



# KPHA E-NEWS UPDATE

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## Legislative Update



**State takes pulse of health care major reforms to control costs due this year**

**By Scott Rothschild**



"It will be the leading issue of the coming legislative session," said state Sen. Jim Barnett, R-Emporia, a physician and chairman of a legislative committee that oversees the Kansas Health Policy Authority.

As in other states across the nation, Kansas officials are trying to get a handle on the growing numbers of uninsured - totaling approximately 290,000 in Kansas, or 10.5 percent of the state's population - and skyrocketing health care costs.

Proposed solutions span the entire political spectrum from privatizing current government programs to putting government in charge of providing most health coverage.

Up to this point, Kansas lawmakers and Gov. Kathleen Sebelius have voted unanimously to establish the Kansas Health Policy Authority and embark on a path toward making insurance more affordable and available for Kansans.

But Marcia Nielsen, executive director of the Kansas Health Policy Authority, noted at a meeting last week, "It's going to start getting harder."

Nielsen said Kansans will need to take more responsibility for their own health care through lifestyle changes.

"Obesity and tobacco control are clearly at the top of the list," she said.

But if Kansans are required to be more responsible, she said, the government needs to provide them with more information so consumers can essentially comparison shop for the most cost-effective treatment and insurance.

"It's important for people to have skin in the game," she said.

Barnett said any health reform package must address the increasing costs of care caused by doctors practicing "defensive medicine" to avoid lawsuits.

"We're still skirting the nitty-gritty of what's driving costs," he said.

And House Speaker Melvin Neufeld, R-Ingalls, said he has heard concerns from insurance agents that their interests are not represented on the various advisory councils working on the plan.

He said the insurers think the advisory groups were selected "to get a certain result."

But Nielsen said the Health Policy Authority was getting input from all stakeholders.

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## **State needs more time to thin Medicaid backlog**

### **Associated Press**

TOPEKA - The state will need another seven months to eliminate a backlog in applications for Medicaid benefits caused by federal proof-of-citizenship requirements, officials say.

Legislators appropriated more than \$700,000 to allow the Kansas Health Policy Authority to hire new staff to

help clear the backlog, involving 18,000 to 20,000 applications for Medicaid, which provides medical coverage to the poor and disabled.

"We expect that backlog to be resolved by January," Connie Hubbell, the authority's chairwoman, told a legislative oversight committee this week.

Congress adopted the new proof-of-citizenship requirements last year, hoping to keep illegal immigrants from claiming benefits. But critics contend it causes delays in processing citizens' applications because some of them don't have the necessary birth certificate or other documentation.

Marcia Nielsen, the Health Policy Authority's executive director, said states have been lobbying Congress to permit them to administer the citizenship requirements in their own ways.

"There is movement now in Congress to allow states to have their own methods," Nielsen said.

Nielsen also suggested Kansas was more rigorous in following the law than other states.

When the law took effect July 1, Kansas also was being audited by federal officials over questionable Medicaid spending practices. Those audits resulted in lawmakers recently allocating \$90 million and instituting numerous changes to settle the issue.

"We were following the letter of the law considering how much hot water we were in," Nielsen said.

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## ARTICLES FROM KHA NEWS SERVICE



### Advocates seek evidence of mental health disparity

**By Dave Ranney**  
**KHI News Service**

TOPEKA, June 4 - A coalition of advocacy groups is reaching out to people whose access to mental health care has been denied or cut short by their insurance companies.

"We want to hear from them," said Rick Cagan, executive director for National Alliance on Mental Illness-Kansas.

In Kansas, state-regulated insurance companies are supposed to treat mental and physical illnesses alike.

But advocates insist insurance companies routinely limit beneficiaries' hospital stays and office visits that involve mental illness.

"Just because you have coverage doesn't mean you're covered," said Sky Westerlund, executive director of the

Kansas Chapter of the National Association of Social Workers.

Earlier this year, calls for tightening the current law's parity requirement suffered a major setback when Kansas Insurance Commissioner Sandy Praeger said her office hadn't received a single complaint from a consumer alleging their insurers had denied them mental health services.

