

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Testimony presented to the Senate Public Health and Welfare Committee
HB 2025

Amy A. Campbell – March 15, 2013

Madam Chair and Members of the Committee,

Thank you for the opportunity to provide support for HB 2025 on behalf of the Kansas Mental Health Coalition.

The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be unable to participate in the policy making process, to have a voice in public policy matters that directly affect the lives of their constituencies. The opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

KMHC supports HB 2025. The Kansas Legislature should ensure that an oversight committee is established to monitor KanCare's implementation and execution.

Although the State has attempted a seamless transition to KanCare, the implementation has been rushed. Details and deadlines have been changed or modified without adequate notification; KanCare beneficiaries were enrolled in plans without sufficient review of their needs, leaving them to navigate the new system on their own to find the best plan. Further, while the MCOs are now responsible for all Medicaid services and required to pay at least the current Medicaid rates, concern exists that the MCOs will not respond to the rising costs of providing mental health services or that they will decide to drop necessary services in later years.

Why this matters: Effective Legislative oversight is essential if Kansas is going to guarantee quality care to its 380,000+ Medicaid recipients. Of those, 48,205 receive mental health care and treatment. It is critical that the state ensures that all Kansans with mental illness have access to the right treatment, at the right time, and for as long as necessary, to ensure their recovery. To uphold these standards, there must be effective communication between the State, MCOs and beneficiaries. Moreover, the state must ensure that the MCOs honor all existing plans of care, prior authorizations and established provider/member relationships. The state also cannot ignore the potential that the cost of quality mental health services may increase as new technologies provide opportunities for more effective treatment of Kansans with mental illnesses and co-occurring diagnoses.

The bottom line: Kansas must guarantee that beneficiaries have access to quality mental health care. To accomplish this, KanCare must be subject to legislative benchmarking and monitoring to ensure that KanCare achieves its intended cost savings without jeopardizing the quality of care or services for Kansans. If changes are made to KanCare, stakeholders must be involved. Finally, to address any concerns or conflicts on behalf of recipients and providers, it is important to ensure that the recently created Ombudsman's office operates independently and has sufficient resources to handle what could be large numbers of consumer inquiries with the new system.

The rest of the story about KanCare and details of Medicaid reform

Amerigroup, United Healthcare and Sunflower State Health Plan (a subsidiary of Centene) are the three health plans partnering with the State to improve care coordination for the state's 380,000-plus Medicaid and Healthwave (the Children's Health Insurance Program) beneficiaries. KanCare was the result of reform to the state's \$3.2 billion Medicaid program; these private companies will have financial responsibility for improving health outcomes and controlling the costs of medical care for all Kansans.

KanCare's vision is "to serve Kansans in need with a transformed, fiscally sustainable Medicaid program that provides high-quality, holistic care and promotes personal responsibility." The MCOs will be responsible for all Medicaid services currently available and required to pay at least the current Medicaid rates. During the first year, KanCare is expected to not cut provider payments, remove members from the program or reduce services currently being offered.

Although the State of Kansas received approval for KanCare in early December, the Centers for Medicare and Medicaid Services (CMS) finalized the waiver on December 27, 2012 when CMS issued a letter indicating that all special terms and conditions of the Section 1115 waiver were approved. The special terms and conditions pertain to a long list of items including: general program requirements, eligibility, benefits, cost sharing, enrollment, delivery system, HCBS service delivery, program implementation, safety net care pool, general reporting requirements, financial requirements, budget neutrality and more.

All Kansans in Medicaid have been assigned to one of three companies' plans and have until April 4, 2013 to change health plans. KanCare will also cover services for people in these waiver groups: Autism, Physical Disability, Frail Elderly, Technology Assisted, Serious Emotional Disturbance, Traumatic Brain Injury, Mental Retardation (except for the long-term services provided to the developmentally disabled, since those services would be included in KanCare the following year).

An Ombudsman for KanCare was hired to assist KanCare consumers with access, service and benefit problems. The ombudsman will provide information about the grievance and appeal process, but some question the independence of the office and its ability to respond to the beneficiaries in a timely manner. For example, just after launching the program on January 1st, 2013, representatives of each of the three managed care companies reported that their customer call centers were receiving more than 1,000 phone calls a day.

For More Information, Contact:

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