



February 12, 2013

Testimony in support of HB 2025

To: House Health and Human Services Committee

From: Anna Lambertson, Kansas Health Consumer Coalition

Chairman Crum and Members of the Committee,

Thank you for the opportunity to comment today on HB 2025 establishing the joint committee on home and community based services and KanCare oversight. I am Anna Lambertson, the executive director of 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.

KHCC supports the establishment of legislative oversight of KanCare. The state of Kansas has taken important steps to help smooth the transition to KanCare. However, there will be bumps in the road.

Given the importance of Medicaid for so many vulnerable Kansans and their families, legislative oversight will be an important tool for achieving accountability and transparency for consumers and all stakeholders invested in making the KanCare program successful for its duration.

KHCC is appreciative of the language in HB 2025 that addresses many areas we feel deserve attention from the oversight committee. For example, Section 1 (a) addresses “pay for performance measures, quality measures and enrollment and disenrollment in specific plans,” and Section 1 (e) (2) includes specific language related to data and information about access to care, quality of services, beneficiary satisfaction, health outcomes and cost expenditures.

KHCC also appreciates that Section 1 (d) says that the “committee shall meet at least four times a year.” We would like to emphasize the importance of regular meetings for this oversight committee.

KHCC has a few recommendations that we feel could strengthen the oversight committee.

Specific reporting on caseload data: Data and information submitted to the committee, and subsequently reported to the President of the Senate and Speaker of the House, should include a comparison of specific Medicaid caseload data for individuals receiving state Medicaid services under KanCare. These individuals include, but are not limited to, individuals receiving services under a HCBS waiver, individuals in state and private institutions, individuals in long-term care facilities, individuals with disabilities and mental illness, and children and pregnant women.

Information that compares Medicaid costs expended under KanCare should also detail the caseload data for these populations served.

As stated on the website of KDHE, the MAR is a longstanding historical record of spending and enrollment and includes detailed spending summaries by service and population category. The MAR also includes service and population data of Medicaid spending. Data is pulled on a monthly basis to ensure timely reporting within about two weeks of the end of each month.

We feel that the MAR report effectively captures Medicaid expenditures and enrollment by service and population. We hope that the oversight committee, once established, will continue to use this useful tracking report as a tool for gathering data and information about KanCare.

Members appointed from standing House and Senate health committees: The joint committee on HCBS and KanCare oversight should include members from standing health committees to ensure that the joint committee consists of members with substantive expertise and strong background in health policy.

Thank you again Chairman Crum for the opportunity to comment today and support HB 2025.