

MINUTES

JOINT COMMITTEE ON CHILDREN'S ISSUES

July 12, 2004
Room 313-S—Statehouse

Members Present

Representative Brenda Landwehr, Vice Chair
Representative Sue Storm, Ranking Minority Member
Senator David Corbin
Senator Henry Helgerson
Senator Dave Jackson
Senator Janis Lee
Representative Willa DeCastro
Representative Roger Toelkes

Members Absent

Senator Nick Jordan
Representative Patricia Barbieri-Lightner

Staff Present

Emalene Correll, Legislative Research Department
Hank Avila, Legislative Research Department
Norm Furse, Revisor of Statutes Office
Mike Corrigan, Revisor of Statutes Office
Ann McMorris, Secretary

Others Present

See attached list.

The meeting was called to order by the Vice Chair.

Review of Studies Requested by LCC

Staff noted, by statute, the Joint Committee has two assignments; to monitor the children's health insurance program and to study any issues relating to children the Committee believes necessary or feasible. On occasion, the Legislative Coordinating Council has requested that the Committee conduct other specified studies as, for example, the study of after-school child care licensing carried out in the 2003 interim.

At the June meeting of the Coordinating Council, there were three issues referred to the Joint Committee.

- Examination of all state programs focusing on children from birth to age five.
- Consider the expansion of the State Child Health Insurance program (SCHIP) to cover children from conception to birth.
- Consider changes in the child in need of care code.

The first request was submitted by the House Committee on Appropriations. Specifically, it was requested the interim Committee look at unifying the efforts of the programs under the purview of the Children's Cabinet, with the goal of identifying any duplications and increasing coordination and with the ultimate goal of improving services for children.

The second request came from the Senate Committee on Ways and Means. Specifically, the recommendation was that the Department of Social and Rehabilitations Services review expansion of the State Children's Health Insurance Program (SCHIP) to cover children from conception to birth, and report during the 2004 interim to the Joint Committee on Children's Issues and the Legislative Budget Committee.

The third request came from the Joint Committee itself and was directed to a study by the Joint Committee on Corrections and Juvenile Justice. The request was a result of the recommendation contained in the Report of the Joint Committee on Children's Issues to the 2004 Legislature that the Joint Committee on Corrections and Juvenile Justice look at three child in need of care code issues raised by judges.

The issues were: allowing the judges to extend an order for informal supervision past 12 months; allowing judges to issue a "not to run" order prior to a determination of child in need of care; and authorizing judges to order placement of children in secure facilities.

Staff noted there was considerable Committee discussion on the code issue during the last interim. Therefore there is perhaps no need to conduct a full study. One alternative might be to submit a bill draft to the Judiciary members who participated in the roundtable for their comments and be prepared to introduce a bill or bills in the 2005 Session. There was discussion, and staff was directed to talk to staff in the Office of Judicial Administrator to see if the judges wished to draft a bill or have the Committee prepare a bill draft for consideration by the judges. Staff was directed to proceed in this manner.

Staff noted, in terms of approval of meeting days, the Legislative Coordinating Council had approved four days of meetings. Not included in the four days is the meeting being held today, so a total of five days has been approved. The Committee concluded that in order to keep to the meeting schedule set out earlier, a request should be made to the Legislative Coordinating Council to allow the proposed December meeting dates.

The Committee also wishes to form a subcommittee to consider and prioritize programs for young children. This will require authorization by the Legislative Coordinating Council, whose next meeting will be in August. Requests will be submitted for action in August (Attachment 1).

Legislative Action on Provider Rate Increases

Staff summarized the provisions of Senate Substitute for HB 2912 and House Substitute for SB 12 which establishes the Health Care Access Improvement Program (Attachment 2). Information on the estimated hospital provider assessment revenues and health maintenance organization assessments was also provided. The Committee requested staff to prepare data on how the newly authorized assessments will affect prescription fees and other areas where the moneys collected are to be used. The data will be used by the Committee in developing recommendations for consideration by the 2005 Legislature.

