

Approved: 2-7-00  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on February 2, 2000 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes  
Lisa Montgomery, Revisor of Statutes  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Marlee Bertholf, Kansas Chamber of Commerce  
Joe Cecil, Family Health Partners  
Joy Wheeler, FirstGuard

Others attending: See attached list

### **Introduction of Bills**

Marlee Bertholf, Kansas Chamber of Commerce, requested the Committee introduce legislation relating to pharmacy technicians under the Board of Pharmacy. (Attachment 1) Senator Becker made a motion the Committee introduce the proposed legislation, seconded by Senator Salmans. The motion carried.

Senator Praeger requested the Committee introduce legislation relating to the Health Care Data Governing Board collecting data from health care providers and hospitals. Senator Becker made a motion the Committee introduce the proposed legislation, seconded by Senator Jones. The motion carried.

Senator Praeger requested the Committee introduce legislation that would expand the Health Care Data Governing Board from 9 to 12 members. Senator Becker made a motion the Committee introduce the proposed legislation, seconded by Senator Langworthy. The motion carried.

### **Update on Children's Health Insurance Program (HealthWave)**

Joe Cecil, Family Health Partners, briefed the Committee on HealthWave's HMO for Eastern, Kansas. Mr. Cecil noted that as of January 1, 2000, there are 5,575 persons enrolled in the program in the eastern region. Outreach sponsored by community grassroots groups and SRS has been effective in reaching many potentially eligible persons throughout the 22 counties. HealthWave administration, complaints and grievances, benefits and HealthWave integration with Medicaid were outlined for the Committee as noted in his written testimony. (Attachment 2) Committee discussion related to drug utilization for recipients, disease management program, dental access and reimbursement rates, transportation network and interaction with Maximus.

Joy Wheeler briefed the Committee on FirstGuard, HealthWave's HMO covering the remainder of Kansas. Ms. Wheeler noted membership status in the program now totals approximately 34,300 persons with an additional 158 physicians added to the network within the past year. Other topics covered during her presentation included website availability of the program, provider services, Guardian Angel program, asthma disease management program, and outreach services. Plans for the year 2000 include third party liability recovery, fraud and abuse provider education and diabetes management program.

### **Adjournment**

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for February 3, 2000.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
GUEST LIST

DATE: 2-2-00

NAME	REPRESENTING
Joseph R. Cecil	Family Health Partners
GREG BAKIAN	CITY OF LEAVENWORTH
Mary Baldwin	Self
<del>KEVIN BRADSHAW</del>	<del>Am. DENTAL Assn</del>
Barbara Gibson	KDHE - Primary Care
Ken Barow	Health Wear chld.
KEITH R LAUDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR CAUSES
Greg Tugman	DOB
<del>Mailee Kettling</del>	KCCI
<del>BOB CRAND</del>	KCCI
Jennifer Crow	Federico Consulting
Susan Holland	Washburn
Ann Kellogg	Washburn
Cassie Hamer	KDHE
Jane Holmuth	Ks Assoc. Med. Underserved
David Fuchsman	Ks Assoc. Medically Underserved
BO ROLING	DORTA DENTAC
Andy Allison	Kansas Health Institute
Bob Williams	Ks. Pharmacists Assoc



The Kansas Federation of Chain Pharmacies, which is an affiliate of the Kansas Chamber of Commerce and Industry, request the following bill introduction:

**Pharmacy Technician Statutory Changes**

To amend K.S.A. 65-1642

A pharmacist is authorized to supervise up to two pharmacy technicians without additional authorization from the Board of Pharmacy. The Board of Pharmacy may, by rules and regulations, set a ratio higher than two technicians per pharmacist.

A pharmacy technician will register with the Kansas Board of Pharmacy. The registrant will provide sufficient information to identify the applicant pursuant to rules and regulations set by the board.

