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Sam Brownback, Governor

IMMEDIATE RELEASE

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State Submits Medicaid Waiver Request

TOPEKA – A concept paper submitted today by the State of Kansas seeks a waiver from the federal government so it may begin its efforts to reform the state's Medicaid system.

"The Section 1115 Waiver will allow us to move forward with implementing some of the changes to the Medicaid system. This is the first step of many towards improving the health outcomes of Kansans while bending the cost curve of Medicaid down over time," Lt. Governor Jeff Colyer, M.D. said.

Dr. Colyer said the State is asking the Centers for Medicare & Medicaid Services (CMS) for a two-track waiver approach. In the first track, the State will work with CMS to implement the State's integrated care system model, KanCare, by 2013. In the second, separate track, the State seeks to begin discussions with CMS to implement a future global waiver to maximize flexibility in administering an outcomes-based program. A copy of the concept paper is available online at

http://www.kdheks.gov/hcf/medicaid_reform_forum/download/Kansas_1115_Waiver_Concept_Paper.pdf.

In 2011, the State facilitated a series of Medicaid public forums during which more than 1,000 participants engaged in discussions on how to reform the Kansas Medicaid program. Forum participants produced more than 1,500 comments, and a web-based tool received an additional 500 comments on recommendations for reform. A summary of the extensive public and stakeholder input process can be found at www.kdheks.gov/hcf/medicaid_reform_forum. The Administration announced the KanCare reform plan in November 2011.

"This 1115 waiver will allow Kansas to deinstitutionalize people, build capacity in home and community based settings and provide the same services customers are receiving now," Secretary of Aging Shawn Sullivan said.

The concept paper flows directly from that public process and details a waiver that will be designed to meet the goals of Medicaid reform—person-centered care that will improve healthcare outcomes and bend the cost curve of Medicaid down over time without reducing eligibility or implementing provider cuts.

Waiver authority is being sought to move all Medicaid populations into a person-centered integrated care system (also known as managed care), to cover all services through this model, to establish safety net care pools, and to create and support alternatives to traditional Medicaid, including programs to aid the transition to private insurance and to increase opportunities for work, particularly among disabled Kansans. Generally, 1115 waivers are approved for a five-year period.

Senate Ways and Means
Dates: 04-17 and 04-18, 2012

Attachment:

16

"The working group for Medicaid reform is grateful for the statewide collaboration and community interest displayed over the past year in this important work to find solutions that will sustain this essential health care program. The result is KanCare, and we look forward to delivering on the commitment we've made to improve outcomes in our state's Medicaid program," Robert Moser, M.D., Secretary of Health and Environment and State Health Officer said.

The Kansas Department of Health and Environment (KDHE) is accepting comments on the concept paper over the next month. Comments can be submitted electronically by emailing KanCare@kdheks.gov.

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STATE OF KANSAS SECTION 1115 DEMONSTRATION, "KANCARE" CONCEPT PAPER January 26, 2012

The State of Kansas (State), Department of Health and Environment (KDHE), is seeking Section 1115 demonstration waiver authority to fundamentally reform Medicaid in Kansas to improve outcomes and establish financial responsibility. This paper presents background on the urgent need for Medicaid reforms in Kansas, and the State's development of a comprehensive Medicaid reform plan. It then outlines the State's vision for a waiver that will proceed on two separate tracks. In the first track, the State will work with CMS to develop and implement by 2013 an integrated care system, "KanCare," to provide Medicaid and CHIP services, including long term services and supports (LTSS), through managed care to all beneficiaries. In the second track, the State seeks to begin discussions with CMS to implement a global waiver that will administer an outcomes-based Medicaid and CHIP program under a per-capita block grant.

THE PROBLEM

Kansas Medicaid costs have grown at an annual rate of 7.4 percent over the last decade. Long-run trends in Medicaid are driven by widespread increases in enrollment and spending per person. While exacerbated by the economic downturn, Medicaid growth is not just tied to the economy. Kansas is in the midst of a sustained period of accelerated growth as baby boomers reach the age of acquired disability.

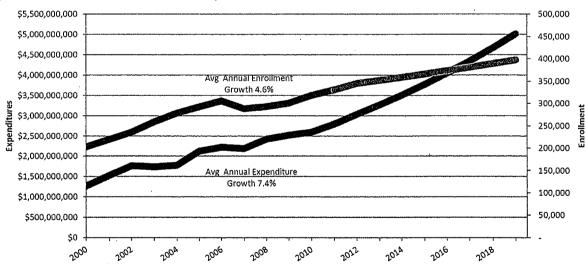


Figure 1: Historic Medicaid Growth, without expansion

Yet the cost drivers in Medicaid are not confined to one service area or population. As Figure 2 illustrates, the projected sources of growth in Kansas Medicaid spending cut across populations. Tackling the structural deficit facing Medicaid cannot be accomplished by excluding or focusing solely on one population or service.

Figure 3: Projected courses of growth in Medicaid coording EV 2012-2017, without reforms

Percent of total growth	Aged Non- Waiver Population	Disabled Non- Waiver Population	Aged and Disabled HCBS Waiver Populations	Children and Families	Foster, MediKan and other populations	TOTAL by Service
Medical and misc. services	1%	14%	7%	22%	4%	48%
HCBS waiver services	0%	0%	25%	0%	0%	25%
Behavioral Health and Substance Abuse	0%	2%	3%	2%	1%	9%
Institutional care/PACE LTC services	11%	6%	1%	0%	0%	18%
TOTAL by Population	13%	22%	36%	24%	5%	100%

The State has determined that no short-term solutions—provider rate cuts, tweaks of eligibility requirements—could address the scale of the issue over time. Without intervention, projected Medicaid growth will continue to put downward pressure on other critical state priorities, including education and transportation.

80% ■ Human Services Caseloads 70% 60% 3 Higher Education 50% ■ K-12 Education 40% ₩ KPERS 30% All Other 20% 10% FY 2011 FY 2012 FY 2013 FY 2014 FY 2015 FY 2016

Figure 3: The Crowd-Out Effect, Expenses as Percentage of State General Fund

FY 12-16 projected; illustrates impact on other programs if Medicaid growth continues unabated. Assumes projected deficits would be offset in other programs.

Just as important, focusing only on costs, to the exclusion of quality and outcomes, would be counterproductive. Kansas Medicaid historically has not been outcomes-oriented. The input the State has received from stakeholders and the public has validated the need for increased accountability in the services the State provides, and for a new level of investment in prevention, care coordination, and evidence-based practice.

KANSAS MEDICAID REFORM PLAN

In the summer of 2011, the State facilitated a series of Medicaid Public Forums, where more than 1,000 participants engaged in discussions on how to reform the Kansas Medicaid system. Forum participants produced over 1,500 comments and recommendations for reform. Web conferences were held with stakeholders representing Medicaid population groups and providers. The State also made a web-based comment tool available and received an additional 500 comments in that venue. A summary of the extensive process conducted in 2011 can be found at http://kdheks.gov/hcf/medicaid reform forum. The State carefully considered the input from this public process and, in November 2011, announced a comprehensive Medicaid reform plan.

The State's 1115 waiver will be designed to meet the goals of the State's reform plan. The goals are:

- improving the quality of care of Kansans receiving Medicaid;
- controlling costs of the program; and
- long-lasting reforms that improve the quality of health and wellness for Kansans.

The cornerstone of the reform plan is "KanCare," an integrated care system focused on improving health outcomes for Kansans that will bend the cost curve of Medicaid down over time.

WAIVER INITIATIVES

As set forth below, the waiver would proceed on two separate tracks simultaneously. In the first track, the State would implement by 2013 four major initiatives to reform its current Medicaid and CHIP programs: (1) move all Medicaid populations into managed care; (2) cover all Medicaid services, including LTSS, through managed care; (3) establish safety net care pools to reimburse uncompensated hospital costs and to provide payments to critical access and other essential hospitals; and (4) create and support alternatives to Medicaid. In the second track, the State would build on these initiatives under a global waiver that would administer outcomesbased Medicaid and CHIP programs under a block grant.

I. Track 1: Immediate Medicaid Reforms

A. Move All Medicaid Populations Into Managed Care

The State's current Medicaid program serves three distinct populations: (1) parents, pregnant women and children; (2) various disability groups (e.g., those with intellectual or physical disability (PD), or both, and persons with serious and persistent mental illness (SPMI)); and (3) seniors age 65 and older. Kansas' Medicaid eligibility criteria are narrow. For adult Medicaid recipients other than the SSI-based population, the income cutoff is 30% FPL.

Parents, pregnant women and children (low-income populations) are currently in a capitated, risk-based managed care program called "HealthWave," which serves both Medicaid and CHIP members. Roughly 238,000 are in this population. HealthWave services are provided through two managed care organizations (MCOs). Another 75,000 individuals are in the disabled group and about 30,000 are in the aged group. The HealthWave program is run under the state plan option to use managed care, Section 1932 of the Social Security Act (SSA). The aged and disabled (except those served under home- and community-based services (HCBS) waivers) currently receive care under fee-for-service (FFS) with, in some areas of the State, a primary care case management benefit (HealthConnect Kansas).

Under KanCare, the State will expand its Medicaid managed care program to include all Medicaid populations, including the aged and disabled, by January 1, 2013. In designing KanCare, the State will focus on the following themes:

- Integrated, whole-person care
- Creating health homes

- Preserving or creating a path to independence
- Alternative access models and an emphasis on home and community based services

All Medicaid and CHIP beneficiaries will be required to enroll in a managed care plan. All beneficiaries will be auto-assigned to an MCO upon enrollment, but may change plans for any reason for 45 days after assignment.

B. Cover All Medicaid Services Through Managed Care, Including LTSS

In Kansas today, the FFS and managed care populations receive the same package of state plan services, except that the two managed care plans, at their option, may offer some additional services. The package of state plan services covered is fairly narrow. Habilitation services may not be covered under the State Plan. Children receive rehabilitation services only under Early Periodic Screening, Diagnosis, and Treatment (EPSDT). Dental benefits are not provided to adult recipients.

Kansas has aggressively moved toward HCBS for its long-term care Medicaid population. The State Department of Social and Rehabilitation Services (SRS) currently administers six Medicaid waivers under Section 1915(c) of the SSA: (1) autism, (2) developmental disabilities, (3) physical disability, (4) technology assistance, (5) traumatic brain injury, and (6) serious emotional disturbance. SRS also administers a 1915(b)/(c) waiver for mental health (through a prepaid ambulatory health plan (PAHP)) and substance use disorder services (through a prepaid inpatient health plan (PIHP)), including services for adults with serious and persistent mental illness and youth with serious emotional disturbance. In addition, SRS administers a grant (under the authority of the Deficit Reduction Act of 2005) program to provide community-based behavioral health services for children as an alternative to placement in a Psychiatric Residential Treatment Facility (PRTF). In addition, the Kansas Department on Aging (DOA) administers a Medicaid 1915(c) waiver for the Frail Elderly.

All told, the Kansas Medicaid program is responsible for seven home- and community-based service waivers. Three of these waivers have substantial waiting lists.

KanCare Services. Under the initial phase of KanCare, the State will provide all Medicaid-funded services (except state-operated intermediate care facilities for the mentally retarded (ICF-MR)) through managed care, including LTSS. The State has determined that contracting with multiple MCOs will result in the provision of efficient and effective health care services to the populations currently covered by Medicaid and CHIP in Kansas, as well as ensure coordination of care and integration of physical and behavioral health services with each other and with HCBS.

In November 2011, the State issued a Request for Proposals (RFP) to obtain competitive responses from vendors to provide managed care for the Kansas Medicaid and CHIP programs.

Services included in the KanCare RFP are physical health services (including vision, dental, and pharmacy), behavioral health services, and long term care (LTC), including nursing facility (NF) care and HCBS. These services will be provided statewide and include Medicaid-funded inpatient and outpatient mental health and substance use disorder (SUD) services, including existing 1915(c) HCBS Waiver programs for children with a serious emotional disturbance (SED). Services for individuals residing in state-operated ICFs-MR will continue to be provided outside these contracts. Three statewide contracts will be awarded to winning vendors.

Population-specific and statewide outcomes measures will be integral to the MCO contracts, and will be paired with meaningful financial incentives. Moreover, the State intends to create health homes, with an initial focus on individuals with a mental illness, diabetes, or both. The State also intends to use Aging and Disability Resource Centers (ADRCs) to make functional eligibility determinations and provide information and assistance and options counseling. The KanCare RFP encourages contractors to use established community partners. Contractors will also be encouraged to refer enrollees to PACE programs where appropriate.