FirstGuard Health Plan

Dennis Kasselmann, Chief of Market Affairs, FirstGuard Health Plan, reported on Kansas membership and growth (Attachment 3). They continue to expand and retain the provider network throughout Kansas, to work diligently to serve the provider network, and to work more effectively with members in the HealthWave Title XIX and XXI programs. He explained the various services they provide and the investments made in information systems in conjunction with Social and Rehabilitation Services and Electronic Data Systems.

Following Mr. Kasselmann's presentation, he responded to questions relating to claims payment and the time element involved, on the high risk prenatal program and its progress, and on working with the network physicians in identifying those with special needs. The conferee responded to a question relating to FirstGuard's response to the problem of obesity by indicating that they were working on this health issue with network providers and others. At this point, there are no final recommendations, because FirstGuard still needs to identify those entities with whom it makes sense to partner in setting up obesity programs. He noted the partners in the special services for diabetics and indicated similar relationships would be desirable in working with individuals who are morbidly obese.

State Child Health Insurance Program

Scott Brunner, Director of Medical Policy and Medicaid, Social and Rehabilitation Services, reported on HealthWave (Attachment 4). He provided background information on the use of marketing and outreach campaigns to encourage families eligible for HealthWave to enroll and reenroll, on prenatal coverage expansion, and on Electronic Data Systems payment issues.

Mr. Brunner responded to questions from the Committee relating to problems arising with the change to a new Medicaid management information system; to what the agency is doing, if anything, to respond to recommendations made by the Committee in its report from the previous interim; and the time frame for resolving issues relating to problems with the data management system and the fiscal agent. In response to a question, Mr. Brunner noted there are 10,652 adults in HealthWave currently. He was asked to supply a breakdown by age.

The next HealthWave conferee was Carol Pangborn, Electronic Data Systems, who presented written information on claims (Attachment 5). Ms. Pangborn reviewed the claims statistics shown on the graphs that made up her written testimony. There were a number of questions from Committee members who had been contacted by constituents who are Medicaid and Title XXI providers. In particular, there was discussion of the problems pharmacists had faced with the new system. Although the conferee indicated there was steady improvement in the payment of claims, Committee members noted there were apparently continuing problems for some pharmacists and for most dentists who were reimbursed through Electronic Data Systems, rather than Doral Dental. It was noted that Electronic Data Systems is responsible for HealthWave dental claims that arise from Medicaid-eligible children and youth, while they make a payment to Doral for other HealthWave clients, and Doral is responsible for payment of those claims.

Ms. Pangborn was asked to supply additional information on the percentage of claims denied, what percentage is paid, and, of those claims denied, the percentage that is appealed and the time period involved.

The next HealthWave contractor to appear was John Anzivino, Vice President, Health Management Services Central Division, of MAXIMUS, who gave the Committee written information, including an overview of HealthWave activities during the current contract period (Attachment 6). The conferee noted a three-year contract began in October 2003, under which MAXIMUS carries out eligibility determination for Title XXI and provides administrative services and contract work for Title XIX. He noted, working in partnership with Social and Rehabilitation Services, MAXIMUS has improved access to the program, which has resulted in increased requests for eligibility determination. He reported MAXIMUS is performing well in meeting all of its contract standards. An explanation was provided for each of the components included in MAXIMUS' contract responsibilities. Mr. Anzivino responded to questions from the Committee on the type of grievances MAXIMUS receives and how they are handled and on the benefits and differences in other states in which the company is involved. Specifically, he was asked if MAXIMUS is a Title XIX or Title XXI contractor in any state that uses passive re-enrollment for the Child Health Insurance Program (SCHIP). Mr. Anzivino will obtain information on this question and submit it to the Committee.

