



Kansas Health Plan
10895 Grandview, Suite 200
Overland Park, KS 66210

UnitedHealthcare Written Testimony in Opposition to Senate Bill 332

February 8, 2018

Madam Chair and Members of the Committee, my name is Kevin Sparks, CEO of UnitedHealthcare Community Plan of Kansas. Over the last five years, UnitedHealthcare has been honored to serve over 130,000 Kansas across the State through KanCare. The people we serve includes over 2,000 individuals with Intellectual or Developmental Disabilities (I/DD), for whom we are humbled to manage both their medical and waiver services using an integrated, person-centered approach. UnitedHealthcare staff has worked every single day to build strong relationships and collaborate with an individual's community based support staff and to provide additional resources in a persons' circle of support. UnitedHealthcare is focused on providing members with the highest quality care and experience, earning recognition as "commendable" from the National Center for Quality Assurance.

Kansas's key goal of moving waiver and medical services for individuals with I/DD into the KanCare program in 2014 was to "provide integrated care coordination to individuals with developmental disabilities, which will improve access to health services and improve the health of those individuals."¹ Over the past four years, KanCare program, through the managed care delivery system, has enabled increased access to needed services providing individuals with I/DD with the supports and tools to meet their quality of life goals.

UnitedHealthcare has demonstrated examples where our engagement improved the quality of life for the families we serve. One such example is Mason, a 7 year old boy on the I/DD waiver. Mason is non-verbal and requires around the clock care to avoid him harming himself or others. Our Care Coordinator worked closely with Mason's mother to identify a care worker to help support her with Mason's care. With the extra support Mason's mother can now attend events with her other children and feel at ease that Mason is being well cared for. Another example is the family of Randy, a 13 year old boy on the I/DD waiver who is non-verbal and dependent upon his parents care. As Randy has gotten older and larger, his parents were no longer able to carry him to the bathroom or car. Randy's Care Coordinator facilitated improvements for the family home and vehicle that included a wheelchair lift on the van, new wood floors in the house, a modified bathroom with a roll in shower and a stair glide to the basement. UnitedHealthcare's focus on meeting the unique needs of each person has made a difference in these lives and many others.

UnitedHealthcare recognizes the legislature's desire to provide input on the KanCare program. It should be noted that transitioning waiver service delivery to a separate entity outside of KanCare will regress the strides Kansas has achieved in improving integration and care coordination by creating new program siloes.

¹ CMS approval of KanCare 1115 Demonstration Waiver amendment dated January 29, 2014. Available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ks/ks-kancare-ca.pdf>



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Dividing the delivery and coordination of waiver services from medical services will increase challenges for individuals navigating an already complicated system in receiving their services. This proposed policy change would prevent KanCare from achieving a person-centered approach in serving individuals with I/DD by fundamentally separating waiver services from medical care. Therefore, UnitedHealthcare is opposed to the current language of SB332 for the reasons stated above.

UnitedHealthcare Community Plan of Kansas, our employees, and I are committed to the State of Kansas and appreciate the opportunity to provide input and testimony on SB332.