The contracts will include safeguards for provider reimbursement and quality, as well as provisions aimed at minimizing conflicts across assessment, case management, and service provision.

Home and Community Based Services. KanCare will include long-range changes to the delivery system by aiding the transition away from institutional care and toward services that can be provided in individuals' homes and communities. Kansas currently has the sixth highest percentage of seniors living in nursing homes in the country. Including institutional and long-term care in person-centered care coordination means KanCare contractors will take on the risk and responsibility for ensuring that individuals are receiving services in the most appropriate setting. Outcome measures will include lessening reliance on institutional care. The State intends to help nursing facilities build alternative HCBS capacity. The State will also develop, with a university research partner for implementation in 2014, a tiered functional eligibility system for the Frail and Elderly that restricts access to the highest cost institutional settings only to those with the highest level of need in order to utilize appropriate alternative home and community based settings.

Collaboration. KanCare will encourage providers to practice at the highest level of their licensed training, while reducing isolated, narrowly focused care provision. An example is engaging pharmacists to actively collaborate in managing patient education, compliance and self-management, particularly for patients with medications from multiple prescribers.

Inclusiveness. Services for Kansans with developmental disabilities will continue to be provided under the auspices of Community Developmental Disability Organizations (CDDOs), but their inclusion in KanCare means the benefits of care coordination will be available to them. MCOs will be accountable for functional as well as physical and behavioral health outcomes. Providing Kansans with developmental disabilities enhanced care coordination will improve access to health services and continue to reduce disparities in life expectancy while preserving services that improve quality of life.

Consumer Voice. Because these reforms were driven by Kansans, the State will form an advisory group of persons with disabilities, seniors, advocates, providers and other interested Kansans to provide ongoing counsel on implementation of KanCare. Additionally, MCOs will be required to create member advisory committee to receive regular feedback, include stakeholders on the required Quality Assessment and Performance Improvement Committee, and have member advocates to assist other members who have complaints or grievances.

KanCare Contracting Principles. In order to assure the highest level of service to Kansans, MCOs will be required to do the following:

- Undertake a health risk appraisal to identify health and service needs in order to develop care coordination and integration plans for each member
- Provide health homes to members with complex needs, starting with members who have a mental illness or diabetes, or both
- Take steps to improve members' health literacy in order to make effective use of services and to share responsibility for their health
- Provide value-added services, at no additional cost to the state, to incentivize members to lose weight, quit smoking, participate in chronic condition management programs, and other health and wellness initiatives
- Create member Advisory Committees to receive regular feedback and to have Member Advocates to help members who have complaints and grievances.

The State will ensure performance by establishing significant monetary incentives and penalties linked to quality and performance, including:

- 3-5% of total payments will be used as performance incentives to motivate continuous quality improvement
- Additional penalties are associated with low quality and insufficient reporting
- Measures of plan performance will include prevention, health and social outcomes.

Savings. Based on a conservative baseline of 6.6% growth in Medicaid without reforms (the actual historic growth rate over the past decade was 7.4%), the outcomes-focused, personcentered care coordination model executed under the KanCare RFP is expected to achieve savings of \$853 million (total computable) over the next five years.

Savings	FY 13	FY 14	FY 15	FY 16	FY 17	5-year Total
All Funds	29,060,260	113,513,129	198,041,997	235,439,877	277,004,864	853,060,127
SGF	12,522,066	48,912,807	85,336,296	101,451,043	119,361,396	367,583,609

C. Establish Safety Net Care Pools

Kansas is also seeking to establish, as part of this waiver, safety net care pools that would permit payments from the State to hospitals based on uncompensated and non-hospital care, and payments from the State to critical access and other essential hospitals. In addition, the State is considering establishing an incentive program for hospitals that helps to create efficiencies in the health care delivery system (e.g., reducing hospital costs), but that would allow for additional revenue streams to hospitals that achieve defined cost containment and other measurable delivery system improvement outcomes.

D. <u>Create and Support Alternatives to Traditional Medicaid</u>

The State plans to develop and implement Medicaid "off-ramps," i.e., programs to transition Kansans who are currently on Medicaid to private insurance coverage, such as a COBRA-like option, and Health Savings Accounts (HSAs) that can be used to pay private-sector health insurance premiums. For example, the State may propose a program under which certain Medicaid beneficiaries (e.g., families) could elect to receive an HSA instead of Medicaid, and would then be responsible for using it to obtain a high-deductible insurance plan. Other similar options are explicitly sought in the current RFP. Such programs will aid in the transition from Medicaid to independence while preserving relationships with providers. The State also plans to work with CMS on further development of PACE.

In addition, the State will request waiver authority to increase opportunities to work, particularly for the more than 2,000 disabled Kansans on Medicaid who have told SRS they want to find employment. An enhanced Medicaid to Work program will include collaboration with the Department of Commerce to match potential workers with employers. The State will focus its efforts on programs that will reduce the waiting lists for existing waivers. For example, the State may offer to individuals on particular waiting lists Medicaid health coverage and a monthly "capped" payment for personal assistance services and employment supports as those individuals seek and retain employment. Health coverage would end or be phased out, but supports would continue for a defined period. Individuals who select this option would leave the waiting list, but would retain the opportunity to reclaim their position during a limited transition period. The pilot would also work with youth and adults who have not yet received formal SSA disability determinations, to assist them in moving directly to employment with supports.

These programs would allow the State to offer a more targeted package of benefits that would supplement employer-sponsored coverage, as an alternative to the waiting lists. Another program under consideration would extend or replace transitional Medicaid up to three years for individuals exceeding the income threshold. One proposed option would provide funded HSAs to purchase a health plan as an alternative to Medicaid; other innovative proposals have been sought through the KanCare RFP.

Other elements of the State's work programs may include:

- Reducing disincentives to work by enhancing Working Healthy and WORK program
- Creating a disability preference for state employment

- Leveraging state purchasing and incentive policies to encourage contractors to hire people with disabilities
- Establishing cash incentives for businesses that hire people with disabilities who are currently receiving state services
- Increasing awareness of the Kansas Use Law, intended to help provide employment for Kansans who are blind or severely disabled.

In order to implement the Track I waiver, Kansas seeks waivers of provisions of Section 1902 and costs not otherwise matchable under Section 1903 that include, but are not limited to:

Waivers

- Section 1902(a)(23) (freedom of choice) in order to enroll all populations in managed care, including for individuals specified at Section 1932(a)(2)
- Section 1902(a)(10)(B) (amount, duration and scope) in order to enable the State to offer demonstration benefits that may not be available to all categorically eligible or other individuals and to permit provision of a modified benefit package to individuals on the Section 1915(c) waiting list seeking employment

Costs Not Otherwise Matchable

- Expenditures for capitation payments in which the State auto-assigns enrollees and restricts enrollees' right to disenroll without cause to 45 days rather than the 90 days contemplated by Section 1903(m)(2)(A)(vi) and Section 1932(a)(4)(A)(ii)(I)
- Expenditures to provide home and community-based services that could be provided under the authority of Section 1915(c) waivers to individuals who meet an institutional level of care requirement
- Expenditures to enroll individuals who are receiving home and community-based services who would be eligible under 1902(a)(10)(A)(ii)(VI) and 42 C.F.R.§ 435.217 if they were instead receiving services under a Section 1915(c) waiver
- Expenditures to pay, out of one or more safety net care pools, certain payments to hospitals for uncompensated care and for supplemental payments to critical access and other essential hospitals.

II. Track 2: Medicaid Redesign

KanCare is an important first step in improving health care for Kansans and controlling the spiraling costs in the Medicaid program. It is only a first step, however. Much more remains to be done, and for that Kansas will require a global waiver from CMS to maximize flexibility in administering the Medicaid program for the benefit of all Kansans. The State recognizes that this request will be breaking new ground and therefore believes it is imperative to begin those discussions now, on a separate but parallel track, so that it is ready to move forward as early as 2015.

Medicaid's status as an entitlement needs to be addressed. The State and federal government are spending hundreds of millions of dollars to provide benefits to individuals who otherwise could have access to alternative, affordable insurance. Tens of millions more are wasted on benefits that are mandated, where there are less expensive, more effective alternatives available. Nationally, actions to adjust provider payments are met with threats of litigation. The system is unsustainable, and it does not serve Kansans well, because the one entitlement that Medicaid does not promise is an outcome for a healthier population. Accordingly, in Track 2, the State will request broad flexibility in service entitlements, service delivery regulations, and Medicaid eligibility, in exchange for fixed federal costs (per capita), guaranteed savings and a commitment by the State to performance management and population-based outcomes.

Under Kansas' proposal, the State would receive a fixed global payment from the Federal government (with adjustments only for unanticipated enrollment), and would take responsibility for its own health system. The State would use the flexibility granted by CMS to redesign Medicaid to focus on critical outcomes—such as population-based measures of access to care and health care system performance—rather than outdated and unaffordable entitlements. The waiver would build on Kansas Medicaid's unparalleled, comprehensive program evaluation process and its leading health data measurement system.

Among other things, Kansas seeks authority for the following:

- Modifying the Medicaid entitlement for those who have access to affordable, accessible coverage
- Encouraging consumer choice and responsibility through HOAs or cash and counseling for recipients of all types
- Increasing personal responsibility through premiums and cost-sharing, e.g., increased premiums for CHIP families and for the federally mandated Medicaid expansion group of adults < 138% of poverty
- Implementing substantial payment reforms for medical care and other services to emphasize performance and outcomes at the provider level
- Coordinating care for individuals dually eligible for Medicaid and Medicare, including developmentally and physically disabled individuals
- Comprehensively identifying current need and effectively using prevention strategies, while streamlining access to needed services
- Mitigating reporting and administrative burden on providers, to support access to robust provider networks

This waiver would redefine the federal-state relationship in Medicaid and provide a model for reform of Title XIX in ways that honor the program's statutory goal of improving the health of Americans in the greatest need.

KANSAS DEPARTMENT OF HEALTH and ENVIRONMENT DIVISION OF HEALTH CARE FINANCE

FISCAL YEAR 2012

KANSAS MEDICAL ASSISTANCE REPORT

Prepared by:

Kansas Department of Health and Environment
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GLOSSARY OF ACRONYMS

Acronym	Term	Acronym	Term
ADAP	Aids Drug Assistance Program	CDDO	Community Development Disability Organization
FC	Foster Care	CMHC	Community Mental Health Centers
FPL	Federal Poverty Level	CRNA	Nurse Anesthetist
GA	General Assistance	DSH	Disproportionate Share to Hospitals
LMB	Low Income Medicare Beneficiary	HCBS	Home Community Based Services
MA	Medical Assistance	HIPPS	Health Insurance Premium Payment System
PLE	Poverty Level Eligible	HIRF	Head Injury Rehabilitation Facility
PW	Pregnant Women	ICF/MR	Intermediate Care Facility/Mental Retardation
QMB	Qualified Medicare Beneficiary	LEA	Local Education Agency
QWD	Qualified Working Disabled	NEMT	Non-Emergency Medical Transportation
SOBRA	Emergency Medical Services for Non-Citizens	PACE	Programs of All-Inclusive Care for the Elderly
ISS	Supplemental Security Income	PCCM	Primary Care Case Manager
TAF	Temporary Assistance for Families	TCM	Targeted Case Management
PAHP	Pre-Paid Ambulatory Health Plan	PIHP	Pre-Paid Inpatient Health Plan
WORK	Work Opportunities Reward Kansans	MFP	Money Follows the Person
CHIIP	Children's Health Insurance Program	PRTF/CBA	Psychiatric Residential Treatment Facility/Community Based Alternative
PRTF	Psychiatric Residential Treatment Facility	SMART	Statewide Management Accounting and Reporting Tool
KDHE	Kansas Department of Health & Environment	DHCF	Division of Health Care Finance

compared with other MMIS/DAI reports. month. Not all reports in MMIS are run at the same time. Therefore, there may be variations in the numbers in a given month in this report when MMIS uses a weekly payment cycle. As a result the number of weeks paid during the month affects the expenditures and consumer counts for the

consumers are higher. provided (allocation payments) are excluded as they are not processed through the MMIS system. The actual number of WORK expenditures and Expenditures & consumers shown for the WORK Program contain only those for whom received medical services in the month. Other services

Some Category of Service Expenditures not processed through the MMIS system are now included in the Total Expenditure column