Praeger, a former state senator for Lawrence who was instrumental in steering the initial parity bill through the 2001 Legislature, said she thought "there are still disparities" in the marketplace. But there wasn't much her office could do, she said, until beneficiaries filed complaints.

Advocates are hoping to do just that.

"If people know or have reason to believe their insurance companies have kept them from taking full advantage of services available to them, they're invited to contact any of us," Cagan said.

"We'll listen to what they have to say and if the situation warrants filing a complaint, we'll help them do that if that's what they want to do," he said. "In any case, we want to hear from them."

The Kansas Mental Health Coalition is coordinating the outreach. Participants include:

- o NAMI-Kansas - (800) 539-2660
- o Keys for Networking - (800) 499-8732
- o Kansas Chapter of the National Association of Social Workers - (785) 354-4804

Outreach efforts will focus on both children and adults.

Praeger's office welcomed news of the outreach.

"We're here to help," said Cindy Hermes, director of government and public affairs at the Kansas Insurance Department. "If there's a complaint, we'll get it resolved."

But federal law, she warned, prohibits states from regulating self-insured plans.

"Generally speaking, companies with 50 or more employees tend to be self-insured," Hermes said. "We don't have jurisdiction over them, but we do have jurisdiction over individual or small-business policies, the kind you purchase from a local agent."

Cagan said the coalition was aware of the limitation. "We still want to hear from people," he said.

Advocates also are hoping the parity issue will be the subject of an interim legislative study. Committee assignments will be announced in early July.

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## **Big Tent Coalition Changes: Jones, Harder leave Big Tent Coalition**

**By Dave Ranney  
KHI News Service**

TOPEKA, May 17 - Shannon Jones and Robert Harder have resigned their leadership positions in the Big Tent Coalition.

"We'd like to be able to devote more time to pursuing other goals," Jones said, addressing the group's regular monthly meeting Tuesday at the Topeka-Shawnee County Public Library. "We'd like to bow out."

The all-volunteer coalition lobbies on behalf of people with disabilities. Its membership includes about 75 advocacy groups.

Jones and Harder have served as the group's unofficial leaders since it began in 2002.

The resignations were not expected.

"We're all in shock," said Brandie Stormes, a Topeka branch manager for the Mid America Chapter of the National Multiple Sclerosis Society.

Harder said the resignations were "immediate" and that neither he nor Jones would be able to attend the coalition's June 28 meeting.

Outside the Big Tent Coalition, Jones is executive director at Statewide Independent Living Council of Kansas (SILCK).

Harder is a former cabinet secretary at both the Department of Social and Rehabilitation Services and the Department of Health and Environment. Retired from state government since 1995, he is a volunteer lobbyist for the United Methodist Church of Kansas. He also serves on the SILCK governing board.

Harder and Jones said they hope to launch a SILCK-based campaign aimed at "rebalancing" the state's long-term care policies in ways that will allow more frail seniors and people with disabilities to live in community settings and avoid moves to nursing homes.

"We're not giving up our roles as advocates," said the 78-year-old Harder. "It's just that we feel the state has come to a tipping point on this issue and for me, after being in the Statehouse in one way or another for 48 years, I'd rather be focused on one or two issues than on the multitude that come with representing the Big Tent Coalition. It'll be easier on me as a volunteer."

Jones said her decision was fueled by news that Kansas had received a five-year grant designed to help people move out of nursing homes and into community settings.

"This is huge," Jones said. "I've been fighting for this for the 13 years I've been at SILCK."

In the Big Tent Coalition's first five years, state spending on services for frail seniors and people with disabilities has increased \$75 million.

"They've done a good job, they've been very strong advocates," said House Social Services Budget Committee Chairman Bob Bethell, R-Alden.

"You know, I can remember back when we were having to cut programs and the committee chairman of the

time said, "Look, we've bled these areas enough," Bethell said. "Well, Shannon and Dr. Harder were there to help us reach those conclusions."

