

KHPA Provider Advisory Council Meeting
May 2, 2007, LSOB, Topeka KS
Minutes

KHPA Provider Advisory Council Members Present:

- Janet Williams, Chair
- Susan Bumstead
- Dr. K. Allen A. Greiner – via teleconference
- Dr. Kevin Hoppock – via teleconference
- Terry Lambert
- William Mahoney
- Randy Peterson
- Peter Stern
- Linda Wright

KHPA Provider Advisory Council Members Unable to Attend:

- Kara Bell Fiske
- Karla Finnell
- David Johnson
- Dr. Richard Meidinger
- Dr. Bert Oettmeier
- Elaine Schwartz

KHPA Board Members Present:

- Connie Hubbell, Chair

KHPA Staff Participants:

- Dr. Marcia J. Nielsen, Executive Director
- Dr. Andrew Allison, Deputy Director
- Dr. Barbara Langner, Consultant
- Janis DeBoer, Advisory Council Manager

Welcome by Janet Williams, Provider Council Chair

Chair Williams opened the meeting, welcomed members, the public, and KHPA staff. The agenda was reviewed, along with handouts. The objective of the meeting was to narrow the focus of the Advisory Councils from “50,000 to 30,000 feet” by informing the group on: 1) final 2007 legislative actions, including the premium assistance program, 2) on-going KHPA health reform initiatives, 3) reform in collaboration with other state agencies, and 4) the major priorities of the KHPA as outlined in House Substitute for Senate Bill 11 (SB11).

Presentation by Dr. Marcia J. Nielsen, Executive Director – Update on 2007 Legislative Session

Dr. Nielsen presented a power point slide show titled “KHPA Health Reform Overview.” The 2007 legislature

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unanimously passed House Substitute for Senate Bill 11 (SB11), as amended, in both the House (120-0) and Senate (38-0). SB11 is a bill that includes a number of provisions designed to improve access and affordability to health care in Kansas. The legislation establishes a premium assistance program, which uses state and federal subsidies, as well as available employer support, to help low income uninsured Kansans purchase private health insurance (see below). Dr. Nielsen referred to the premium assistance program as the “heart of health reform.” SB 11 also includes enabling legislation that directs the KHPA to develop broader health reform options with the assistance of Kansas stakeholders and independent economic impact analysis. In addition, the bill creates an Inspector General to prevent fraud, waste, and abuse in the Kansas Medicaid program, as well as support for increased newborn screening. A summary handout of SB 11 was included in the packet, along with a copy of the Conference Committee Report Brief which was prepared by the Legislative Research Department.

Presentation by Dr. Andy Allison, Deputy Director – Overview of Premium Assistance program

Dr. Allison presented a power point slide show titled “Designing the SB11 Premium Assistance Program” and noted that an official program name will be announced soon. He provided an overview of the program, a review of the phase-in timeline, and posed seven questions to the group:

- What choices do consumers want to see among the procured plans?
- What benefits do you feel should be required across all approved plans?
- How can we make it easy for consumers to choose among the procured plans?
- Are there plans or benefits that should *not* be available?
- How can we best secure a network for this new population?
- What are the important elements and considerations in coordinating benefits for currently-eligible enrollees?
- What are the merits or potential pitfalls of self-insuring the procured plans?

Discussion summary:

- Definition of parents will remain the same as the current Medicaid definition, which can include extended family such as grandparents if they are directly responsible for a child (an additional slide was added to the power point presentation to address this question) (√).
- Private plan offerings for target population may be different from current plan offerings but children must be offered the same set of benefits under Medicaid, either directly through the private plan or in combination with secondary benefits provided directly from KHPA.
- Consistent with market principles, private plans and providers will determine payment rates for services that adequately serve the premium assistance population (√).
- Possibility of using established private service delivery networks for premium assistance program.
- Eligible parents will be notified through current Medicaid program with the goal of minimizing administrative burden for employers who offer health insurance to their employees (√).
- Concerns regarding any significant cost-sharing for this low-income population (√).