- Division of Health Care Finance (DCHF) As of July 1, 2011, Kansas Health Policy Authority (KHPA) transitioned into the Kansas Department of Health & Environment (KDHE) as the
- in expenditures for this service may be reflected as the year progresses. • Effective in October 2010 beneficiaries electing Medicaid Hospice services are limited to 210 days of coverage per lifetime. As a result a reduction
- sub-divided into several School Based Services (found on pages 7 & 10). Many services were broken down into subsets from their general category. For example: LEA and Early Childhood Intervention Services have been •New Federal Reporting Guidelines were implemented in October 2011. This resulted in some changes for service categories at DHCF and SRS

Oct-2011

July-2011

- services will continue during Fiscal Year 2012 and the changes will be noted New category of service's implemented for DHCF have been added to pages 7 & 10. SRS's categories have been added on pages 8 & 11. Updates to the
- •Increase in claim expenditures for Inpatient and Outpatient Hospitals as a result of provider access payments

Month	Beneficiaries**	S**	Consumers***	* *	Total Expenditures	Total Expenditures DHCF Expenditures SRS Expenditures Aging Expenditures JJA Expenditures	RS Expenditures Agi	ng Expenditures JJA	Expenditures
	Number	Avg. Cost	Number	Avg. Cost	<u>Total*</u>	<u>Total*</u>	<u>Total</u> *	Total*	<u>Total*</u>
July (4 week)	375,382	\$565.06	355,446	\$596.75	\$212,113,892	\$105,403,971	\$66,171,645	\$40,118,472	\$419,804
August (4 week)	378,501	\$588.41	357,018	\$623.82	\$222,713,568	\$110,040,929	\$69,085,875	\$43,112,538	\$474,225
September (5 week)	379,961	\$695.00	376,948	\$700.56	\$264,074,705	\$131,643,461	\$75,578,231	\$56,409,604	\$443,409
October (4 week)	389,979	\$558.57	361,863	\$601.97	\$217,830,185	\$108,857,838	\$69,178,314	\$39,452,197	\$341,837
November (4 week)	388,788	\$568.10	364,905	\$605.28	\$220,870,882	\$112,181,798	\$66,373,785	\$41,938,209	\$377,090
December (5 week)	385,360	\$718.19	368,155	\$751.75	\$276,760,435	\$158,435,034	\$72,859,751	\$45,165,638	\$300,012
January (4 week)	383,725	\$549.07	364,706	\$577.70	\$210,690,859	\$103,619,769	\$67,594,482	\$39,140,265	\$336,343
February (4 week)	385,385	\$603.69	367,937	\$632.32	\$232,654,248	\$120,359,663	\$69,505,475	\$42,546,387	\$242,722
March (5 week)	386,832	\$709.14	370,925	\$739.55	\$274,317,635	\$149,701,109	\$80,249,107	\$43,951,971	\$415,448
April (4 week)	0	\$0.00	0	\$0.00	\$0	\$0	\$0	\$0	\$0
May (5 week)	0	\$0.00	0	\$0.00	\$0	\$0	\$0	\$0	\$0
June (4 week)	0	\$0.00	0	\$0.00	0\$	\$0	\$0	\$0	\$0
Cumulative Total	3,453,913	\$617.28	3,287,903	\$648.45	\$2,132,026,409	\$1,100,243,573	\$636,596,665	\$391,835,281	\$3,350,891
Average Per Week									
Current Year	88,562	\$617.28	84,305	\$648.45	\$54,667,344	\$28,211,374	\$16,322,991	\$10,047,058	\$85,920
Prior Year-Same Perioc	ni 78,066	\$659.20	73,622	\$699.00	\$51,461,602	\$25,487,083	\$16,420,629	\$9,424,170	\$129,720
Percent Change	13.44%	-6.36%	14.51%	-7.23%	6.23%	10.69%	-0.59%	6.61%	-33.76%
* Total monthly expenditures include non-client specific expenditures, but do not include certified match	ures include no	1-client specific	expenditures by	it do not includ	e certified match				

Total monthly expenditures include non-client specific expenditures, but do not include certified match.

NOTE: Drug rebate amounts are not deducted from KDHE/DHCF Expenditures.

^{**}Beneficiaries are eligible for services as of month end for that month. The Beneficiaries do not all use service during the given month but they are eligible in that month.

^{***}Consumers are those for whom a payment was made during the month, including Managed Care Capitation payments. They are determined by the date of payment. Managed Care enrollees may or may not use services in any given month.

Kansas Medical Assistance Program - Beneficiaries* by Population Group Fiscal Year 2012

•													Monthly U	Monthly Unduplicated
														=
PROGRAM	July /	August Se	eptember (October+No	August September October+November+ December January February	ecember .	January I	15	March	April	Мау	June	Average	Total
SSI Aged	6,637	6,644	6,651	6,701	6,694	6,671	6,673	6,692	6,681	0	0	0	6,672	7,302
SSI Blind/Disabled	40,076	40,126	40,155	40,878	40,604	40,222	40,220	40,293	40,470	0	0	0	40,338	45,325
Med. Needy Aged	16,343	16,433	16,406	16,935	16,753	16,429	16,150	16,212	16,242	0	0	0	16,434	20,514
Med. Needy Blind/Disabled	19,189	19,250	19,286	19,996	19,773	19,321	18,990	19,141	19,173	0	0	0	19,347	24,914
QMB/LMB/QWD	16,165	16,287	16,432	16,851	16,842	16,790	16,770	17,120	17,444	0	0	0	16,745	21,304
Working Healthy	1,260	1,264	1,280	1,281	1,269	1,256	1,247	1,262	1,269	0	0	0	1,265	1,536
TAF	66,146	66,217	65,728	67,770	66,392	64,537	63,491	63,448	63,067	0	0	0	65,200	93,988
TAF Extended Medical	10,071	10,208	10,235	10,569	10,689	10,614	10,607	10,429	10,308	0	0	0.	10,414	17,699
Med. Needy Families	377	436	291	359	385	332	305	364	344	0	0	0	355	983
PLE Children 1-5	52,345	53,037	53,823	55,309	55,493	55,556	55,543	55,992	56,515	0	0	0	54,846	69,986
PLE Pregnant Women	6,814	6,895	6,783	7,110	6,829	6,547	6,551	6,613	6,618	0	0	0	6,751	13,957
PLE Infants	16,517	16,845	16,981	17,995	18,048	17,729	17,301	17,056	16,941	0	0	0	17,268	26,995
PLE Children 6-17	61,359	62,621	63,665	65,664	66,251	66,575	67,160	68,099	69,022	0	0	0	65,602	81,762
General Assistance/State Only (MediKan)	1,208	1,135	1,055	1,088	974	872	804	755	708	0	0	0	955	1,930
FC-SRS Total	6,533	6,572	6,587	6,614	6,623	6,573	6,579	6,556	6,563	0	0	0	6,578	9,259
FC-JJA Total	916	934	886	914	904	906	903	898	927	0	.0	0	910	1,653
Adoption Support	6,674	6,704	6,730	6,810	6,865	6,879	6,898	6,927	7,000	0	0	0	6,832	7,344
Refugee Total	39	47	49	50	49	44	38	46	45	0	0	0	45	108
SOBRA	16	18	21	140	100	34	18	14	11	0	0	0	41	352
MA Child in Institution	41	39	34	41	43	47	44	43	38	0	Ο.	0	41	110
Special Tuberculosis	7	6	7	8	11	∞	∞	9	10	0	0	0	8	20
Breast and Cervical Cancer	249	242	239	243	239	228	226	231	234	0	0	0	237	331
ADAP	1,129	1,143	1,142	1,142	1,140	1,159	1,164	1,178	1,188	0	0	0	1,154	1,423
CHIP .	45,749	45,899	46,060	46,374	46,584	46,601	46,556	46,511	46,559	0	0	0	46,321	62,350
Total		378,501		389,979	388,788	385,360	383,725	385,385	386,832	0	0	0	383,768	444,438
Prior Fiscal Vear	340 723	336.268	327 115	321 735	322 422	320 156	345 520	356 037	365 620	>	a	>	338 288	424 540
		12.6%		21.2%	20.6%		11.1%		5.8%	0.0%	0.0%	0.0%	13.4%	4.7%

*Beneficiaries are eligible for services as of month end for that month. The Beneficiaries do not all use service during the given month but they are eligible in that month. Does NOT include retroactive eligibles.

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⁺ Denotes that the monthly processing cycle was delayed. Processing delays may affect total beneficiaries shown for the month. October and November 2011 totals are likely overstated as a result.

Kansas Medical Assistance Program Beneficiary Percent Change from the Same Month in the Prior Year

Program	July	August S	September	October .	November December	l f	January	February	March	April	May	June
SSI Aged	0.7%	0.7%	0.8%	1.4%	1.5%	0.8%	0.6%	0.9%	0.1%	-100.0%	-100.0%	-100.0%
SSI Blind/Disabled	2.4%	2.8%	3.6%	5.3%	4.5%	3.4%	3.2%	2.8%	2.5%	-100.0%	-100.0%	-100.0%
Med. Needy Aged	-4.8%	-4.2%	-2.7%	1.1%	0.1%	-2.0%	-3.1%	-1.7%	-1.7%	-100.0%	-100.0%	-100.0%
Med. Needy Blind/Disabled	-3.2%	-1.5%	0.8%	5.0%	3.6%	0.8%	-0.8%	0.5%	-0.3%	-100.0%	-100.0%	-100.0%
QMB/LMB/QWD	17.3%	17.4%	18.4%	20.7%	19.1%	17.3%	14.7%	12.5%	11.9%	-100.0%	-100.0%	-100.0%
Working Healthy	9.4%	8.6%	10.2%	10.1%	8.1%	6.3%	5.6%	6.7%	5.0%	-100.0%	-100.0%	-100.0%
TAF	4.4%	6.5%	10.4%	16.1%	12.4%	7.0%	1.3%	-0.4%	-3.5%	-100.0%	-100.0%	-100.0%
TAF Extended Medical	110.5%	103.6%	103.3%	114.4%	101.7%	73.5%	52.6%	29.6%	11.1%	-100.0%	-100.0%	-100.0%
Med. Needy Family	-37.6%	-35.6%	-57.8%	-51.0%	-48.4%	-60.6%	-64.1%	-57.6%	-59.2%	-100.0%	-100.0%	-100.0%
PLE Children 1-5	19.0%	24.8%	32.6%	40.5%	42.3%	35.7%	22.6%	17.7%	14.0%	-100.0%	-100.0%	-100.0%
PLE Pregnant Women	-13.9%	-9.0%	-5.0%	4.2%	1.3%	1.2%	2.2%	-1.3%	-5.4%	-100.0%	-100.0%	-100.0%
PLE Infants	-1.0%	-1.3%	2.3%	10.4%	11.1%	11.5%	8.5%	6.8%	4.6%	-100.0%	-100.0%	-100.0%
PLE Children 6-17	22.8%	28.8%	37.1%	45.8%	47.0%	39.7%	26.7%	22.6%	19.7%	-100.0%	-100.0%	-100.0%
General Assistance/State Only (M	-11.8%	-12.4%	-8.3%	-3.6%	-13.4%	-23.4%	-28.9%	-32.9%	-40.4%	-100.0%	-100.0%	-100.0%
FC-SRS Total	-2.1%	-1.8%	-0.2%	1.3%	1.4%	-0.8%	-1.0%	1.1%	0.6%	-100.0%	-100.0%	-100.0%
FC-JJA Total	-4.5%	-0.8%	-1.1%	1.0%	-3.5%	-5.0%	-5.8%	-1.3%	-1.4%	-100.0%	-100.0%	-100.0%
Adoption Support	4.2%	3.9%	4.0%	4.2%	4.3%	4.0%	3.9%	4.0%	4.4%	-100.0%	-100.0%	-100.0%
Refugee Total	-11.4%	9.3%	25.6%	25.0%	63.3%	10.0%	-2.6%	4.5%	21.6%	-100.0%	-100.0%	-100.0%
SOBRA	-89.4%	-81.4%	-12.5%	677.8%	614.3%	41.7%	28.6%	-33.3%	-56.0%	-100.0%	-100.0%	-100.0%
MA Child in Institution	-54.9%	-57.6%	-60.5%	-48.8%	-44.2%	-40.5%	-48.8%	-50.0%	-58.2%	-100.0%	-100.0%	-100.0%
Special Tuberculosis	-12.5%	-14.3%	16.7%	33.3%	83.3%	33.3%	-11.1%	12.5%	0.0%	-100.0%	-100.0%	-100.0%
Breast and Cervical Cancer	19.7%	19.8%	16.0%	19.1%	10.6%	2.2%	-1.7%	-3.3%	-1.3%	-100.0%	-100.0%	-100.0%
ADAP	0.8%	2.2%	2.6%	0.6%	-0.3%	1.0%	1.2%	3.2%	4.7%	-100.0%	-100.0%	-100.0%
CHIP	15.2%	16.9%	18.8%	21.8%	23.2%	22.9%	13.5%	6.4%	4.1%	-100.0%	-100.0%	-100.0%
Grand Total	10.2%	12.6%	16.2%	21.2%	20.6%	17.1%	11.1%	8.2%	5.8%	0.0%	0.0%	0.0%
				8								