The Big Tent Coalition is an informal organization. It does not, for example, have bylaws or procedures for choosing Harder and Jones' successors.

Rick Cagan, executive director at National Alliance on Mental Illness-Kansas, offered to coordinate the group's June 28 meeting.

"We'll have a discussion on where we want to go from here," he said.

The meeting is expected to start at 9:30 a.m. Its location is not yet known.

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## Public health volunteers provide tetanus shots, support to Greensburg residents

**By Sarah Green**  
**KHI News Service**

TOPEKA, May 18 - As Greensburg residents and workers continue to clean up after the May 4 tornado that destroyed the town, health-care workers have volunteered hours of assistance.

Volunteers from local health departments, Medical Reserve Corps chapters and other public health agencies have distributed tetanus shots, hand sanitizer and sunscreen to clean-up crews and residents.

About 4,000 tetanus shots have been administered to residents and volunteers, health officials said. Many of those doses came from Indiana and Arizona, to augment those from the state's stockpile.



The makeshift Kiowa County Health Department in Greensburg. (Photo courtesy of Reno County Health Department)



The public health response after the Greensburg tornado has included volunteers making tetanus shots available to those who need them. (Photo courtesy of Sedgwick County Health Department)

"You try to put systems in place that allow you to respond quickly in case a situation does arise," said Michael Runau, director of the Kansas Immunization Program. "Our partners across the nation are very public health conscious, and there is that spirit of community. People do pitch in to assist."

Tetanus boosters are recommended every five to 10 years for adults, said Cindy Burbach, the Sedgwick County Health Department's Health Protection and Promotion division director.

Tetanus is an infectious, toxic disease that causes spasms of voluntary muscles, especially in the jaw. It is often contracted through contaminated wounds.

It's not a question of if but when someone cleaning up after such a disaster will receive such a wound, Burbach said.

"Adults don't run around generally being caught up on their tetanus shots," she said. "In an ideal world, we wouldn't let any response or clean-up workers come onto site before they passed the tetanus test."

Kathy Winger, an administrative assistant and the public information officer for the Reno County Health Department, traveled to Greensburg last week after a call went out for volunteers.

Teams of two public health volunteers traveled into the city's neighborhoods to look for people who might need tetanus boosters.

"People were so grateful when we would come to them," Winger said. "They would say, 'I thought I needed one, but I didn't know where to go to get it.'"

Volunteers also reminded residents to move meat and other perishables out of their homes and to trash collection points so animals wouldn't move into town in search of food. They answered questions from residents about where the town's doctors could be found, and where to go for first aid.

They also acted as messengers back to the first aid command post. A woman had a wheelchair that was salvageable, but she didn't need it. When Winger returned to the first aid station, a call had already come in from someone looking for a wheelchair.

"It was an incredible experience, to go in to help," she said.

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## **Summit this week seeks solutions for the uninsured**

**By Sarah Green  
KHI News Service**

WICHITA, June 4 - About 40,000 Sedgwick County residents are medically uninsured. This week, community leaders will discuss how to improve their access to health care.

Sedgwick County Commissioner Tim Norton, who is convening the "Summit on Health Care Access," said the meeting will include about 80 representatives from local businesses, health care providers, government and non-profit organizations and the public.

The group will focus on the cost of health care and problems of navigating the health-care system. One of the biggest priorities is finding ways to provide the 40,000 uninsured residents - about 12 percent of the county's

population - with medical homes.

"We want to work on something of real substance that we can implement in our community," Norton said. "It may be a combination of what we're doing already; it may be something new; it may be something that's being done in another community that is a template for what we could do here."

But Norton said he is more interested in the process used to build successful community-based initiatives than the final product.

"We're different than anybody else," he said. "I think we need to come to some conclusions about how bad we think the issue is in our community, develop work groups to really open up the problem and work on it."

Norton said those at the summit will also be mindful of other health care reform efforts, including those underway by the Kansas Health Policy Authority, which is working to develop a plan for major reform to be presented to the 2008 Legislature.

