

## MINUTES OF THE HOUSE VISION 2020 COMMITTEE

The meeting was called to order by Chairperson Tom Sloan at 9:00 am on Wednesday, February 04, 2015, 218-N of the Capitol.

All members were present

Committee staff present:

Scott Abbott, Office of Revisor of Statutes  
Iraida Orr, Legislative Research Department  
Natalie Teemer-Washington, Legislative Research Department  
Mary Koles, Kansas Legislative Committee Assistant  
Renae Jefferies, Office of Revisor of Statutes

Conferees appearing before the Committee:

Terry David, Director of Emergency Medical Services, Rice County  
Jason White, EMS Consultant, Mid-America Regional Council, Government Affairs Liaison  
Tim Spilker, President, UnitedHealthCare Community Plan of Kansas  
Monte Coffman, Executive Director, Windsor Place

Others in attendance:

[See Attached List](#)

### **Bill introductions**

Chairman Sloan welcomed the committee, conferees and guests to the meeting.

He called for bill introductions. *A request was made for a bill introduction stipulating that medical retainer agreements would not constitute insurance. Representative Dannebohm moved and Representative Francis seconded the motion to allow the request. The motion passed.*

### **Informational briefing:**

Terry David, Director of Emergency Medical Services (EMS) in Rice County for 20 years, also on the Board of the local hospital, Rice County District Hospital #1, for the last 14 years, is very aware of the issues surrounding Medicaid reimbursements and says the current model is broken. Payment for ambulance services, for example, has not improved since 2005.

The county responded to 828 calls last year: cost/call was \$627. (Calls include refusals, fire stand-by, etc.)

Current Medicaid reimbursement averages \$180/call. Medicaid recipients frequently call EMS. David reported that Rice County EMS charges \$10.50/mile for transportation while Medicaid reimbursement is \$1.00/mile.

Last year" figures at the local critical access hospital are even worse: wrote off \$885,000 for Medicaid and another \$700,000 for the impoverished. This year's budget is in the red \$161,000 and would have been closer to \$800,000 had the Board not decided to raise the hospital mill levy by 1.5 mills and cut

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expenses. Hospital closures are occurring nation-wide and Kansas will face the same. West of Rice County, the situation gets progressively worse. Staffing ambulance services in rural areas is a major problem today.

In closing, David encourages Kansans to continue the dialogue about KanCare expansion and to be open-minded and remember that this is a patient problem, not a party problem. "Recently the Kansas Association of Counties listed the expansion of KanCare as one of their legislative platform issues. ([Attachment 1](#)) Chairman Sloan and Representatives Swanson, Francis and O'Brien asked several questions after his presentation.

### **Informational briefing:**

Jason White, EMS Consultant, Mid-America Regional Council (MARC), Government Affairs Liaison, presented background information on Emergency Medical Services in Kansas (171 ground ambulance services, 2,500 paramedics, 320,000 responses/year) and how ambulance services are funded. Kansas Medicare rates for ambulances fall far below comparable Medicare rates. The Kansas Emergency Medical Services Association (KEMSA) surveyed eleven Kansas ground ambulance services to estimate the impact of KanCare expansion. White reported the ambulance companies would gain an extra \$2.5 million/year from additional KanCare payments. He also mentioned the alarming impact of nonexpansion on rural hospital closures.

White reviewed the political bargain resulting in the Medicaid Expansion option from the Affordable Care Act (ACA). The bargain means Kansas' hospitals have already given up millions of Medicare dollars. He stated, "KanCare is in trouble." The three companies running KanCare are bleeding huge sums of money. White Predicts that KanCare "will undergo serious changes in the next 6-12 months." ([Attachment 2](#))

Chairman Sloan asked questions after White's presentation.

### **Informational briefing:**

Tim Spilker, President, UnitedHealthCare Community Plan of Kansas, commented on UnitedHealthCare's presence in Kansas: 126,000 members; a robust list of nearly 20,000 providers; over \$700 million in claims paid in 2014; and more benefits for Kansans. He provided an overview of the company's use of tele-health which includes Virtual Specialty Clinics, Direct-to-Patient Services, Tele-monitoring, eICU, DR, and Doctor to Doctor. He also mentioned some of the advantages telehealth offers: enhanced access, timeliness, reduced cost of care while maintaining quality, and integration with health homes.

Spilker also discussed comparison and utilization data for Kansas and tele-health. Kansas received a grade of "B" from the American Telemedicine Association based on thirteen criteria such as parity laws, eligible providers, restrictions, and coverage in Medicaid and State employee plan. The report is currently available on line. Telemedicine is currently billable under KanCare: mental health, consultation, office visits, individual psychotherapy, and pharmacological management. Payment is set

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at Medicaid rates for a distance site with a \$20.00 reimbursement for the originating site. Spilker presented a set of data regarding various services and the total paid for each. He said the total Telemedicine claims were about \$750 million.

He addressed the KanCare waiver for the frail and elderly which includes set-up and a monthly fee per member for monitoring for conditions like diabetes, blood pressure issues and more: Windsor Place and UnitedHealthCare are partners in a tele-monitoring pilot project. The expected benefits, are reductions in ER and in-patient use, fewer transportation and nursing home admissions expenses. Spilker stated there are real opportunities for Kansans and Telemedicine, especially in rural communities. Partnerships could be formed with providers and community organizations. ([Attachment 3](#))

### **Informational briefing:**

Windsor Place and UnitedHealthCare are partners in a tele-monitoring pilot project. Monte Coffman is the Executive Director of Windsor Place, Coffeetown. Coffman has addressed Vision 2020 on several occasions but not recently. Windsor Place is a long-term care company serving over 1,400 clients. In addition to core services, additional programs are provided to the aged and disabled. One new project is the "Age to Age Kindergarten Classroom," only the second such program in the nation.

Coffman reported that nearly 50% of Americans have a chronic condition, about 75% of all people over age 65 have two or more chronic conditions, and more than 75% of all health care costs are due to chronic conditions. Windsor Place began talks with the Department of Aging in 2006 resulting in 2007 in a one year grant to study managing chronic diseases more effectively at home. Three more grants followed and in 2011, telehealth became a covered service for the Frail and Elderly KanCare waiver.

Coffman explained the Windsor Place approach to telehealth services leading to increased self-management. He included excerpts from the KU Medical Center's research during the three year pilot study (see his testimony, page 8). During the pilot, participants admitted to the nursing facility had an average stay of only ten months, compared to a two year average for other Medicaid nursing residents.

Currently, Windsor Place is engaged in two pilot projects, and a "money follows the person" project. Coffman also noted Windsor Place is discussing with KU's Center for Design Research about collaboration on their WellCar project with Ford Motors for making house calls in rural areas. In closing, Coffman identified several opportunities for KanCare. On, "a more coordinated, cohesive approach and execution of the Money Follows the Person program to shift utilization from institutional to community based settings," is a critical element in expanding KanCare. ([Attachment 4](#)) Questions, comments, and thoughtful discussions followed his presentation. Participants included Chairman Sloan and Representatives Rooker (question also for Spilker), Bollier, and Curtis.

Chairman Sloan thanked the conferees for their presentations,

The meeting adjourned at 10:25 a.m.. The next meeting will be February 9, 2015.

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