Kansas Medical Assistance Program - Consumers* by Population Group Fiscal Year 2012

					¥ 1000	T Out MO	1							
													Monthly 1	Fiscal Year-To-Date onthly Unduplicated
PROGRAM	<u>July</u>	August S	eptember	October !	September October November December January February	ecember .	January I		March	April	May	June	Average	Total
										-				
SSI Aged	6,766	6,826	6,818	6,806	6,810	6,845	6,839	6,913	6,928	0	0	0	6,839	7,802
SSI Blind/Disabled	40,563	41,047	40,841	40,838	40,774	40,850	40,638	41,013	41,304	0	0	0	40,874	47,115
Med. Needy Aged	13,319	13,127	13,632	13,184	13,243	13,646	12,973	13,175	13,987	0	0	0	13,365	20,822
Med. Needy Blind/Disabled	17,591	17,767	18,029	17,548	17,636	18,059	17,110	17,388	18,347	0	0	0	17,719	25,893
QMB/LMB/QWD	4,110	4,213	4,557	4,338	4,465	4,621	4,183	4,478	5,082	0	0	0	4,450	8,670
Working Healthy	1,291	1,298	1,303	1,305	1,292	1,310	1,270	1,301	1,327	0	0	0	1,300	1,626
TAF	63,876	62,934	71,951	63,159	61,915	61,795	60,911	61,404	61,092	0	0	0	63,226	94,440
TAF Extended Medical	9,941	9,936	11,613	10,187	10,170	10,269	10,358	10,355	10,252	0	0	0	10,342	17,657
Med. Needy Families	387	453	514	344	392	407	357	390	415	0	0	0	407	1,294
PLE Children 1-5	51,711	52,205	55,746	53,659	54,187	54,801	54,801	55,374	56,000	0	0	0	54,276	70,008
PLE Pregnant Women	6,950	6,940	8,502	7,286	6,777	6,849	6,677	6,840	7,319	0	0	0	7,127	15,724
PLE Infants	15,697	15,856	18,202	16,295	16,398	16,555	16,380	16,401	16,323	0	0	0	16,456	26,702
PLE Children 6-17	60,786	61,688	65,637	63,992	64,845	66,001	66,414	67,614	68,639	0	0	0	65,068	83,228
General Assistance/State Only (MediKan)	1,353	1,238	1,191	1,064	1,003	982	866	847	832	0	0	0	1,042	2,269
FC-SRS Total	6,592	6,771	6,657	6,627	6,623	6,737	6,556	6,635	6,809	0	0	0	6,667	9,657
FC-JJA Total	910	975	953	888	891	941	901	924	959	0	0	0	927	1,752
Adoption Support	6,684	6,757	6,754	6,791	6,839	6,890	6,911	6,957	6,998	0	0	0	6,842	7,421
Refugee Total	39	39	47	48	45	42	40	39	42	0	0	0	42	107
SOBRA	114	157	209	212	197	294	144	248	273	0	0	0	205	1,471
MA Child in Institution	76	62	67	52	53	65	64	68	67	0	0	0	64	194
Special Tuberculosis	5	ω	5	2	ω	_	1	ω	5	0	0	0	ω	16
Breast and Cervical Cancer	268	261	261	246	244	245	236	232	235	0	0	. 0	248	370
ADAP	589	589	651	607	575	598		692	761	0	0	0	634	1,056
CHIP	45,815	45,932	49,578	46,385	52,972	51,120	51,802	52,719	52,087	0	0	0	49,823	62,992
Total	355,446 357,018	357,018	376,948 361,863	361,863	364,905	368,155		367,937	370,925	0	0	0	365,323	442,456
Prior Fiscal Year	314,225	302,461	305,929	346,572	298,665	302,931 322,515	322,515	334,462	343,499	0	0	0	319,029	428,402
% Change	13.1%	18.0%	23.2%	4.4%	22.2%	21.5%	13.1%	10.0%	8.0%	0.0%	0.0%	0.0%	14.5%	3.3%
Note: Consumers may be counted in more than One Program Area. Totals are unduplicated	n One Progr	am Area. T	otals are und	luplicated.										

^{*}Consumers are those for whom a payment was made during the month, including Managed Care Capitation payments. They are determined by the date of payment. Managed Care enrollees may or may not use services in any given month.

Kansas Medical Assistance Program - Expenditures by Population Group Fiscal Year 2012

													Fisc	Fiscal Year-To-Date	
														Monthly	State
PROGRAM	July	August	September	October	November	December	January	February	March	April	May	June	Total	Average	Funds
SSI Aged	\$7,966,815	\$8,166,532	\$9,503,952	\$7,242,705	\$7,438,145	\$8,300,600	\$7,187,126	\$7,417,419	\$8,797,142	S0	S0	S0	\$72,020,436	8.002.271	\$30.242.000
SSI Blind/Disabled	\$55,723,516	\$57,574,890	\$65,438,447	\$58,428,902	\$57,668,871	\$64,943,477	\$53,393,754	\$58,965,678	\$73,292,901	S0	S 0	SO.	\$545,430,437	60,603,382	\$233,018,903
Med. Needy Aged	\$38,450,457	\$40,288,031	\$51,172,492	\$38,333,197	\$38,922,501	\$43,434,755	\$37,544,621	\$38,991,446	\$43,120,476	so	S0	so	\$370,257,977	41,139,775	\$157,646,582
Med. Needy Blind/Disabled	\$36,024,294	\$38,677,791	\$43,371,392	\$37,254,964	\$37,917,062	\$41,269,617	\$34,887,066	\$39,396,359	\$47,015,954	\$0	so	SO	\$355,814,497	39,534,944	\$149,448,376
QMB/LMB/QWD	\$2,143,295	\$2,191,883	\$2,221,941	\$2,244,220	\$2,263,295	\$1,988,919	\$1,947,695	\$2,055,645	\$2,249,810	S 0	SO	\$0	\$19,306,703	2,145,189	\$6,891,282
Working Healthy	\$532,753	\$545,363	\$545,441	\$528,636	\$528,371	\$679,349	\$444,704	\$673,864	\$734,858	0.8	\$0	SO	\$5,213,340	579,260	\$2,238,336
TAF	\$18,477,295	\$17,877,110	\$19,074,049	\$19,304,939	\$18,757,621	\$17,811,144	\$17,035,697	\$17,384,458	\$19,863,719	\$0	\$0	00	\$165,586,034	18,398,448	\$70,022,937
TAF Extended Medical	\$2,456,814	\$2,378,466	\$2,464,631	\$2,550,396	\$2,531,698	\$2,597,359	\$2,530,369	\$2,506,654	\$2,711,684	S0	S0	so	\$22,728,071	2,525,341	\$9,622,297
Med. Needy Families	\$101,028	\$141,086	\$125,828	\$89,795	\$77,486	\$122,030	\$169,331	\$218,887	\$208,964	\$0	S0	0.8	\$1,254,437	139,382	\$524,852
PLE Children 1-5	\$6,440,425	\$6,586,619	\$5,508,862	\$6,498,363	\$6,629,754	\$6,899,263	\$6,572,030	\$6,994,491	\$7,733,724	08	SO	S0	\$59,863,531	6,651,503	\$25,301,539
PLE Pregnant Women	\$6,010,523	\$5,498,506	\$8,944,533	\$8,187,068	\$5,499,309	\$5,678,772	\$5,233,597	\$4,551,527	\$7,014,363	S0	SO	so	\$56,618,199	6,290,911	\$23,911,918
PLE Infants	\$8,523,701	\$9,039,176	\$5,804,701	\$7,680,021	\$7,715,359	\$8,022,524	\$7,256,612	\$7,238,699	\$8,507,426	\$0	S0	S0	\$69,788,220	7,754,247	\$29,532,842
PLE Children 6-17	\$8,337,294	\$8,662,351	\$9,251,990	\$8,920,601	\$9,345,260	\$9,975,546	\$9,039,227	\$9,759,364	\$11,044,754	\$0	SO	so	\$84,336,388	9,370,710	\$35,724,808
General Assistance/State Only (McdiKan)	\$640,215	\$653,977	\$710,073	\$475,792	\$503,728	\$578,287	\$410,536	\$468,507	\$604,250	\$0	SO	S0	\$5,045,366	560,596	\$5,045,366
FC-SRS Total	\$4,224,303	\$4,400,077	\$5,088,193	\$4,315,588	\$4,282,842	\$5,053,912	\$4,366,525	\$4,486,728	\$5,932,856	S 0	S 0	SO.	\$42,151,024	4,683,447	\$17,588,715
FC-JJA Total	\$861,263	\$965,118	\$1,078,978	\$803,069	\$880,355	\$901,882	\$950,130	\$729,398	\$952,686	S0	SO	\$0 .	\$8,122,880	902,542	\$3,420,588
Adoption Support	\$2,821,088	\$2,794,363	\$3,000,079	\$2,764,823	\$2,787,897	\$2,984,523	\$2,705,470	\$2,859,340	\$3,559,748	SO	SO	S0	\$26,277,330	2,919,703	\$11,069,583
Refugee Total	\$2,621	\$28,126	\$5,917	\$13,905	\$6,180	\$5,573	\$4,384	\$9,959	\$6,983	so	SO	\$0	\$83,649	9,294	\$0
SOBRA	\$381,620	\$603,257	\$1,145,695	\$940,189	\$698,669	\$855,726	\$797,444	\$973,615	\$904,723	S0	SO	\$0	\$7,300,939	811,215	\$3,100,380
MA Child in Institution	\$312,887	\$222,275	\$401,757	\$235,065	\$237,800	\$322,087	\$372,561	\$333,514	\$377,561	S 0	SO	\$0	\$2,815,507	312,834	\$1,158,881
Special Tuberculosis	\$4,268	-\$2,668	\$9,033	\$460	\$3,170	\$6,590	\$12,705	\$2,774	\$16,021	SO	S0	\$ 0	\$52,354	5,817	\$52,282
Breast and Cervical Cancer	\$405,689	\$451,525	\$471,648	\$314,687	\$633,941	\$427,550	\$339,033	\$454,856	\$629,510	S0	S0	S 0	\$4,128,439	458,715	\$1,223,097
ADAP	\$792,390	\$745,287	\$964,053	\$800,661	\$727,285	\$903,863	\$841,927	\$897,330	\$1,164,194	S0	\$0	\$0	\$7,836,989	870,777	\$111,920
CHIP	\$6,367,930	\$6,539,418	\$5,025,581	\$6,009,156	\$5,435,139	\$5,533,462	\$5,310,396	\$5,311,506	\$5,798,361	\$0	SO	SO	\$51,330,950	5,703,439	\$15,212,421
Population Expenditure Total	\$208,002,484	\$215,028,559	\$241,329,269	\$213,937,201	\$211,491,738	\$229,296,812	\$199,352,939	\$212,682,018	\$252,242,673	S0	SO	SO	\$1,983,363,694	220,373,744	\$832,109,908
Non Population Expenditures	\$4,111,408	\$7,685,009	\$22,745,436	\$3,892,984	\$9,379,144	\$47,463,624	\$11,337,919	\$19,972,230	\$22,074,963	SO.	SO	SO	\$148,662,715	\$16,518,079	\$54,356,453
Grand Total Expenditures	\$212,113,892	\$222,713,568	\$264,074,705	\$217,830,185	\$220,870,882 \$276,760,435	- 11	\$210,690,859	\$232,654,248 \$274,317,635	\$274,317,635	S0	SO	SO	\$2,132,026,409	236,891,823	\$886,466,361
State funds includes both State General Fund and fee fund	fee fimd														