"In my opinion, we're not going to go to a national, universal health-care model anytime soon," he said. "I think there are things locals need to be doing to work on the issue through a filter of issues in their own community, but we also have to understand that whatever we do needs to mesh in with legislation at the state level."

The summit will take place from 8 a.m. to 5:30 p.m. on June 7 at Wichita State University's Rhatigan Student Center. [Back to top](#)

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## Job Openings



### **Sedgwick County, Kansas Billing Manager**

Plans, directs, and evaluates all components in relation to billing to include multifarious subjects of compliance, personnel and office management, and quality assurance for all programs offered at the health department. This person will supervise patient billing staff. Responsibilities will include oversight of the daily billing functions, application and reconciliation of payments, working directly with affiliates on billing issues. Will also be responsible for providing internal billing training.

#### **Essential Job Functions:**

Supervises daily billing activities for the SCHD.

Recruits, interviews and hires staff; evaluates staff performance; takes disciplinary action as appropriate.

Acts as liaison between SCHD and Medicaid, Medicare, and all SCHD contracted third party insurers.

Actively pursues contracts with third party insurers.

Obtains information and works with Finance Manager to determine cost effectiveness and financial impact of various third party insurer contracts.

Directs and assists billing and fiscal associate staff in researching billing denials and correcting denials due to data entry errors within KIPHS database.

Coordinates with IT to integrate billing needs in software.

Keeps current on coding and billing practices to reduce denials and maximize revenue available through third party billing.

Coordinates with IT to update CPT and ICD-9 codes on a quarterly basis.

Research possible revenue resources available to SCHD through billing processes by utilization of various HCPCS and CPT procedure codes; review and implement such new codes as applicable.

Establishes, implements and maintains collection practices for patient services.

Develops policies and procedures related to billing practices, coding and compliance.

Works with Finance Manger to obtain necessary information to review and revise fee structure as needed.

Develop methodology for establishing fees for services offered at SCHD; review fees quarterly and update as needed.

Develops and works with Human Resource Coordinator and SCHD Division Directors. Implements training for billing staff, Customer Service Representatives, and clinical staff and all other applicable SCHD staff on billing procedures, requirements and documentation.

Identifies and communicates technological needs related to electronic billing and payments.

Utilizes team method of problem solving.

**Job Standards:**

Bachelors Degree minimum, preferably in Business or Business Administration supplemented by course work in bookkeeping, accounting or auditing. 3-5 years experience with medical billing including Medicaid, Medicare, and Private Insurance a must. Extensive knowledge of CPT and ICD 9 codes required. 3-5 years of supervisory experience.

Exceptional computer skills including billing data management and electronic billing methods.

Knowledge of Federal, State and Private pay standards in relation to billing/coding for Public Health; and knowledge of Federal, State and Private payer reimbursement principles.

Knowledge of the documentation requirements for all Evaluation and Management Codes and Services to

include guidelines established by the AMA (American Medical Association) and the OIG (Office of Inspector General).

Ability to gather data, compile information and prepare reports.

Knowledge of the principles, practices, policies, procedures, terminology and equipment in KIPHS.

Ability to communicate clearly and concisely both orally and in writing.

Ability to develop policies and procedures and to implement such policies/procedures.

Ability to prepare, present, and evaluate training and educational programs.

Knowledge of laws, ordinances, and policies in relation to Billing and Compliance which govern various programs and services offered at Sedgwick County Health Department

Knowledge of administrative and clerical procedures and systems such as word processing, HIPPA, billing and insurance compliance, coding compliance and procedure terminology.

Knowledge of research methodology and statistical analysis.

Ability to establish and maintain effective working relationships with other professionals, co-workers, community partners, the general public, and multiple levels of government.

Experience and knowledge with team problem solving model.

Administrative abilities to manage human and financial resources.

**Equipment:**

Office equipment

**Work Environment:**

Office

Salary \$40,091/year

M-F 8 a.m. to 5 p.m. with occasional evening hours and weekend hours

1900 E 9th Wichita KS 67214

Valid Kansas Drivers License Required. Must meet Driver Qualification standards as set forth in Sedgwick County s Fleet Vehicle Operation and Usage policy (R#225-1999).

