

Testimony in Support of HB2169
House Health and Human Services Committee
February 14, 2017

Chairman Hawkins and Members of the House Health and Human Services Committee, my name is Denise Cyzman, and I am the Executive Director for the Kansas Association for the Medically Underserved (KAMU). Thank you for the opportunity to provide testimony in support of HB 2169, KanCare reform legislation.

KAMU is the Primary Care Association of Kansas, representing 44 primary care safety net clinics with 88 sites across Kansas. KAMU and its members believe all Kansans should have access to comprehensive, affordable, and quality health care. While the size, funding, and infrastructure of our member clinics vary, they have a common mission to provide health care services without regard for the patient's ability to pay. Collectively, the clinics make up the Kansas primary care safety net.

This vision of the safety net clinic system is to assure that every Kansas community has access to high quality, affordable, culturally competent, and integrated primary care, especially underserved communities. Over time, the Kansas safety net system has grown significantly, both in terms of number of clinics/sites and the number of patients served. Since 2010, the clinics have seen a four percent average increase in the number of patients served each year. Currently, one in ten Kansans utilize safety net clinics.

The Kansas primary care safety net system has increasingly become a provider of choice for the Medicaid/CHIP population. Of the 262,000 patients served in 2015, thirty percent (78,059), of Medicaid/CHIP beneficiaries now use safety net clinics as their primary care or dental health home. Contrast that to 22% or 12,133 Medicaid/CHIP patients in 2006. **This is more than a 500% increase.** This growth is good for the patient, good for the clinic, and good for the State. A recent landmark study of 13 states found that community health centers save Medicaid, on average, 24% in total cost of care when compared to other providers.

Over the past three years, KAMU, the safety net clinics, the three KanCare managed care organizations, and KDHE have established a partnership that is committed to serving the medically vulnerable individuals who receive KanCare. When this program began, there were challenges to overcome, as one would expect with a new health care delivery system that also had a new financing mechanism. While initial challenges may have been resolved, significant challenges remain. HB 2169 includes a series of requirements that will address some of these challenges.

KAMU and its members fully support the opportunity to improve the KanCare system by taking a more unified approach, with the Secretary developing standards to be utilized uniformly by each manger care organization. The inconsistency across the MCOs and lack of the state providing clear guidance has been problematic.

Take, for example, the credentialing and re-credentialing process. Currently, the clinics must submit credentialing information using multiple processes that vary by MCO and/or their dental and behavioral health subcontractors. This causes an administrative burden for the clinics. Additionally, it is not uncommon for the clinics to experience substantial and unnecessary delays in credentialing providers, once the paperwork has been submitted. Adding to this is the fact that once the providers are credentialing, there is often further delay in adding the provider to the MCO network. Collectively, these result in increased costs to the safety net clinic and decreased revenue for the services they provide. Many times we have been told that a standardized credentialing process is in the works, and yet that has not come to fruition.

We support KanCare having improved stakeholder communication and transparency. The safety net clinics, along with all KanCare providers, have been good partners in the implementation of the KanCare program. Increasing opportunity for stakeholder input and quarterly education for participating healthcare providers is a win-win for the providers, the MCOs, the State, and most importantly the patients we serve.

Uncertainty in health care at the national, state, and local level mean more will seek care at safety net clinics. Having a strong a safety net system requires that we have a strong Medicaid program, and vice versa. The primary care safety net system in Kansas is growing. It is passionate and tenacious. It is here for the long haul. Yet, it is not invulnerable. On behalf of KAMU member clinics, we thank you for the opportunity to share our support for HB 2169 to strengthen the current KanCare program, thereby, making a difference in the lives of people and communities we all serve.

Thank you.