

Kansas Medical Assistance Programs

P.O. Box 3571
Topeka, KS 66601-3571
July 1, 2002

Provider Line: 1-800-933-6593
Consumer Line: 1-800-766-9012

From the office of the Fiscal Agent

To: All Who Access the HCBS Prior Authorization System for Electronic Plans of Care

From: Electronic Data Systems

The Medicaid HCBS Prior Authorization system for electronic plans of care allows case managers, independent living counselors, or their data entry staff to load electronic plans of care in a system maintained by Electronic Data Systems (EDS). This system is only for State of Kansas Level II or Level III approvers, case managers, independent living counselors, or their data entry staff and should not be viewed by providers or billing staff since there is confidential information about the HCBS consumer and other providers. All information providers or billing staff need should be provided on the Notice of Action. In addition, services not provided should not be billed, even if the plan of care allows more services than were performed. Persons other than Level II or Level III approvers, case managers, independent living counselors, or their data entry staff who access the plans of care are violating State of Kansas and EDS security and confidentiality policies and applicable State and Federal laws and regulations.

Security violations of the HCBS Prior Authorization system for electronic plans of care have occurred. As a result, Electronic Data System (EDS) now requires everyone who accesses the HCBS Prior Authorization system for electronic plans of care to sign a statement agreeing to follow EDS data security procedures. State of Kansas personnel are covered by the SRS Computer User Security Agreement and only case managers, independent living counselors, data entry staff employed by AAA's, Independent Living Centers, Mental Health Centers or Community Developmental Organizations and their Affiliates will be required to sign the attached security agreement.

If you fall into the category of users who access the HCBS Prior Authorization systems for electronic plans of care, please sign the attached form. The form must also have the signature of the authorized person listed on the form. After you sign the form, return it to:

HCBS Help Desk
Kansas Medical Assistance Program
P. O. Box 3571
Topeka, Kansas 66601-3571

The signed original form must be returned by mail. Faxed copies or photocopies are not acceptable.

If you have any questions regarding this process, please contact the HCBS Help Desk at (785) 274-5961.