This position may be filled or closed to further application without notice.

Sedgwick County will prohibit the hiring of spouses and/or immediate family members within the same department, but not within the County structure.

Immediate family and family of the employee s spouse shall be considered husband, wife, son, step-son, son-in-law, daughter, step-daughter, daughter-in law, brother, step-brother, brother-in law, sister, step-sister, sister-in-law, mother, step-mother, mother-in law, father, step-father, father-in-law, grandchildren, grandparents and grandparents-in-law.

Sedgwick County is proud to be an Equal Opportunity Employer.

Applicants requiring Reasonable Accommodation for the application, pre-employment testing and/or interview process should notify the Human Resources Department or the County's ADA Coordinator.

Bob Bean  
Sedgwick County ADA Coordinator  
510 N. Main Suite 306  
Wichita KS 67203  
Phone (316) 660-7052  
TDD (Kansas Relay at 711 or 800-766-3777)  
Email: [rbean@sedgwick.gov](mailto:rbean@sedgwick.gov)

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EQUAL OPPORTUNITY EMPLOYER  
**SHAWNEE COUNTY HUMAN RESOURCES**  
200 SE 7th, Room B-28  
Topeka, Kansas 66603  
[www.co.shawnee.ks.us](http://www.co.shawnee.ks.us) (785) 233-8200, Ext. 4435

**DEPARTMENT:** Health Agency

**POSITION TITLE:** Registered Nurse (Communicable Disease/Immunizations/Non Float)

**STARTING WAGE:** \$16.55 Per Hour (Range 704-Starts @ Step 1-\$16.55-Tops Out @ Step 19-\$26.45)

**RECRUITMENT NO:** N/A

**APPLICATION DEADLINE:** June 18, 2007

Will work 8 am-5 pm on Monday, Wednesday, Thursday, Friday and 10 am 7 pm on Tuesday.

**DEFINITION:**

Under general supervision, this position provides health care services in the areas of Communicable Diseases and Immunizations including Public Health Emergency. Recommends treatment programs and instructs patients on preventive health care. Performs other duties as required. This position is supervised by the Operations and Response Deputy Director.

**EXAMPLE OF DUTIES:**

30% Medications/Treatments. Administers medication, immunizations and other treatments according to prescription, protocol or direction and assists with providing other remedial actions designed to ensure the health of patients and safety of community as related to CD issues. Communicates with pharmacies and other health care providers and patients. Works directly with the CD program, including TB.

15% Case Management. Assists patients by providing information and direction relative to special treatment procedures or health care problems or as instructed by providers. Investigation and follow up includes but is not limited to: lab, x ray, referrals and CD control via investigation, direct assessments, community and provider education.

15% Documentation/Certifications. Maintains appropriate and complete medical records. Completes the required paper work for reimbursement and program accountability. Assists in keeping data and statistics in accordance with grant and governmental regulations.

15% Triage. Triage phone calls and walk in patients for proper service and care.

10% Direct Patient Care. Interviews and tests patients in order to record their health history. May perform initial hearing and vision tests. May perform limited, routine lab duties. Performs limited evaluations of patient's health status under direct supervision. Checks patients into clinic, obtains lab specimens and completes lab forms as indicated. Checks patients out of clinic and follows up on providers orders.

10% Emergency Preparedness. Works with the Emergency Preparedness and Community Outreach Program to address epidemiological capabilities and the capacity to institute active surveillance of agents, injuries or disease. May require response during non business hours via HAN pager system or other notification process. Participates in an on call 24/7 rotation with other CD/Immunization nurses. Upon request, provides statistical data concerning health services provided by the health care team.

5% Departmental Support. Follows County Rules and Regulations and Agency policy. Stocks, orders and rotates supplies as needed. Individual may drive to various County and satellite locations within Shawnee County.

