

November 22, 2013

Christie Appelhanz, Vice President of Public Affairs  
Kansas Action for Children  
Testimony for Robert G. Bethell Joint Committee on Home and Community Based  
Services and KanCare Oversight

Madam Chair and members of the Committee,

Kansas Action for Children appreciates the opportunity to share our concerns today about the growing number of Kansas children who may be losing their health insurance coverage.

As part of Kansas Action for Children's efforts to ensure all Kansas children grow up healthy, we have closely monitored the transition from HealthWave to KanCare. More than 250,000 Kansas children – approximately 1 in 3 – rely on KanCare for their health care coverage.

### **Significant declines in KanCare enrollment among Kansas' poorest children**

Expansion of the Children's Health Insurance Program and administrative simplifications to streamline the application and renewal processes for Medicaid and CHIP significantly reduced the rate of uninsured children in Kansas from 8.24 percent in 2010 to 6.65 percent in 2012. However, the available data suggests this trend may be reversing itself as evidenced by declining KanCare enrollment among Kansas' poorest children. According to the most recent Medical Assistance Report, in June 2013 there were nearly 4,000 fewer poor children receiving Medicaid than in December 2012.

### **Lack of public data prevents policymakers from addressing problems when they are most urgent**

Determining a cause for this decline in enrollment has been challenging. As Kansas Action for Children reviewed the data on enrollment of low-income children in Medicaid and the Children's Health Insurance Program, we found it inadequate to fully assess how the transition has affected children's coverage. Despite multiple conversations with officials from the Kansas Department of Health and Environment, we do not have answers today. I raise for members of the Committee the lack of sufficient and timely public data. The Medical Assistance Report and the KanCare quarterly reports are released months after the data is collected, which prevents policymakers and other stakeholders from addressing problems when they are most urgent.

### **Requesting timely, credible, reliable data on children affected by KanCare**

As the childhood poverty rate in Kansas continues to climb, an increase in enrollment in Medicaid would be expected. At this point it is unclear why the opposite is happening in Kansas. To prevent more children from losing health care coverage, data should be provided that illustrates the reasons children are losing health coverage to ensure that policies for passive renewal and continuous eligibility are being consistently applied to all KanCare beneficiaries. The existing data is not adequate to draw conclusions about overall enrollment numbers.

Keeping kids – especially poor and disadvantaged children – covered by health insurance is an essential investment in Kansas' future. For this reason, we are asking for a timely, credible, reliable data source on children affected by KanCare.



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A Member of Voices  
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Robert G. (Bob) Bethell Joint Committee on  
HCBS & KanCare Oversight

Date November 25, 2013

Attachment 15