State funds includes both State General Fund and fee fund
State funds are identified with the amount reported thru MMIS and may not be exactly the same as SMART
State funds for ADAP (Pharmacy expenditures) are understated due to limited federal funds being adjusted in SMART and not in MMIS

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CATEGORY OF SERVICE	July	August S	September	October 1	November I	December	January 1	February	March	April	Мау	June	Average	Total
Agency - MUHEUDHUF	2 012	4 120	7766	2 675	2 717	7 643	3 607	3 6/1	> 0.45	>	>	2	4 450	20 077
General Hospital (Inpatient)	3,913 334	4,128 330	4,766	3,673	3,/1/	501	3,607	3,641 //20	5,045 C40,c	> c	> =	2_⊆	4,439	29,877
uone reacumg riospical (imparient)	. 4	,	, 1	7,0	, ,	5	, ,	9	, 1			> <	, i	2,007
Inpatient Hospital-DSH Adjustments		. 0	. 0	0			0	0	0	. 0	. 0		0	0
Critical Access Hospital - Inpatient	0	0	0	387	412	570	416	476	603	0	0	<u> </u>	477	2,298
Mental Health Facilities-DSH Adjustments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Institutions Psych - Age < 22 or > 64	22	29	20	29	24	49	29	19	31	0	0	0	28	125
State Institutions Psych - Age 22-64	0	0	0	0	0	0	,	0	0	0	0	0		<u></u>
Outpatient Hospitals	22,203	22,876	25,998	18,518	18,972	20,524	15,352	18,122	22,838	0	0	0	20,600	85,158
Critical Access Hospital - Outpatient	0	0	0	5,184	5,174	5,496	4,700	5,281	6,289	0	0	0	5,354	15,520
Ambulatory Surgical Center	494	516	532	509	577	567	411	526	662	0	0	0	533	3,884
Prescribed Drugs (Pharmacy)	54,984	55,125	60,616	56,592	56,234	59,103	53,075	53,207	57,528	0	0	0	56,274	110,920
Managed Care Organizations	225,392	225,444	243,683	230,541	234,320	233,932	234,566	236,168	236,122	0	0	0	233,352	283,603
NEMT Broker	107,429	112,366	109,775	108,210	107,489	106,956	108,183	108,997	108,847	0	0	0	108,695	191,511
PACE	287	285	284	298	289	285	292	289	282	0	0	0	288	347
PCCM Case Management	16,739	16,692	16,698	16,726	16,755	16,771	16,737	16,745	16,780	0	0	0	16,738	21,276
Physician, Osteopath, Physician Group	31,793	31,750	38,321	48,022	48,119	51,588	42,155	48,207	57,640	0	0	<u> </u>	44,177	143,463
EPSDT Screening Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CRNA, Nurse Midwife, Nurse Practitioner	769	872	1,006	1,123	1,175	1,241	866	1,114	1,396	0	0	<u>0</u>	1,062	8,429
Rural Health Clinic Services	6,857	7,572	8,612	7,452	7,223	7,679	6,638	7,739	9,910	0	0	0	7,742	28,590
Federally Qualified Health Center	4,492	4,861	6,098	4,834	6,547	6,118	4,714	5,045	6,085	0	0	0	5,422	30,725
Sterilizations	265	275	393	309	305	326	203	354	443	0	0	0	319	1,969
Local Health Department	1,053	1,394	2,074	2,316	2,440	2,439	1,041	1,586	1,905	0	0		1,805	13,392
Podiatrist/Podiatry Group Practice	281	280	276	253	245	243	215	202	231				247	1,086
Indian Health Services	s 62	110	285	143	135	. 86	238	193	140		· c	<u>. c</u>	155	678
Contropraetor/Contropraetic Group rractice	s u	o -	ب د	۰ ۵		4 0	> ^		4 0	> <	> <	<u> </u>	4 C	10
Maternity Center	o	ے د	ۍ د	>	> c	, ,	٥	· -	· c	,	, c	<u> </u>) K	<i>ى</i> د
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Appruons & Miscarnages	18 263	77 276	7/ 377	30 710	20 624	25 1 42	17 693	10 861	76 A07	> <	> <	2 0	31 70K	ECU //CI
Ontometrict/Ontometry Crown	2 477	2770	4 077	3 106	3 023	241,04	2 563	7,007	4 020	-	> •	2_9	2 1 52	22,022
Optician	54 54	85 1	97	89	74	98 9::0	75	67	106	0 (.	<u></u>	82	682
Hearing Aid Dealer	260	284	275	78	& :	96	79	76	95	0	0	0	147	185
Audiologist	0	0	0	274	183	194	176	195	291	0	0	0	219	924
Medicare Buy-In	61,910	62,077	62,333	62,552	62,772	63,043	63,018	62,918	63,366	0	0	0	62,665	63,366
Physical Therapist	.234	247	268	276	283	278	246	264	353	0	0	0	272	1,152
Occupational Therapist	9	6	7	_	16	7	∞	5	10	0	0	.0	∞	45
Coinsurance and Deductibles	999	1,222	1,254	1,143	1,128	1,437	1,014	910	1,255	0	0	0	1,151	3,922
HIPPS and Insurance	200	204	196	202	193	191	193	183	178	0	0	0	193	2,594
Head Start	21	156	15	0	0	0	0	0	0	0	0	0	183	183
Hospice	623	535	584	559	554	553	528	539	641	0	0	0	568	2,403
Home Health Agency	956	919	1,053	985	1,082	1,115	995	1,040	1,169	0	0	0	1,035	2,567
Durable Medical Equipment (DME)	7,928	7,956	8,956	7,815	8,123	8,414	6,259	6,950	8,132	0	0	0	7,837	20,093
Prosthetic Device	0	0	0	312	321	296	238	270	356	0	0	0	299	1,514
Dentures	0	0	0	9	7	5	2	2	5	0	0	0	5	30
					1		2	1	100	>	>	2	300	

^{*}Consumers are those for whom a payment was made during the month, including Managed Care Capitation payments. They are determined by the date of payment. Managed Care enrollees may or may not use services in any

given month.

Kansas Medical Assistance Program - Consumers* by Category of Service - Agency KDHE/DHCF
Fiscal Year 2012

Monthly Industrial										
			i ·							
<u>June</u>		- II	1	- 12	ember Decer	- 11		- 41		TEGORY OF SERVICE
		1,969 2,980	1,945	2,537	2,185	2,289	2,597	2,371	2,128	Ambulance Transportation
0						14	17	16	14	Mental Health/MediKan
0 0	174 0	152 1	95	106	80	105	97	87	95	WORK Program
о О	0	0				0	1,954	2,345	2,864	JEA/Early Childhood Intervention**
0		789 1.097				1,033	700	654	664	School Based Services-TCM
0		1,875 3,070	1,633 1,8	1,796 1,	1,801	673	0	0	0	School Based Services-Rehabilitation
0	0					0	0	0	0	School Based Services-Personal Care Services
0	318 0					71	0	0	0	School Based Services-Physical Therapy
0						76	0	o	0	School Based Services-Occupational Therapy
	63 0	6,224 9,463				2,005	0	0	0	School Based Services-Speech/Language
0						314	0	0	0	School Based Services-Audiology
0 0 <u>0 0</u>		61	1,294 1,4	1,735 1,	1,339	566	0	0	0	School Based Services-Mental Health
0 0 0 0 0						323	0	0	0	School Based Services-Other Practitioner Serv
o o o o						346	>	0	0	School Based Services-Other
0000							_			School Based Services-Default
- 1	<u>April</u>	ury March	ry February	nber January	November December	October Nov	September Oc	August Sep	July !	CATEGORY OF SERVICE Agency - KDHE/DHCF
Crustoria					,		•		•	

Kansas Medical Assistance Program - Consumers* By Category of Service - Agency SRS, Aging, & JJA Fiscal Year 2012