**KNOWLEDGE, ABILITIES AND SKILLS:**

Knowledge of: Primary health care theory and practices; Human physical and psychosocial needs.

Ability to: Apply primary health care techniques to specific patient situations; Work as a team member in providing health care services; Work independently in adverse situations; Prepare and maintain records, charts and reports; Follow detailed written and oral directions; Communicate effectively, both orally and in writing, using the English language.

**MINIMUM QUALIFICATIONS:**

License to practice as a Registered Nurse in the State of Kansas OR proof of pending graduation from an accredited college/university nursing school. CPR Certification. Valid Driver's License. If you are applying from out of state or have recently moved to Kansas, you will have 90 days from the date of hire to provide a photocopy of your Kansas Driver's License to the supervisor in your department. Proof of the listed minimum qualifications (i.e., High School Diploma, GED Certificate, Driver's License, other licenses, etc.) may be required at any time during the recruitment/interview process.

**SPECIAL REQUIREMENTS:**

After a conditional offer of employment, applicant must pass a pre-employment physical and drug screen. Required to lift up to 30 pounds. If not a licensed RN, graduation must occur before employment and license to practice as a Registered Nurse in the State of Kansas is required within 120 days of employment. If CPR

Certification has lapsed, will be required to renew their Certification within 120 days of employment. Required to provide surveillance, care and support to persons in the County in an emergency during business and non-business hours. Required to drive to various County locations during an emergency.

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## AMICUS Brief Update

KPHA received the email below on the legal proceeding we have been a part of since 2004:

Dear Amici,

I have attached a copy of the parties' joint Motion to Dismiss All Appeals, with Exhibit, which we received yesterday from the Center for Reproductive Rights. As you can see from the attached, apparently the Kansas Legislature trumped all of the parties by enacting legislation, effective January 1, 2007, that has mooted the appeal. Better yet, the new legislation is consistent with plaintiffs' (and our) read of the original statute. So, in an indirect way, we should consider this a victory. Congratulations. Please let me know if you have any questions or comments about this. It has been a pleasure representing all of you in this worthy endeavor.

Best Regards,  
Jonathan Rich

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## Article from Board Member Barbara Mitchell on Public Health Week

### Public Health Week - Midwest Style



As part of Public Health Week 2007, The Johnson County Health Department (Johnson County, KS), in

in conjunction with the Greater Kansas City local health departments, sponsored an opportunity for the media to tour our new regional emergency public health response trailer. Four local television and radio stations took us up on the offer.

Public Health Week presented a unique chance to show off a new community resource. The eight medical emergency trailers are strategically located throughout the Kansas City metro area for emergency and community response purposes, including mass vaccination and dispensing clinics. One of the primary uses of these public health trailers will be to provide prophylaxis for first responders including fire, police and emergency medical service. The combined eight trailers could furnish the capacity to vaccinate or provide medication to approximately 80,000 people per day across the metro area.

The Johnson County Health Department also sponsored emergency preparedness displays and information tables at three County building locations during Public Health Week. [Back to top](#)

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## **Governor's Proclamation Signing Marks End to National Public Health Week Activity in Kansas**

During the last week of May, the Governor's office allowed a group representing Health Advocates in Kansas who were part of the Health Day at the Capital to have a photo op for the Proclamation that was signed for National Public Health week. Below is the picture. Those at the signing included from left to right: Dr. Howard Rodenberg, KDHE, Mary Jayne Hellebust, YFKC, Joe Cheray, Kansans and Friends in Weight Loss (in front of Joe is her son), (the Governor, seated) behind the Governor, Corrie Edwards, KHCC, Linda DeCoursey, Ks Heart Assn., Jan Stegeman, SafeKids, Elaine Schwartz, KPHA and Ed Kalas, KPHA. Thanks to all those who participated in this opportunity!



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## Information on Mapping Kansas Area Communities - GIS Workshop from Dr. Richter

KPHA members might be interested in it - follow the link below.

Kim

Click [here](#) to view an online version of this email.

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Visit our site at <http://ks.train.org>.



Visit our site at <http://phpartners.org/>.

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