

Joint Committee on Medicaid Expansion Testimony

Chairperson Landwehr and Committee members,

The Kansas Association of Medicaid Health Plans (KAMHP) is a non-profit organization comprised of three Managed Care Organizations (MCO) with active contracts serving the KanCare Medicaid population. The purpose of KAMHP is to provide research, national perspectives, and operational feedback to State agencies, legislators, and stakeholders on program-level changes for KanCare, Kansas's Medicaid managed care program. Thank you for the opportunity to provide feedback to the Committee.

**Overall Considerations for Medicaid Expansion**

KAMHP's members (Aetna, Centene - Sunflower Health Plan, and United Healthcare) believe every Kansan should have access to comprehensive and affordable health coverage. The MCOs currently contract with the State of Kansas to serve 400,000 Medicaid enrollees in the Kancare program and they are prepared to serve the additional 150,000 enrollees should the state decide to expand Medicaid eligibility. KAMHP's members have experience in all 37 states that have expanded Medicaid. As such, we are an available resource to legislators, state agencies, and interested stakeholders considering the policy and operational impacts of expansion.

The Committee will undoubtedly consider numerous potential impacts of expanding Medicaid eligibility. Based on KAMHP's members' considerable experience in other states, we suggest the following remain a central consideration throughout the debate: Medicaid enrollees, whether current Kancare members or future enrollees in the proposed expansion population, are best served with consistent coverage, allowing for members to achieve long-term health goals. Movement between eligibility categories should be administered in a manner that allows enrollees to maintain the same coverage, thereby ensuring access to consistent care coordination and provider networks. Therefore, if Medicaid is expanded in Kansas, we support ensuring that current MCOs will serve the expansion population through the current KanCare program. MCOs greatly appreciate the opportunity to serve as a key State partner, and we are well positioned to provide continuity of care for the State's Medicaid enrollees. We are prepared and ready to serve all Medicaid populations should the State decide to move forward with expansion.

**Committee Questions for Consideration**

The following addresses specific questions provided to KAMHP by Committee staff. We would be happy to follow up further with Committee members as needed.

**1. How do MCOs incentivize KanCare members to work?**

MCOs help position our KanCare members to work by addressing health and social needs that often stand in the way of individuals actively participating in the workforce. Countless studies show that inconsistent health care leads to inconsistent workforce participation. By improving health status and meeting the unique needs of our members, MCOs help provide the stability needed for individuals to join the workforce. While direct “incentives to work” are not outlined by MCOs, the tailored care plans MCOs provide members help remove health-related barriers to work while also connecting the member to community services to assist with job readiness and placement.

**2. Do MCOs offer classes on finance in Kansas or other states?**

MCOs work with members on any number of social determinants of health. While “finance classes” may not be offered directly by KAMHP’s members, the frequent contact and care coordination tailored to individual members inherently relies on a level of understanding and management that includes their financial wellbeing. Pilot programs have been proposed in other State markets to collect proof points, curb payday loan utilization, and incentivize healthy behavior through Medicaid member specific banking options.

**3. How will the MCOs improve health outcomes in the expansion group?**

MCOs would apply the same robust care management and member engagement with the expansion population as all other current KanCare enrollees. Access to care and consistent coverage are leading indicators of improved health, and that is exactly what managed care is designed to facilitate.

**4. List of current incentives to promote good health in KanCare population?**

MCOs are charged with optimizing members’ health, and they are ultimately judged by the State on quality measures that ensure members’ health is always the primary driver in managing care. There are too many member incentives to list here, but all MCOs have programs that incentivize annual preventive care visits, incentivize healthy activities, and incentivize social determinant improvements that benefit individual and population health metrics. Promoting good health is the core of MCOs day to day operations.

**5. What data is currently collected for the Medicaid population, and is any new data required to be collected for the expansion population?**

KDHE and the MCOs work on numerous data initiatives that range from quality measures to financial metrics, all designed to help optimize KanCare member outcomes and state fiscal savings. The same quality metrics would continue to be utilized for the expansion population and MCOs could accommodate any new data elements the Committee considers important for the expansion population. MCOs are first and foremost member-facing entities, however each MCO is built around robust internal data capabilities that can match and report on Committee expectations regarding the expansion population. It is important to note that all the data collected by KDHE is available upon request to members of the Legislature.

**6. Discuss rewarding healthy behaviors, which may include tiering insurance plans.**

Each MCO has value added benefits that reward healthy behaviour. The benefits reward and incentivize various types of activities ranging from daily walking goals, to attending an annual preventive visit, to participating in nutrition education courses. Because MCOs manage and maintain privately contracted provider networks, MCOs are also positioned to administer tiered network designs based on provider quality and costs. Furthermore, MCOs can administer value-based benefit designs that incentivize patterns of care and utilization. In Nebraska, both Centene (Sunflower Health Plan) and United Healthcare are working with the State to implement a tiered expansion program with a go-live date of 10/1/20.

**Conclusion**

We look forward to continuing our partnership with the State and we stand ready to implement Kansas's unique Medicaid expansion model. KAMHP reiterates that ensuring Medicaid members' continuity of care should be central to all policy conversations, thereby ensuring better health outcomes for thousands of Kansans. Thank you again for the opportunity to submit comments and your consideration. We will continue to be a resource for the State on health policy topics and are fully committed to the success of the Medicaid program.

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