CLYMORA Providers 1.00 1	Count Of Notice Count Co	יייייייייייייייייייייייייייייייייייייי	•)	-	,	•	1	;			_		1
Richmint Envolvers 156 157 119 149 131 121 121 141 1	Richmist Envision 165 157 159 142 131 147 144 159 0 0 147 148 148 149 0 0 147 148 148 149 0 0 147 148 148 149 0 0 147 148	gency - SRS	1.1.	lł.	Noncommunication of the contraction of the contract	Octobra:	1 to to this can	Photo in the same	January.	1 CO1 h 1	man c			╬	ATCI ALL	¥0
ElePublic Providers	Ekabalit Providers 319 317 318 318 318 315 315 317 328 481 481 481 481 481 481 481 481 481 481 481 481 481 481 481 481 482 481 482 481 482 481 482 481 482 481 482 481 482 481 482 481 482 481 482 481 482	CF/MR-Private Providers	166	157	159	142	134	133	147	144	143	0	0	<u> </u>	147	174
SRIAN Health Ages 2224 4 485 471 594 482 474 481 475 481 490 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Care in Heath Age 27.20 + 644	CF/MR-Public Providers	339	337	337	336	334	333	325	327	328	0	0	<u> </u>	333	346
Sings 232 117 167 131 122 117 167 131 122 117 126 213 202 204 </td <td> Second Brenith Ages < 22 or > 64 122 117 157 151 127 125 126 126 127 126 128 128 127 126 128 127 128 </td> <td>IF - Mental Health Age 22-64</td> <td>486</td> <td>471</td> <td>584</td> <td>482</td> <td>474</td> <td>481</td> <td>475</td> <td>481</td> <td>490</td> <td>0</td> <td>0</td> <td>0</td> <td>492</td> <td>673</td>	Second Brenith Ages < 22 or > 64 122 117 157 151 127 125 126 126 127 126 128 128 127 126 128 127 128	IF - Mental Health Age 22-64	486	471	584	482	474	481	475	481	490	0	0	0	492	673
SISS SINS SINS SINS SINS SINS SINS SINS	SRISS	IF - Mental Health Age $< 22 \text{ or } > 64$	123	117	167	. 131	132	131	127	126	126	0	0	<u>o</u>	131	175
MIRICID	Mirry Rehabilisation 23 238 310 290 290 344 283 305 349 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	URF	24	30	26	26	36	32	24	26	25	0	0	0	28	65
MIXIDD	IMBRIDD MARION MARIO	NIT-SNO	221	298	310	290	290	3U4	288	. 505	349				30/	9/2
PRINCEPORD 1,747 1,750 1,761	Property	Alcohol/Drug Kehabilitation	7 KA7 82.	7 630	7 578 7 578	7 517	7 56d	7710	7 664 U	7627	7 923	> 0		<u> </u>	7 6/5	9 031
SSS	Marie Mari	(CBS/PD	6,271	6,306	6,091	6.205	6,082	6,147	6,049	6.212	6,186	0 (۰ ،	<u>o .</u>	6.172	7,379
Martism 376 374 355 365 365 365 369 391 409 425 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TIMIL TAMA STATE AND STAT	(CBS/SE	ω.	ω	2	71	73	98	55	38	93	0	0	<u> </u>	48	228
Trix Autimation 387 407 382 392 390 384 377 367 368 0 0 Autimation 225 46 382 392 390 31 324 37 367 368 0 0 BERDID 25 32 40 21 11 11 11 12 39 37 42 46 51 52 0 0 0 BERDID 11 11 11 11 19 11 10 11 145 143 0 0 0 Bull Clare Strices 270 231 244 272 285 267 228 162 274 0 0 Probabilit 413 427 429 4,794 4193 427 484 485 2,316 8,912 8,923 9,95 78 779 1,062 0 0 British 410 31 324	MARISIDID 387 407 382 392 390 384 377 367 368 0 0 0 384 ABRISIDID 388 407 382 392 390 384 377 367 368 0 0 0 384 ABRISIDID 389 127 128 121 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(CBS/HI	376	374	365	365	353	390	393	409	425	0	0	0	383	597
MRADD 12. 32 30 3.4 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 31 32 32 30 34 34 31 32 32 30 34 34 34 34 34 34 34 34 34 34 34 34 34	MRIDD 25. 46 50 39 31 42 42 42 42 42 42 42 42 42 42 42 42 42	ICBS/IA	387	407	382	392	390	384	377	367	368	. 0	. 0	0	384	455
Physical Physical Process of Physical P	Physical Properties (27) 126 127	TEP/MEDD	25	ಚ ಕ	# E	<u>ب</u> ر	3.7 1.0	4 Z	46	<u>.</u> 6	3 ¹		- c	<u> </u>	3 L 4 &	5 2
III	Telementage 11 11 11 9 11 11 11 9 11 11 11 9 11 11	TEP/PD	127	126	121	127	131	145	131	145	148	0 0	0 (0 0	133	236
r Screenings group practice 270 291 244 275 285 267 289 490 323 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Servenings	TFP/HI	11	=	=	9	11	10	=	12	10	0	0	<u>o</u>	11	
Depart Care Services Properties Prop	Majes/Phytology group prastite 270 237 244 275 285 267 288 162 274 0 0 0 249	Vaiver Screenings	0	0	0	0	0	0	565	490	323	0	0	0	459	1,374
MRINDD	MRINDD 8, 261	sychologisursychology group practice	604 270	237	244	703	285	267	750	770	1 062			D. C	249	3 5 4 6
MRDD	MRIDD 8,861 8,923 9,405 8,765 8,588 9,316 8,912 8,928 9,574 0 0 9,030 1 PD 4,290 4,294 4,193 4,493 4,695 4,685 2,166 8,912 8,928 9,574 0 0 9,030 1 PMH 315 341 343 490 4,293 4,895 2,833 303 404 4,302 0 0 4,411 1 MHH 281,529 280,509 284,609 283,845 285,345 288,816 284,877 288,890 288,965 0 0 2416 32 PRIF 305 314 337 344 332 283,816 288,467 288,805 0 0 2416 32 PALL 305 314 337 344 332 338 356 390 325 33 32 311 30 1 1 1	ersonal Care Services	31	24	26	21 2	7	× ;	ر د و	17	8 200,	5 6	>	<u> </u>	16	ود مبرر
PPD 4,290 4,794 4,193 4,540 4,695 4,655 2,740 4,91 5,302 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PDD 4,290 4,794 4,193 4,404 4,695 2,740 4,941 5,302 0 0 4,411 PARIT 4,193 4,430 4,695 4,655 2,740 4,91 5,302 0 0 4,411 413 421 490 427 484 465 248 484 480 0 0 4,411 434 490 487 484 485 248,498 288,986 28,986 0 0 0 4,461 349 PRIT 281,529 288,495 288,498 288,498 288,986 0 0 0 0 284,661 33 RRIT 305 314 323 288,395 288,495 288,986 0 0 0 284,661 33 RRIT 305 314 323 288,495 288,495 288,895 0 0 0 284,661 33 RRIT 305 314 314 322 288,457 </td <td>CM/MRDD</td> <td>8,861</td> <td>8,923</td> <td>9,405</td> <td>8,765</td> <td>8,588</td> <td>9,316</td> <td>8,912</td> <td>8,928</td> <td>9,574</td> <td>0</td> <td>0</td> <td>0</td> <td>9,030</td> <td>11,076</td>	CM/MRDD	8,861	8,923	9,405	8,765	8,588	9,316	8,912	8,928	9,574	0	0	0	9,030	11,076
MH MH 413 414 415 415 416 417 417 418 417 418 418 418 418	MH 413 413 424 429 427 484 445 445 485 486,497 288,596 288,099 284,609 283,385 285,345 285,345 285,345 285,347 288,890 288,986 0 0 0 0 283,278 281 337 337 344 455 285,345 285	CM/PD	4,290	4,794	4,193	4,540	4,695	4,655	2,740	4,491	5,302	0	0	0	4,411	8,017
	281,259 280,509 284,609 285,385 285,345 285,816 286,437 288,890 288,986 0 0 0 284,651 32 281,259 280,509 283,865 284,742 284,770 285,816 286,437 288,890 288,986 0 0 0 284,651 32 281,259 280,003 279,700 283,845 284,742 284,770 285,816 286,437 288,890 288,865 0 0 0 284,651 32 281,259 280,003 279,700 283,845 284,742 284,770 285,816 286,437 288,890 288,865 0 0 0 284,651 32 281,259 280,003 279,700 283,845 284,742 284,770 285,816 286,437 288,890 288,865 0 0 0 284,651 32 381 31 31 31 31 31 31 31 31 31 31 31 31 31	CM/TBI	315	341	384 490	293	350	333	303	404	420	0	0	0	349	1 507
RRTF 280,603 279,700 283,836 284,742 284,770 285,304 285,972 288,457 288,565 0 0 0 281 (11station Services-Mental Health 0 0 0 0 11 1 8 7 2 1 24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREFERENCE 280,603 279,700 283,836 284,742 284,770 285,904 285,904 285,905 288,457 288,455 288,565 0 0 0 0 284,661 35 311 31 31 31 31 31	ARR	281,529	280,509	284,609	285,385	285,345	285,816	286,437	288,890	288,986	0 (0 (0	285,278	352,249
Tix 305 314 337 344 332 338 336 330 325 0 0 0 1 337 344 332 338 336 330 325 0	IF IF 305 314 337 344 332 338 336 330 325 0 0 0 329 nation Services-Mental Health 0 0 0 10 11 18 7 2 1 31 0 0 0 13 nation Services-Mental Health 0 0 0 0 11 8 7 2 1 24 0 0 0 13 nation Services-Other 0 0 0 0 14 15 14 2 1 42 0 0 0 15 nation Services-Other 0	THP	280,603	279,700	283,836	284,742	284,770	285,304	285,972	288,457	288,565	0	0	0	284,661	350,807
Intion Services-Default Intion Services-Defau	Intion Services-Substantage	Sha-PKIF	305	314 0	337	344	332	338	336	330	325	0 0	0	00	329	439
Intion Services - Other 0 0 0 14 15 14 2 1 42 0 0 0 Intion Services - Default 0 0 0 0 2 1 2 0 0 0 0 0 are Services - Default 1,586 1,484 1,733 1,566 1,575 1,678 1,186 747 2,023 0 0 0 are Services - CMHC 1,586 1,484 1,733 1,566 1,575 1,678 1,186 747 2,023 0 0 0 are Services - CMHC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 are Services - CMHC 1,586 1,484 1,733 1,566 1,575 1,678 1,186 747 2,023 0 0 0 Aging 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 0 0 Be 5,706 5,725 5,566 5,262 5,174 5,381 5,346 5,338 5,446 0 0 0 0	Intition Services - Other 0 0 14 15 14 2 1 42 0 0 0 15 Indicion Services - Defa. Mgmt. 0 0 0 0 0 1 15 14 2 1 42 0 0 0 0 2 are Services - CWHIC 1,586 1,484 1,733 1,566 1,575 1,678 1,186 747 2,023 0 0 0 0 Aging Facility 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 0 0 0 Beachity 5,706 5,725 5,566 5,262 5,174 5,381 5,346 5,338 5,446 0<	ehabilitation Services-Subs. Abuse	0	0	0	= :	∞ i	7	2	 .	24	0 (0 (0 (9 ;	
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Aging 9,948 9,995 13,841 10,143 10,143 10,173 1,566 5,766 5,766 5,725 5,566 5,262 5,174 5,381 5,346 9,248 9,948 9,948 4,577 4,574 4,644 5,329 4,358 4,276 4,257 0	Aging 0 <td>lehabilitation Services -Default</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td>_</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td></td>	lehabilitation Services -Default	0	0	0	2	_	2	0	0	0	0	0	0	2	
Aging Aging 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Aging 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 0 0 Facility 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 2,438 2,426 0 0 0 2,438 3 3 4 2,257 0 0 0 4,491 4 4 3 3 8 4 0 0 0 4,491 4 4 3 3 8 4 0 0 0 2,888 2,8	Wher Care Services - Ben. Night.	1 586	1 484	733	1 566	1 575	1 678	1 186	747	3033	o c	- -	<u> </u>	1 500	4.6
Aging 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 1 Facility 9,706 5,725 5,566 5,262 5,174 5,381 5,346 5,338 5,446 0 0 0 0 ID 3,750 4,452 4,777 4,574 4,644 5,329 4,358 4,276 4,257 0 0 0 52 54 50 51 44 43 38 41 0 0 0 52 54 50 51 44 43 38 38 41 0 0 0 52 54 50 51 44 43 38 38 41 0 0 0 52 54 50 51 44 43 38 38 41 0 0 0 6 287 285 284 299 289 285 293 289 282 0 0 0	Aging Aging 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 10,467 1 Facility 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 0 10,467 1 E 5,706 5,725 5,566 5,262 5,174 5,381 5,346 5,338 5,446 0 0 0 5,438 B 3,750 4,452 4,777 4,574 4,644 5,329 4,358 4,276 4,257 0 0 0 4,491 S 52 54 50 51 44 43 38 41 0 0 46 B 287 285 284 299 289 285 293 289 282 0 0 288 JJA 46 65 56 51 49 43 43 39 32 42 0 0 47	Ither Care Services	0	0	0	0	0	0	0	0	0	0	0	٥,	0	0
Facility 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 0 1	Facility 9,948 9,995 13,841 10,143 10,072 10,177 9,921 9,910 10,194 0 0 10,467 1 E 5,706 5,725 5,566 5,262 5,174 5,381 5,346 5,338 5,446 0 0 5,438 1 5 3,750 4,452 4,777 4,574 4,644 5,329 4,257 4,257 0 0 6,491 5 54 50 51 44 4,329 4,38 4,276 4,257 0 0 0 4,491 4 53 38 28 41 0 0 0 4,491 3 287 285 284 299 289 285 293 289 282 0 0 0 288 JJJd 4 65 56 51 49 43 43 39 32 42 0 0 47	gency - Aging									•					
2 3,750 4,452 4,777 4,574 4,644 5,329 4,358 4,276 4,257 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3,705 3,725 3,725 3,745 3,144 3,381 3,446 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	fursing Facility	9,948	9,995	13,841	10,143	10,072	10,177	9,921	9,910	10,194	. 0	0	0	10,467	17,471
52 54 50 51 44 43 38 38 41 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	52 54 50 51 44 43 38 38 41 0 0 0 287 285 284 299 289 285 293 289 282 0 0 0 JJA IA 65 56 51 49 43 43 39 32 42 0 0 0	CM/FE	3,750	5,725 4.452	5,566 4 777	3,262 4 574	5,1/4 4 644	5 329	0,546 4 358	2,338 4 276	5,446 4 257	5 C	.	<u> </u>	5,438 4 491	7 366
287 285 284 299 289 285 293 289 282 0 0 0 0	-JJA 65 56 51 49 43 43 39 32 42 0 0 0	TPP/FE	52	54	50	51	44	43	38	38	41	0	0	0	46	78
Gommit IIA	A 65 56 51 49 43 43 39 32 42 0 0 0	ACE	287	285	284	299	289	285	293	289	282	0	0	lo	288	347
65 56 51 49 43 43 39 32 42 0 0 0		(gency - JJA RTF-JJA	ŝ	56	51	49	43	4 3	39	32	ŧ5	0	0	0	47	123
		- Addition														
	355,446 357,018 376,948 361,863 364,905 368,155 364,706 367,937 370,925 0 0 0 365,323	Frand Unduplicated Total	355,446	357,018	376,948	361,863	364,905	368,155		367,937	370,925	۰	0		365,323	442,456
355,446 357,018 376,948 361,863 364,905 368,155 364,706 367,937 370,925 0 0 0																
65 56 51 49 43 43 39 32 42 0	357,018 376,948 361,863 364,905 368,155 364,706 367,937 370,925 0 0	Varier Screenings Sychologist/Psychology group practice Physician Services - Psychiatrist Varyand Care Services - Psychiatrist CCM/MRD CCM/IPD CCM/IPB CCM/MR CM/IPB ACB Services - CMHC Services - CMHC CM/IPB CM/IPB CM/IPB CM/IPB CM/IPB CM/IPB CM/IPB ACB Services - CMHC Services - CMHC CM/IPB CM	111 112 0 270 604 315 413 281,529 280,603 305 280,603 305 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 0 237 833 24 8,923 4,794 423 220,509 279,700 314 311 0 0 0 0 0 0 0 0 0 0 0 0 0	111 0 244 924 924 924 924,193 384 490 283,836 283,836 0 0 0 0 0 0 0 11,733 1,7	275 792 275 792 211 8,765 4,540 293 427 285,385 284,742 314 110 111 114 12 0 0 11,566 1,566 1,565 1,574 5,262 4,574 5,262 4,574 5,262 4,574 4,540 10 11 14 16 17 18 18 19 10 10 11 11 14 16 16 16 16 16 16 16 17 18 18 19 19 10 10 10 11 11 11 11 12 13 14 16 16 16 16 16 16 16 16 16 16	285 285 839 7 8,588 4,695 350 484 285,345 284,770 332 13 10 0 0 1,575 10,072 5,174 4,644 4,644 4,644 4,644 4,646 4,646 4,696 1,597 1,597 2,100 1,597 1,797 1,597	267 985 8 9,316 4,655 333 3465 285,816 285,304 285,304 111 7 7 114 2 2 0 0 0 1,678 5,381 5,381 111 7 7 7 14 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		110 110 110 110 110 110 110 110 110 110	10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,194 10,257 11,194 12,27 11,194 12,27 11,194 12,27 11,194 12,27 11,194 12,27 14,257 14,257 14,257 14,257 14,257 14,257 14,257 14,257 14,257		• • • • • • • • • • • • • • • • • • • •	• 0 00000 00000000000000000000000000000	1 1	111 459 249 842 16 9,030 4,411 349 416 285,278 284,661 329 13 9 9 15 15 2 1,509 0 1,509 0 1,467 5,438 4,491 46 288 329 329 329