Presentation by Dr. Marcia J. Nielsen, Executive Director - Review Draft KHPA Health Reform Grid

Dr. Nielsen reviewed the updated Health Reform grid which reflects comprehensive health reform components in Kansas including: On-going KHPA initiatives, Reform in Collaboration with Other State Agencies, and Reform as Outlined in SB11.

Information about on-going KHPA initiatives were provided to the group, along with one-page summaries: Health Information Exchange/Technology; Transparency and Quality; Disproportionate Share for Hospitals; State Employee Health Benefits Plan Health and Wellness, Enhanced Care Management, and Community Health Record. The Legislative Research Department’s Supplemental Note on Senate Bill No. 373 was provided also which creates the Inspector General within the Kansas Health Policy Authority.

Discussion summary:

- Medicaid Inspector General Unit within KHPA will provide prevention against waste fraud and abuse. If cases of fraud and abuse are identified, the IG will work with the Attorney General’s office (√).

- Political will to support health reform in Kansas evidenced by unanimous vote of SB11 by both chambers.
- Safety net can not be compromised to fund health reform; Disproportionate Share for Hospitals (DSH) reform is currently underway.
- Uncompensated care affects all health care providers.
- Incentivize individuals to utilize a “medical home” in order to promote better outcomes and control costs through primary care and prevention.
- Partnerships with communities critical to the success of health reform in Kansas.

Presentation by Dr. Barb Langner, Consultant – Demographic Profile of Uninsured Kansans

Dr. Barb Langner provided a power point presentation titled “Demographic Profile of Uninsured Kansans,” which is based on research from a Kansas Insurance Department report titled “Finding and Filling the Gaps: Developing A Strategic Plan to Cover All Kansans.” The research grants have been awarded to the Kansas Insurance Department since 2000. The research is based on surveys covering: 8,004 Kansas households; data on 22,694 individuals; every county in the state, both English and Spanish languages, oversampling of blacks, Hispanics, and low-income households. As noted in the full report, there is “considerable evidence that income, race, ethnicity and a variety of occupational factors are associated with health insurance coverage.” Dr. Langner explained the reliability of the statewide estimates, the percent of Kansas residents who do not have health insurance at 10.5%, the distribution of the uninsured across ten regions in Kansas, the age distribution of the uninsured, the number of uninsured working adults by income level and by industry type, and the percentage of employed Kansans who do accept employer-based insurance when offered at 82%. (A link to the full KID report is provided on the KHPA webpage.)

Discussion summary:

- The group appreciated the presentation on the Uninsured in Kansas.
- This presentation sets the stage for additional information about a health insurance exchange/connector at future meetings.

Next Steps

- The Advisory Council grid will be used to prioritize the issues that the council will consider for health reform, focusing first on health insurance reform options, as identified by SB 11.
- Other health reform options, such as those developed in collaboration with other agencies, will be considered subsequent to the health insurance reforms.
- Advisory councils will begin to “fill in the grid,” identifying the advantages and disadvantages of various health reform options.
- The KHPA Board and Health for All Kansans Steering Committee will then use the grid to inform their development of health reform options.
- The development of health reform options will be iterative, in that the Board and Health for All Kansans steering committee will direct/provide feedback to the Advisory Councils as they consider reform options.
- Independent consultants and KHPA staff will analyze various reform options in order to identify the economic costs (to consumers, to business, to state government, to federal government) as well as to identify the number of individuals who will get access to health care under each reform option.
- The Joint Oversight Committee for the KHPA will be apprised/consulted on health reform options.
- The KHPA Board will present the final health reform options to the legislature (KHPA Oversight Committee and legislative leadership) and Governor on November 1 2007.

Dates of the Provider Advisory Council meetings are as follows: June 27, July 31, August 15, September 12, and October 10 (tentative).

Adjournment

Next Meeting: Wednesday, June 27, 1:30 – 3:30 at the LSOB, 9th & Jackson, 1st floor, #106 conference room.

(√) denotes a common discussion point across Advisory Councils