



**October 7, 2013**

**Testimony re: KanCare and consumers' access to, and quality of services**

**To:** Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight.

**From:** Anna Lambertson, Executive Director, Kansas Health Consumer Coalition

Madam Chair and Members of the Committee,

Thank you for the opportunity to comment today on KanCare and consumers' access to, and quality of services. I am happy to be here today on behalf of the Kansas Health Consumer Coalition (KHCC), a statewide non-profit organization with the mission of advocating for affordable, accessible, and quality health care in Kansas.

For nearly two years, KHCC has actively worked with state officials and legislators to make KanCare work for Kansans on Medicaid. We partnered with the Kansas Department of Health and Environment in 2012 to plan and carry out a targeted KanCare outreach project. In 2012, we worked closely with the late Representative Bethell to support the creation of a joint KanCare oversight committee. We were then instrumental in redrafting legislation in the fall of 2012 and we closely monitored and supported House Bill 2025 in 2013 as it was eventually passed by the Legislature and signed by the Governor, establishing the Robert G. (Bob) Bethell joint committee on home and community based services and KanCare oversight.

We were appointed to a consumer issues workgroup and throughout 2013 we have actively participated in that workgroup to bring forward consumer-focused solutions to KanCare issues. More recently, we have had the opportunity to meet regularly with key staff of the Kansas Department of Health and Environment. Through those discussions, we have provided feedback on the state's evaluation design for KanCare. We want to thank Dr. Bob Moser, Kari Bruffett, and Dr. Susan Mosier for their willingness to meet so often with us and our coalition partners.

We will continue to monitor KanCare and work collaboratively and proactively to protect Kansans on Medicaid and address their concerns.

I am here today to speak about three areas that we feel should be addressed to improve Kansas Medicaid consumers' access to services and quality care: the KanCare ombudsman, stakeholder and consumer involvement, and preauthorization requirements.

**KanCare ombudsman:** We are pleased that the state agreed to establish a KanCare ombudsman, as he is an important resource for Kansas Medicaid consumers. However, we need to strengthen the ombudsman with more resources and greater independence so that he can more effectively help Medicaid consumers and advocate for their needs.

In the state's first KanCare quarterly report to the Centers for Medicaid and Medicare Services, it was stated that the ombudsman's response time averaged 4 hours with an 86% resolution rate (p.26). The state's second quarterly report stated an average response time of 8 hours and an 80% resolution rate (p.22). These numbers raise concerns about the ombudsman's capacity to adequately respond to the complex consumer concerns that will continue to arise over time as additional services are included under KanCare, or other changes occur. I am hopeful that the state of Kansas will look into additional resources that could be leveraged to strengthen the ombudsman by adding personnel and other supports.

It is appropriate that the ombudsman is not staffed within the department of health and environment. Last year, we offered recommendations for an ombudsman office that would mirror models in other states, such as Wisconsin. In those models, the ombudsman is an entity or individual outside of state government who advocates for the interests of the Medicaid consumer without influence from state agency officials. Some of our coalition partners will present more information about the Wisconsin model today, and I hope that you will consider that model as one that will strengthen the ombudsman role in Kansas.

**Stakeholder and consumer engagement:** We believe that consumers are the experts in their own health care. Consumers know when their health care needs are not being met, and are well suited to address problems and offer solutions. As a result, it is crucial for Medicaid consumers and consumer advocates to be fully involved in KanCare decision making and implementation.

We have actively participated in stakeholder workgroups created by the state. This year, the state changed the composition of its workgroups to include more consumer members. We thank the state for this change. As we move forward, we will monitor and participate in the KanCare consumer issues workgroup. We will continue to advocate for the workgroup to be a real catalyst, and for the recommendations it produces to be provided to this committee and used in ongoing decision making. We respectfully ask you, as members of the joint committee overseeing KanCare, to routinely request and review summaries of the workgroup meetings, and to request and take into consideration its recommendations.

The Governor's KanCare advisory council, originally created in 2012, could also play an important role in advising the state on KanCare implementation. However, to date we have not seen the council structured or facilitated in a way that allows it to provide substantive recommendations to the state. We have recently learned that the council will soon consist of new members. However, we were surprised that few of us were able to suggest members. We are concerned that the council, created to advise the Governor on KanCare implementation, will not include consumer members, which will limit its ability to address the health care needs of Medicaid consumers. The best way for the state to ensure that KanCare works for Medicaid

consumers, and that Medicaid consumers access the health care services they need, is to involve consumers throughout all processes.

**Preauthorization requirements:** Some providers have experienced problems with prior authorizations since the KanCare transition. These difficulties have resulted in delays for consumers in accessing important services. Many consumers, including children, have waited for nearly two weeks for important medication, such as seizure medication and IV antibiotics. We are asking you to closely monitor this situation as delays in services and access to medications negatively affect consumers' health. We would be happy to work with you and the state to achieve a solution to this problem that would benefit both providers and consumers.

Thank you again for the opportunity to address the committee today.