The next HealthWave contractor represented Doral Dental. Brett Bostrack, Director of Client Services for Doral Dental, USA, LLC, reported on the success Social and Rehabilitation Services and Doral have had in working together to improve access to, utilization of, and overall quality of dental services available to Title XXI members during the first three years of Doral's contract (Attachment 7). Mr. Bostrack reviewed provider satisfaction which involves timely and accurate payments, strong relationships with organized dentistry, website availability, and a streamlined prior authorization process. Other areas of Doral's operation Mr. Bostrack reviewed include member benefits, a database management system, administration of the Title XIX dental program, the Kansas dental advisory board they have created, and the dental provider network and recruitment. In response to questions he reviewed the responsibilities of Doral and Electronic Data Systems in terms of Title XIX and Title XXI. He was also asked about participating dentists and what Doral is doing to increase participation and awareness of HealthWave services among practicing dentists in Kansas. Several members of the Committee indicated they had heard from dentists about claims payment. Mr. Bostrack indicated Doral had made their data base available to Electronic Data Systems in order to facilitate the handling of claims.

The Vice Chair thanked Mr. Bostrack for the information provided for the Committee, noting that in the previous several years, Doral's previous representative had provided little in the way of information for the Committee.

The final contractor representative to appear was C. B. LeCounte, Vice President for Provider Relations, The Consortium, Inc., who gave the members a packet of information ([Attachment 8](#)). Ms. LeCounte explained the purpose of organizing the Consortium was to provide a centralized contracting agency to work with state agencies and other parties interested in statewide mental health service delivery. The Consortium currently provides administrative services, contract management, pre-admission screening services, drug and alcohol testing, an around-the-clock, seven-day-a-week answering service, quality improvement initiatives, utilization management, and credentialing services. They have managed the provision of mental health services to HealthWave clients since 1999. The HealthWave program serves two separate populations – the Children's Health Insurance Program (Title XXI) and Medicaid Managed Care (Title XIX). Following Ms. LeCounte's prepared testimony, the Committee raised questions about diagnosis versus service, the time lapse between referral and the initiation of treatment, and the staffing of the member community mental health centers.

State Health Insurance Impact

R. Andrew Allison, Director, Health Care Finance and Organization, Kansas Health Institute, discussed the impact of the state health insurance programs on the children of Kansas ([Attachment 9](#)). He emphasized the Institute study covered only the portion of HealthWave related to Title XXI, because that is the program they received funding to evaluate. His presentation included an overview of the Institute study and data, including comparison of new Title XXI and Medicaid enrollees in Kansas, the health needs of new enrollees, the health insurance status of children entering the programs during the year preceding entry, children enrolled, children's insurance status at the time of the follow-up interview, re-enrollment, and access to care before and after enrolling in the child health insurance program. He noted there has been a positive impact from the Title XXI program on children in Kansas.

Kansas Dental Association

Kevin J. Robertson, Executive Director, Kansas Dental Association, presented an oral health issues update ([Attachment 10](#)). The Kansas Mission of Mercy project has now held three sessions in various locations in Kansas. The number of patients served in the three areas was 6,552 and the donated dental care provided is valued at \$2,293,921. The conferee discussed future plans for the project

In regard to HealthWave Title XIX and XXI, the Kansas Dental Association would like the split Doral/EDS system to be replaced by a more streamlined "seamless" HealthWave, which means using a single administrator and fiscal agent for both the Title XIX and XXI portions of HealthWave in order that dentists can present claims and receive their payment from the same source. Under the current system, dentists are not being paid for the services they have provided. He asked the Committee to consider making this recommendation to the 2005 Legislature and Social and Rehabilitation Services. Mr. Robertson agreed to keep the Committee posted on dentist recruitment and to furnish Committee staff a memo regarding the Kansas Mission of Mercy Project.

Staff provided the Committee with a copy of House Substitute for SB 12, as amended, that authorizes the health care access improvement fund ([Attachment 11](#)).

Action on Minutes

It was moved by Senator Helgerson and seconded by Representative Storm, the minutes of the June 23, 2004 meeting of the Joint Committee on Children's Issues be approved. Motion carried.

The Committee was adjourned. The next meeting will be August 5, 2004.

Prepared by Ann McMorris, Secretary
Edited by Emalene Correll

Approved by Committee on:

August 5, 2004
(Date)