Internal CSR</i>	5.50	0.00	0.00	2.00	7.50
<i>SRR</i>					
KNSR0249	0.00	3.00	0.00	1.00	4.00
KNSR0285	0.75	0.00	0.00	0.00	0.75
KNSR0286	1.50	7.50	2.50	0.75	12.25
<i>Total SRR</i>	2.25	10.50	2.50	1.75	17.00
<i>State CSR</i>					
MEDSTAT	51.25	0.00	0.00	0.00	51.25
<i>Total State CSR</i>	51.25	0.00	0.00	0.00	51.25
Total for SE	59.00	10.50	2.50	3.75	75.75

**Kansas Medicaid Program
Systems Engineer CSR/SRR Work Detail
January, 1994**

Task #	Analysis	Const	Test	Impl	Total
<i>Wilbur, Janet</i>					
<i>Internal CSR</i>					
UB92	40.50	0.00	0.00	43.00	83.50
<i>Total Internal CSR</i>	40.50	0.00	0.00	43.00	83.50
Total for SE	40.50	0.00	0.00	43.00	83.50
Total for Month	342.25	252.00	311.00	145.75	1097.00