 $\label{eq:continuity} given month.$ Note: Alcohol /Drug Rehabilitation has been broken out into the Rehabilitation Services categories. *Consumers are those for whom a payment was made during the month, including Managed Care Capitation payments. They are determined by the date of payment. Managed Care enrollees may or may not use services in any

16-22

Kansas Medical Assistance Program - Expenditures by Category of Service - Agency KDHE/DHCF Fiscal Year 2012

													Fiscal	Fiscal Year to Date	
														Monthly	State
CATEGORY OF SERVICE	July	August	September	October	November	December	January	February	March	<u>April</u>	May	June	Total	Average	Funds
Agency - KDHE/DHCF															
General Hospital (Inpatient) \$	\$13,262,085	\$17,835,279	\$20,851,544	\$14,856,106		\$37,063,266	\$10,524,881		\$25,384,137	\$0	80	SO.		\$20,705,245	\$79,626,816
Public Teaching Hospital (Inpatient)	\$5,136,164	\$5,407,619	\$6,408,674	\$4,477,926	\$6,316,868	\$5,802,139	\$4,098,548	\$6,063,645	\$8,051,962	\$0	\$0	\$0	\$51,763,545	\$5,751,505	\$22,088,022
4 1	\$0	\$0	\$11,667,308	\$0	\$0	\$12,433,280	\$0	_	\$12,433,280	80	\$0	os			\$15,096,062
Critical Access Hospital - Inpatient	S 0	\$0	\$0	\$417,478	\$496,150	\$565,999	\$508,009	\$647,386	\$731,982	80	\$0	so			\$1,400,014
Mental Health Facilities-DSH Adjust.	\$0	\$0	\$3,478,589	\$0	\$0	\$3,501,239	\$0	\$0	\$3,501,239	\$0	S0	80	\$10,481,067	\$3,493,689	\$151,638
State Institutions Psych-Age<22 or >64	\$97,066	\$82,695	\$88,278	\$113,687	\$100,506	\$215,567	\$114,161	\$90,005	\$224,187	\$0	\$0	\$0	\$1,126,152	\$125,128	\$5,414
State Institutions Psych - Age 22-64	\$0	\$0	80	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	SS	so	\$0
	\$5,452,070	\$4,264,839	\$4,568,210	\$3,732,500		\$13,047,426	\$6,544,230	\$3,363,505	\$4,818,853	80	SO.	so.	\$50,940,932	\$5,660,104	\$21,955,775
tal - Outpatient	\$0	\$0	\$0	\$412,485		\$480,007	\$309,637	\$398,991	\$591,827	80	\$0	so	\$2,617,638		\$1,154,266
Ambulatory Surgical Center	\$77,460	\$98,155	\$91,375	\$96,455	\$106,775	\$98,416	\$60,748	\$69,433	\$122,836	08	\$0	<u>s</u> 0	\$821,653	\$91,295	\$360,629
٠.		\$13,386,415			\$13,858,101				\$17,671,979	\$0	80	so.	\$134,232,634		\$55,167,325
				_	\$38,469,783		_		\$40,493,021	SO	\$0	so		\$39,855,722 \$146,498,691	1146,498,691
				\$511,187	\$512,068	~	\$513,766		\$510,117	08	S0	so		\$513,063	\$1,954,787
PACE	\$190,171	\$200,179	\$199,533	\$210,147	\$202,131	\$200,966	\$218,958	\$213,630	\$201,936	so so	\$0	\$0	\$1,837,652	\$204,184	\$779,221
PCCM Case Management	\$33,618	\$33,466	\$33,570	\$33,588	\$33,704	\$33,816	\$33,634	\$33,580	\$33,774	\$0	\$0	0.8	\$302,750	\$33,639	\$132,511
sician Group	\$6,088,483	\$6,176,423	\$7,510,602	\$7,492,748	\$9,580,797	\$7,370,601	\$8,824,649	\$6,854,212	\$8,812,852	\$0	so	\$0	\$68,711,366		\$29,576,258
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	so	\$0		08
CRNA, Nurse Midwife, Nurse Practitioner	\$64,615	\$74,235	\$84,472	\$78,301	\$68,465	\$78,503	\$53,400	\$72,090	\$103,519	\$0	\$0	80	\$677,600	\$75,289	\$292,647
Rural Health Clinic Services	\$743,896	\$933,968	\$1,355,268	\$1,109,059	\$1,161,283	\$1,085,083	\$1,741,660	\$1,037,825	\$1,537,714	\$0	SO	so	\$10,705,758	\$1,189,529	\$4,278,541
Federally Qualified Health Center	\$861,620	\$1,109,973	\$1,278,445	\$925,707	\$1,288,280	\$1,133,374	\$1,224,528	\$1,243,190	\$1,847,078	80	\$0	\$0	\$10,912,195	\$1,212,466	\$4,517,591
Sterilizations	\$33,013	\$46,353	\$76,585	\$55,464	\$55,362	\$55,970	\$29,174	\$73,558	\$103,402	\$0	SO.	\$0	\$528,882	\$58,765	\$207,035
Local Health Department	\$48,542	\$60,247	\$95,400	\$89,631	\$80,287	\$88,158	\$41,738	\$70,503	\$91,488	\$0	\$0	\$0	\$665,995	\$73,999	\$275,398
Podiatrist/Podiatry Group Practice	\$2,063	\$2,703	\$1,891	\$1,935	\$2,138	\$3,136	\$1,982	\$5,035	\$5,170	\$0	\$0	\$0	\$26,051	\$2,895	\$11,285
Indian Health Services	\$21,656	\$41,042	\$83,136	\$61,267	\$54,510	\$35,309	\$139,410	\$83,449	\$52,371	\$0	\$0	\$0	\$572,151	\$63,572	\$7,929
Chiropractor/Chiropractic Group Practi	\$0	\$0	\$0	\$4	\$0	\$0	\$11	\$11	\$29	\$0	\$0	\$0	\$56	\$14	\$24
Maternity Center	\$0	\$15	\$3,885	\$1,295	\$0	\$0	\$0	\$1,295	\$0	SO	\$0	\$0	\$6,490	\$1,622	\$2,713
Planned Parenthood	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	so
Dietician	\$0	\$40	\$0	\$0	\$127	\$60	\$60	\$120	\$80	so	\$0	\$0	\$487	\$81	\$209
Abortions & Miscarriages	\$0	\$0	\$503	\$0	\$0	\$0	\$0	\$0	\$155	\$0	\$0	SO	\$659	\$329	\$270
Dental/Dental Group Practices	\$3,289,621	\$4,094,617	\$4,486,796	\$3,838,864	\$3,669,012	\$4,314,153	\$3,046,885	\$3,568,106	\$5,056,449	SO	\$0	\$0	\$35,364,503	\$3,929,389	\$14,103,953
Optometrist/Optometry Group	\$212,533	\$250,725	\$364,623	\$275,293	\$258,977	\$302,016	\$215,584	\$266,159	\$368,068	\$0	\$0	so	\$2,513,977		\$1,071,627
Optician/Ocularist	\$4,596	\$7,816	\$8,010	\$5,423	\$5,122	\$9,630	\$6,577	\$7,590	\$9,398	\$0	\$0	so	\$64,163	\$7,129	\$27,137
Hearing Aid Dealer	\$35,384	\$28,752	\$36,825	\$7,756	\$10,436	\$13,190	\$9,577	\$5,810	\$14,618	\$0	\$0	so	\$162,348	\$18,039	\$69,956
Audiologist	\$0	\$0	\$0	\$22,313	\$24,004	\$30,335	\$16,924	\$24,645	\$38,258	S 0	SO	so	\$156,480	\$26,080	\$68,760
ay-In	\$7,278,053	\$7,921,616	\$7,398,144	\$7,432,355	\$7,514,427	\$6,536,166	\$6,954,323	\$6,469,715	\$6,382,222	\$0	\$0	so	\$63,887,021	\$7,098,558	\$28,997,051
st	\$36,645	\$47,634	\$53,717	\$66,019	\$57,149	\$56,372	\$40,919	\$48,159	\$67,731	\$0	08	so	\$474,346		\$212,336
Occupational Therapist	\$879	\$1,412	\$354	\$153	\$572	\$666	\$325	\$71	\$589	\$0	so	so	\$5,021	\$558	\$2,107
Coinsurance and Deductibles	\$84,772	\$151,444		\$128,997	\$68,538	\$234,275	\$80,025	\$101,021	\$87,517	SO.	\$0	so	\$1,097,074	\$121,897	\$465,452
HIPPS and Insurance	\$64,291	\$72,361	\$160,484	\$64,434	\$70,332	\$67,996	\$63,459	\$64,888	\$57,148	\$0	\$0	so	\$594,256	\$66,028	\$251,657
Head Start	\$1,323	\$4,914	\$160,484 \$69,346	\$0	\$0	\$0	\$0	\$0	08	SO	\$0	so	\$6,710	\$2,237	\$2,748
Hospice	\$1,524,229	\$1,619,856	\$160,484 \$69,346 \$473	\$1,512,265	\$1,605,170	\$1,655,086	\$1,488,154	\$1,549,802	\$1,690,207	\$0	so	<u>so</u>	\$14,280,966	\$1,586,774	\$6,080,548
ealth Agency	\$610,417		\$160,484 \$69,346 \$473 \$1,636,198		\$466,297	\$959,410	\$615,840	\$689,088	\$834,786	\$0	\$0	\$0	\$6,167,161	\$685,240	\$2,618,375
axome axemm ragency	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$612,492	\$160,484 \$69,346 \$473 \$1,636,198 \$799,354	\$579,476	\$1,008,917	\$1,223,676	\$810,319	\$1,066,835	\$1,330,852	\$0	so	so	\$10,279,093	\$1,142,121	\$4,362,196
	\$1,217,352	\$612,492 \$1,171,794	\$160,484 \$69,346 \$473 \$1,636,198 \$799,354 \$1,403,321	\$579,476 \$1,046,027	\$212,966	CLV V216	25.750		, , , , ,	ŝ	08	so	\$1 068 867	\$178,145	200 577
ipment (DME)	\$1,217,352 \$0	\$612,492 \$1,171,794 \$0	\$160,484 \$69,346 \$473 \$1,636,198 \$799,354 \$1,403,321 \$0	\$579,476 \$1,046,027 \$217,786	1	414,414	0,000	\$149,846	\$237,447	60		3	,000,000	_	3403,0001
	\$1,217,352 \$0 \$0	\$612,492 \$1,171,794 \$0 \$0	\$160,484 \$69,346 \$473 \$1,636,198 \$799,354 \$1,403,321 \$0 \$0	\$579,476 \$1,046,027 \$217,786 \$8,594	\$6,312	\$3,113	\$1,658	\$149,846 \$1,545	\$237,447 \$4,839	જ જ	\$0	9	\$26,061	\$4,344	\$10,363
Índer	\$1,217,352 \$0 \$0 \$417,737	\$612,492 \$1,171,794 \$0 \$0 \$401,280	\$160,484 \$69,346 \$473 \$1,636,198 \$799,354 \$1,403,321 \$0 \$0 \$483,849	\$579,476 \$1,046,027 \$217,786 \$8,594 \$381,263	\$6,312	\$134,472 \$3,113 \$449,724	\$1,658 \$1,504	\$149,846 \$1,545 \$425,718	\$237,447 \$4,839 \$655,763	8 8 ફ	ន ន	ડ હ	\$26,061 \$26,808	\$4,344 \$438,534	\$463,085 \$10,363 \$1,706,196