**Family Health Partners  
 Testimony to the Kansas  
 Senate Committee on Health  
 Regarding the HealthWave Program  
 February 2, 2000 --- 10:00am --- Room 526 south**

Family Health Partners is a health maintenance organization operating in the States of Kansas and Missouri. Family Health Partners is the HealthWave HMO for Eastern, Kansas as of January 1, 1999. The HealthWave program is the Kansas Children's Health Insurance Program (CHIP) authorized and implemented under the Balance Budget Act of 1997.

Membership

Initial membership for Eastern, Kansas was estimated at 14,500 persons. As of January 1, 2000 there are 5,575 persons enrolled in the program in the eastern region. The growth rate of enrollment, while declining during the period, has been strong starting with 1,452 members in January 1999. Outreach sponsored by community grassroots groups and SRS have been effective in reaching many potentially eligible persons throughout the 22 counties. The following chart shows the progressive growth over the intervening quarters.

**TABLE 1: HealthWave Membership, Eastern Region, 1999**

<u>Quarter Ending</u>	<u>Persons</u>	<u>Member Months</u>	
3-31-99	2,826	6,414	93% growth
6-30-99	4,105	11,478	45% growth
9-30-99	4,691	13,541	14% growth
12-31-99	5,529	15,802	18% growth
Total as of 12/31/99	5,529	47,235	

Utilization of Services

The measure of success, especially in Medicaid and CHIP managed care programs, is evidence that services are being provided to members. The HealthWave population, similar to data seen from other CHIP programs across the United States, is fairly healthy and tends to seek out preventive care. In addition, utilization suggests a large pent-up demand for such services as eyeglasses and dental visits.

**TABLE 2: Selected Utilization Statistics  
HealthWave, 1999  
Claims Paid as of 1/27/00**

Type of Service	Units Provided	Utilization Rate
Primary Care Office Visits	9,384 visits	237.4 visits per 100 members
EPSDT Visits	3,091 visits	55.9 visits per 100 eligible mem
Immunizations	1,120 immunizations	28.3 units per 100 members
Specialist Physician OV	1,022 visits	25.8 visits per 100 members
Ambulatory Lab Tests	6,018 tests	152.2 tests per 100 members
Ambulatory X-Rays	1,620 tests	41.0 tests per 100 members
Inpatient Hospitalization	266 days	6.7 days per 100 members
Outpatient Surgery	120 cases	3.0 cases per 100 members
Emergency Room Visits	898 visits	22.7 visits per 100 members
Eye Glasses and Frames	685 units	17.3 units per 100 members
Dental Encounters	4,287 visits	77.5 visits per 100 members
Prescriptions	16,594 scripts	419.8 scripts per 100 members

EPSDT Services

Family Health Partners works closely with providers and members to ensure that EPSDT screen (Kan-Be-Healthy Screens) are offered. In the first year of operations, providers have performed 56% of all age-specific EPSDT screens. While this number is lower than desired, it does represent a concerted effort to ensure that the services are offered. Children less than 1 year of age show a 237% rate of EPSDT completion or 2.4 screens per member. Children ages 1-5 show a 70% rate of EPSDT completion or 0.7 screens per member.

Network Adequacy with Special Comments on Dental and Optical Care Access

Family Health Partners monitors its network adequacy on an ongoing basis. Network adequacy is based on county-type and mileage standards.

**TABLE 3: General Access Minimum Standards – County Types  
Family Health Partners  
Kansas**

County Type	# of Counties	Definition	# of Members
Urban	1	population > 199,999	934 (17%)
Basic	3	population 50,000 to 199,999	2,237 (40%)
Rural	18	population < 50,000	2,358 (43%)
Total	22		5,529

**TABLE 4: General Access Minimum Standards – Selected Mileage Standards  
Family Health Partners  
Kansas**

Provider Type	Urban	Basic	Rural
Primary Care Provider	10 miles	20 miles	30 miles
OB/Gyn Provider	15 miles	30 miles	60 miles
Vision Care Provider	15 miles	30 miles	60 miles
General Surgeon	15 miles	30 miles	60 miles

Other Specialists	25 miles	50 miles	100 miles
Basic Hospital	30 miles	30 mile	30 miles
Secondary Hospital	50 miles	50 miles	50 miles
Tertiary Hospital	75 miles	75 miles	75 miles
Pharmacy	10 miles	20 miles	30 miles
General Dentist	15 miles	30 miles	60 miles

*Special Comments on Dental Care Providers:* All access has been met during the term of the contract. Some problems have been experienced with dental providers, but the above standards have been maintained.

