



November 25, 2013

Testimony re: KanCare

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 provide written comments about KanCare. My name is Anna Lambertson, the executive director of the Kansas Health Consumer Coalition (KHCC). KHCC is a statewide non-profit organization with the mission of advocating for affordable, accessible, and quality health care in Kansas. We are committed to working with the state of Kansas to make KanCare work for Medicaid consumers.

My written comments focus on three areas: consumer involvement, community-based services, and member enrollment.

Effective and transparent consumer involvement: 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 to be fully involved in KanCare implementation. It is also crucial for their input to be made available to you to inform your decision making.

Each KanCare health plan must have a member advisory council. Those councils should be composed of Kansans who receive services through KanCare. It is our understanding that the MCO advisory councils have been convened. However we and our coalition partners have been unable to obtain information about their meetings, including who has been selected for the councils and the topics of their discussions.

I respectfully suggest to this committee that you request information about the MCO advisory councils, to ensure that they are meeting as required and that the MCOs are responding to the concerns of their members. If the MCOs are to effectively leverage the input of their members, they should convene these councils, listen to their members' concerns, and then implement plans that respond to those concerns. The MCO advisory councils should be "advisory" in practice, not just on paper. If these councils are being

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used to advise the health plans, the MCOs should be able to demonstrate how they have listened to, and then addressed their members' concerns.

Community-based services: We have questions about the community-based capacity of the health plans. The satisfaction of Medicaid consumers, and overall success of KanCare, is in part dependent on the capacity of the MCOs to partner with local providers. By partnering with local providers, the MCOs can ensure strong community-based services, keep vulnerable Kansans out of nursing homes, and strengthen consumers' independence and quality of life. Yet many consumers we speak with do not feel that the MCOs have a local presence.

I ask that this committee request information about the community-based capacity of the MCOs. What is the capacity of the MCOs to provide local, community-based support services to Medicaid consumers? What have the MCOs done to ensure local network adequacy for care coordination and support services? And if the MCOs are struggling now to ensure a local presence, are they ready to provide long-term support services to Kansans with developmental disabilities?

KanCare member enrollment: The state of Kansas has submitted two quarterly reports to the Centers for Medicare and Medicaid Services (CMS). These reports have indicated a consistent decline in member enrollment. This decline raises significant concerns for us and our coalition partners. We have shared our concerns with the state. However, the enrollment numbers continue to decline.

For example, the member month enrollment figure for adults was 32,227 in April 2013, but 31,405 in June 2013. The member month enrollment figure for children was 211,186 in April 2013, but 206,989 in June 2013.

I ask that this committee monitor these enrollment numbers, and request a full explanation for the decline. You can review the member month reporting numbers on page 17 of the most recent report for the quarter ending June 30, 2013. http://www.kancare.ks.gov/reports/KanCare_2Q_STC_Report_to_CMS_8.30.13.pdf

Thank you again for the opportunity to provide written comments today.

Please do not hesitate to contact my office should you have questions or require additional information about these written comments. My office can be reached by phone at 785.232.9997.

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