State funds are identified with the amount reported thru MMIS and may not be exactly the same as SMART State funds for ADAP (Pharmacy expenditures) are understated due to limited federal funds being adjusted in SMART and not in MMIS

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Kansas Medical Assistance Program - Expenditures by Category of Service - Agency KDHE/DHCF Fiscal Year 2012

6

Kansas Medical Assistance Program - Expenditures by Category of Service - Agency SRS, Aging & JJA Fiscal Year 2012

													Fisc	Fiscal Year to Date	te
CATEGORY OF SERVICE	July	August	September	October	November	December	January	February	March	April	Mav	June	Total	Monthly Average	
Agency - SRS							ŀ) in 100
ICF/MR-Private Providers	\$1,145,079	\$1,004,590	\$1,201,236	\$912,666	\$879,985	\$1,022,013	\$1,376,018	\$1,043,126	\$1,118,421	80	\$0	\$0	\$9,703,134	\$1,078,126	\$4,109,371
ICF/MR-Public Providers	\$2,341,757	\$2,494,112	\$2,591,172	\$2,403,061	\$2,475,192	\$2,396,543	\$2,381,670	\$2,447,518	\$2,260,588	80	80	\$0	\$21,791,614	\$2,421,290	so
NF - Mental Health Age 22-64	\$1,094,464	\$1,076,674	\$1,718,637	\$1,076,277	\$1,106,734	\$1,364,356	\$1,113,938	\$1,221,302	\$1,373,218	80	SO	SO	\$11,145,600	\$1,238,400	\$11,076,714
NF - Mental Health Age < 22 or > 64	\$282,736	\$274,090	\$511,735	\$294,365	\$331,241	\$374,152	\$309,574	\$336,412	\$335,323	08	80	08	\$3,049,628	\$338,848	\$1,307,632
HIRF (Head Injury Rehab Facility)	\$493,238	\$645,640	\$706,668	\$593,851	\$742,179	\$596,366	\$626,380	\$642,063	\$737,875	\$0	so	08	\$5,784,260	\$642,696	\$2,452,943
PRTF-SRS	\$2,415,649	\$2,172,046	\$2,799,665	\$2,311,431	\$2,341,634	\$2,418,276	\$2,767,331	\$2,652,283	\$3,439,731	\$0	\$0	so	\$23,318,047	\$2,590,894	S9,889,657
Alcohol/Drug Rehabilitation	\$560	\$2,527	\$3,329	_	\$0	\$0	\$0	\$0	\$0	\$0	so	\$0	\$6,416	\$2,139	\$3,667
ECBS/MRDD	\$24,427,336	\$26,606,410	\$29,251,081		\$25,325,676	\$28,759,620	\$25,688,522	\$26,486,117	\$32,576,698	SO	so So	so	\$245,718,001	\$27,302,000	\$104,158,495
HCBS/PD	\$10,422,720	\$10,871,429	\$12,130,504	\$11,300,704	\$9,524,421	\$11,855,265	\$9,239,608	\$9,824,105	\$12,257,277	so	SO.	so	\$97,426,033	\$10,825,115	\$41,265,590
HCBS/SE	\$113	\$82	\$221	\$2,050	\$1,393	\$4,415	\$3,127	\$4,475	\$7,042	ŝo	80	s	\$22,918	\$2,546	\$9,867
HCBS/HI	\$1,085,458	\$1,055,289	\$1,414,440	\$1,114,248	\$808,792	\$914,274	\$1,144,082	\$1,309,074	\$1,604,304	\$0 80	so	so so	\$10,449,962	\$1,161,107	\$4,426,808
HCBS/IA	\$1,912,909	\$2,460,208	\$2,474,265	\$1,976,908	\$2,275,061	\$2,155,741	\$1,865,158	\$1,729,642	\$2,102,978	3 8	8 8	s s	\$18,952,870	\$2,105,874	\$7,178,715
ACE ACE II	\$155 505 507,444	\$02,004	\$250,070	\$01,408	344,400	\$/2,410	\$17,442	\$39,807	\$82,528	3 8	<u>s</u>	8 8	3333,487	361,499	3234,979
MED TO THE TANK THE T	\$133,293	\$204,128	\$232,264	\$230,///	\$245,339	\$344,362	\$276,557	\$314,810	\$387,676	s 6	? (8 8	\$2,389,207	\$265,467	\$476,886
MEDICI	\$204,000 000,000	10,010	\$57.754	\$364,213	\$102,652	\$24,291	338,009	\$70,735	\$370,041	9 0	§ 6	3 60	\$1,297,201	\$144,133	3238,921
Waiver Screenings	08	\$0	0.8 0.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7	0.8 200,+00æ	0.8	10+,702	\$50.760	\$43 047	818 808	8 8	3 8	6 6	30,701,761	\$41 175	\$417,717
Psychologist/Psychology group practice	\$13,680	\$13,845	\$15,881	\$16,198	\$14,786	\$18.829	\$8,814	\$10,422	\$15,119	\$0	\$0	\$0	\$127,574	\$14.175	\$64,829
Physician Services - Psychiatrist	\$56,025	\$76,975	\$90,581	\$59,933	\$88,714	\$91,579	\$71,999	\$72,224	\$80,597	08	08	\$0	\$688,625	\$76,514	\$305,826
Personal Care Services	\$13,681	\$3,923	\$5,138	\$3,735	\$1,190	\$2,683	\$1,604	\$7,950	\$1,544	\$0	\$0	\$0	\$41,448	\$4,605	\$17,373
TCM/MRDD	\$1,467,909	\$1,519,831	\$1,705,232	\$1,438,872	\$1,405,013	\$1,629,938	\$1,394,181	\$1,582,988	\$1,801,041	\$0	\$0	\$0	\$13,945,005	\$1,549,445	\$5,907,249
TCM/PD	\$381,490	\$388,526	\$342,076	\$377,728	\$415,544	\$447,729	\$293,854	\$475,601	\$543,528	8 8	8 8	s s	\$3,666,075	\$407,342	\$1,555,904
TOMORY	000 to	\$1,771	200,406	\$32,372	\$28,030	330,399	\$30,127	200,010	\$3,621	3 6	S &	8 8	\$502,659	\$35,831	\$213,205
PAHP	\$16,077,104	\$15,777,571	\$15,822,148	\$15,957,511	\$15,957,284	\$16,037,043	\$16,567,860	\$16,822,080	\$16,942,573	8 8	\$0	ខ	\$145,961,173	\$16,217,908	\$62,756,101
РШР	\$1,613,784	\$1,574,738	\$1,619,052		\$1,587,839	\$1,582,404	\$1,591,134	\$1,603,050	\$1,590,804	\$0	\$0	so	\$14,353,375	\$1,594,819	\$6,077,674
CBA-PRTF	\$221,225	\$266,440	\$305,702	\$304,227	\$255,143	\$284,151	\$294,162	\$300,460	\$274,550	\$0	\$0	SO	\$2,506,061	\$278,451	\$1,062,884
Rehabilitation Services - Mental Health	\$0	\$0	\$0	\$400	\$508	\$640	\$0	\$80	\$160	\$0	\$0	\$0	\$1,788	\$358	\$998
Rehabilitation Services-Subs. Abuse	\$0	08	\$0	\$660	\$1,050	\$1,080	\$240	\$180	\$30	\$0	\$0	so	\$3,240	\$540	\$1,703
Rehabilitation Services -Other	\$0	\$0	\$0	\$200	\$120	\$400	\$100	\$125	\$493	\$0	\$0	\$0	\$1,438	\$240	\$733
Rehabilitation Services -Default	\$0	\$0	\$0	\$179	\$67	\$164	\$0	\$0	\$0	80	\$0	\$0	\$410	\$137	\$245
Other Care Services-Beh. Mgmt.	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	so	\$0	90	\$0	\$0	\$0
Other Care Services-CMHC	\$142,151	\$104,608	\$107,455	\$99,076	\$84,767	\$116,590	\$69,396	\$70,491	\$135,263	8 8	8 8	8 8	\$929,796	\$103,311	\$483,988
Omer Care Services	30	\$0	\$0		80	\$1,140	\$0	\$2,897	\$/31	80	\$0	\$0	\$4,768	\$1,589	34,/68
SRS Expenditure Total	\$66,171,645	\$69,085,875	\$75,578,231	\$69,178,314	\$66,373,785	\$72,859,751	\$67,594,482	\$69,505,475	\$80,249,107	so	80	so	\$636,596,665	\$70,732,963	\$264,236,399
Agency - Aging															
Nursing Facility	\$33,171,859	\$35,887,506	\$48,996,556	\$33,768,872	\$36,965,114	\$39,011,289	\$33,726,278	\$37,368,285	\$38,051,995	\$0	\$0	so	\$336,947,754	\$37,438,639	\$142,704,114
Home & Comm Based Services/FE	\$6,055,779	\$6,234,967	\$6,364,197	\$4,765,499	\$4,058,112	\$5,051,847	\$4,535,841	\$4,267,652	\$4,917,599	\$0	\$0	SO.	\$46,251,493	\$5,139,055	\$19,530,552
TCM (Frail Elderly)	\$370,092	\$480,756	\$534,056	\$431,741	\$432,734	\$645,009	\$394,481	\$450,641	\$532,153	\$0	SO	so	\$4,271,663	\$474,629	\$1,810,678
MIP/FE	\$89,059	\$94,310	\$87,461	\$47,923	\$45,600	\$44,273	\$71,073	\$44,789	\$51,398	\$0	\$0	08	\$575,886	\$63,987	\$114,429
PACE	\$431,684	\$414,998	\$427,334	ı	\$436,650	\$413,219	\$412,590	\$415,021	\$398,826	\$0	80	so	\$3,788,484	\$420,943	\$1,605,194
Aging Expenditure Total	\$40,118,472	\$43,112,538	\$56,409,604	\$39,452,197	\$41,938,209	\$45,165,638	\$39,140,265	\$42,546,387	\$43,951,971	80	\$0	so	\$391,835,281	\$43,537,253	\$165,764,967
Agency - JJA PRTE-JJA	\$419,804	\$474,225	\$443,409	\$341,837	\$377,090	\$300,012	\$336,343	\$242,722	\$415,448	So	so	so	\$3.350.891	\$372.321	\$1.415.278
TTA Francisco Train	9410,004	\$474.005	9443 400	\$2.11.027	9377 000	000,010	9200,040	00.10.700	9110,110	8	3 8	3 8	20,000,001	000,001	91,710,270
JJA Expenditure Total	\$419,804	\$474,225	\$443,409	\$341,837	\$377,090	\$300,012	\$336,343	\$242,722	\$415,448	బ	so	so	\$3,350,891	\$372,321	\$1,415,278
Grand ExpenditureTotals	\$212,113,892 \$222,713,568 \$264,074,705 \$217,830,185 \$220,870,882 \$276,760,435	222,713,568	\$264,074,705	\$217,830,185 \$	220,870,882	276,760,435	\$210,690,859 \$232,654,248		\$274,317,635	\$0	\$0	S0	\$2,132,026,409 \$236,891,823	\$236,891,823	\$886,466,361
ite General Func	and fee fund														l II

State funds are identified with the amount reported thru MMIS and may not be exactly the same as SMART and not in MMIS State funds for ADAP (Pharmacy expenditures) are understated due to limited federal funds being adjusted in SMART and not in MMIS

Note: Alcohol /Drug Rehabilitation has been broken out into the Rehbailitation Services categories.

Kansas Medical Access Program Fiscal Year 2012

Appendix A

													Monthly
PROGRAM	July	August S	eptember	October	July August September October November December January February March April	December	January	February	March	I .	May	June	Average
All Medical Populations*	375,382	378,501	379,961	389,979	375,382 378,501 379,961 389,979 388,788 385,360 383,725 385,385 386,832	385,360	383,725	385,385	386,832	0	0	0	383,768
Medicaid Only Populations**	327,728	330,772	332,213	342,180	327,728 330,772 332,213 342,180 340,796 337,246 335,676 337,390 338,867	337,246	335,676	337,390	338,867	0	0	0	335,874
СНІР	45,749	45,749 45,899	46,060	46,060 46,374	46,584 46,601	46,601		46,556 46,511 46,559	46,559	0	0	0	46,321

^{*} Includes MediKan, Refugee, Tuberculosis, ADAP and CHIP populations

^{**}does not include MediKan, Refugee, Tuberculosis, ADAP or CHIP populations