- *Urban Counties:* At the present time urban members drive an average of 6.6 miles to a network dentist.
- *Basic Counties:* Members residing in basic counties currently drive an average of 5.4 miles to a network dentist. The greatest distance is for Leavenworth County where residents drive a county-average of 15.2 miles to a network dentist.
- *Rural Counties:* Members residing in rural counties have a more difficult time locating a dentist than in other areas. The average resident in a rural county drives 18.3 miles. The longest county-average commutes are: Montgomery County (50.1 miles), Woodson County (47.9 miles), Wilson (34.8 miles), Allen County (33.3 miles), and Anderson County (30.2 miles). All other ten counties average less than a 30-mile commute with their overall 10-county average being 14.9 miles.

Despite meeting the minimum standards, we believe dental access continues to be an issue and we are working on alternatives at this time.

*Special Comments on Optical Care Access:* With regard to optical care providers, access also meets the minimum standards set for network access.

- \* *Urban Counties:* Residents of urban counties drive an average of 6.2 miles to an optical care provider.
- \* *Basic Counties:* Residents of basic counties drive an average of 4.2 miles to an optical care provider. The longest commute is for Leavenworth County, where residents drive a county-average of 5.8 miles to a provider.
- \* *Rural Counties:* Residents of rural counties drive an average of 14.4 miles to an optical care provider. The longest commute is for Miami County where residents drive a county-average of 22.6 miles for a provider.

Again, even though these data show that minimum access standards are met, Family Health Partners is currently working on improvements in the optical care network.

### HealthWave Administration

The administration and oversight process between the health plan and SRS has been extremely collaborative. The staff of SRS developed very effective processes during the implementation phase. As problems or issues have arisen under the contract, the plans and SRS have worked closely to implement appropriate procedures. The administrative processes of enrollment, notification of member eligibility, premium payment, marketing material authorization, and complaint and grievance monitoring have been implemented and are working effectively. The final touches are currently being put on procedures for submission and tracking of encounter data. Family Health Partners would like to compliment the staff of SRS who has worked diligently in setting up the administrative procedures followed under HealthWave. Their willingness to work collaboratively and openly with the plans in this regard has made implementation of the program seem easy.

### Complaints and Grievances

Family Health Partners experience with members shows that the enrollees are well informed. They receive and read their HealthWave enrollment packets. They seem to understand their benefit package and are generally articulate consumers.

We have had only forty-nine (49) complaints and grievances since the start of the program on January 1, 1999. Thirty-seven (37 – 75.5%) of these were filed by the member or the member's parent/guardian concerning non-medical issues. Many of these concerned dental access problems and were resolved by the Member Services staff.

### Benefits

The most under-utilized service in the program seems to be the transportation benefit. We do not advocate eliminating this benefit, because those persons who have accessed this benefit have been extremely grateful. In fact, Family Health Partners performs special educational outreach with members to be sure they understand the availability of transportation to medical appointments. In 1999 we had 332 transports (i.e. 8.4 transports per 100 members) representing a total cost (including administration of the transportation dispatch system) of \$33,368. This amounts to an average of \$100.51 per transport.

### HealthWave Integration with Medicaid Program

Family Health Partners supports the plans of the Department of Social and Rehabilitative Services to integrate the current Medicaid program with HealthWave in 2001. We believe that creating a more "commercial" look in Medicaid will relieve recipients of their welfare stigma and provide a mechanism to improve their access to health care services.