1115 Public Forum Comments
Summary

Wichita, June 18, 2012

Category	Name	Summary of Verbal Comment
Aging	David Wilson AARP	The timeline of KanCare will put care of elder Kansans at risk, and the system should be tested. The auto-assignment process before education is problematic. Shortening the disenrollment period does not recognize consumer choice. There must be assurances of continuity of care . Transparency in the design and evaluation of the new system is a concern. AARP supported a legislative oversight committee. There is a general lack of specificity in waiver request, including areas of quality measures and how they will address goals. There is a lack of detail on education, covered services, and provider network requirements. There are also concerns regarding provider network of LTSS providers.
Aging	Jane Byrnes Citizen	Why are for-profit insurance companies being considered for contracts? How will this reduce the cost of services?
Aging	Carla Adams Riverview Estates	I am against KanCare.
Aging	Russ Patuky Occupy Wichita	I would like to know how you can save money when you are paying the salaries of CEOs. This combined with funding reductions could be potentially catastrophic. I don't trust the initiative. The math is fuzzy. My property taxes will go up.
Aging	John Lewis WSU Student	I am a WSU student, this plan will affect me. It will impact the aging and those with mental illness. Will KanCare change reimbursement rates?
Aging	Celia Chao/Chase? VA	Will there be changes to HCBS? I already have had hours of care cut. I think the government is trying to kill us off.
Aging	Janice Bradley Occupy Wichita	Nothing good will come by privatization. They will profit off the elderly, disabled and poor. This is a plan of ALEC. You are cutting Medicaid to hand the money over to billionaires. What changes will happen after the public comment period? Everyone should comment to Health and Human Services, urge them to deny the waiver.
Aging	Heather Cave Riverview Estates	I am concerned about how this will affect rural elderly Kansans. We are also concerned about the timeline. In rural areas we are limited on home and community based services, so how will we have the time and money to make changes before January 1. We would like more information about what choices the elderly have and how it will work with decreasing

		the cost of hospitalizations. We do not want to have to get permission to treat our patients who need care quickly.
Disability	Ron Kelley TECH	There are some concerns about a 90-day lag on reimbursement to providers like they have had in Kentucky. Value-based purchasing could be a disaster. Why are we using a risk-based approach rather than self insurance? There should be a legislative oversight committee prior to implementation. How does Kansas plan to address the waiting lists? Need to better understand outcomes goals before implementation.
Disability	Larry and Pat McLain TECH	1. Care in hands of private companies 2. No input from caregivers and families 3. Concern about equal opportunities for care 4. Keep current providers and case manager? 5. Concerns regarding new billing system 6. MCOs can earn interest on money, which could reduce their incentives to prevent fraud 7. Oversight Committee is important but would not be powerful enough to be effective unless is was well-designed
Disability	Regan Marshall TECH/Parent	Since MCOs are for-profit, who will they make the profit from, and what incentive do they have to provide the same level of care that beneficiaries currently receive? Are there contract provisions that require current level of care and financial penalties if this is not met? MCOs will have an incentive to delay reimbursement to providers to earn interest. This would have a significant impact on providers. This is a problem in Kentucky. Is there a requirement and oversight to ensure payments on the same timeline as they currently receive them?
Disability	Jaqueline Dyck OCCK/DPOK	I have experience in the system as a consumer. It hurts to see that people who do not have money are taken advantage of. A dentist took advantage of me before, and I have friends with disabilities who are not getting the right insurance. The State should see the system through consumers' eyes. The State only sees from their perspective. We have issues finding housing and we do not get all the help we need.
Disability	Sally Fahrentholl Parent	We now have three companies handling what SRS used to do. This sounds like more fragmentation, not less. Who will be dealing with KanCare companies? Will it be consumers, or go through the agencies? How will we choose our MCO? Will they be geographical areas or will they serve certain populations. I would like it to be geographical so I do not have to work with more than one company. I would like to see pilots before KanCare goes statewide. We need to work out IT issues.

		Companies are not used to dealing with community services. We have a large waiting list for community services.
Disability	James McNulty	State officials took an oath to protect the Constitution. The Constitution requires institutional care. I have a son who needs to be in an institution, and I do not want him in KanCare. KanCare is supposed to save money. Governor Brownback voted for a lot of anti-free trade legislation, and did nothing to help the value of the dollar. Our economy is collapsing and Brownback wants to fix the budget on the backs of vulnerable people.
Disability	Terri Norgren Parent	KanCare is supposed to focus on health outcomes, but Medicaid does not provide oral health services. We are not considering dental care, even though statistics show it is related to overall health. What reassurances do we have that MCOs will provide dental care, and what outcomes will we look at? What are the criteria for being in a health home? Does someone have to have a certain diagnosis to have a health home?
Disability	Ron Pasmore KETCH	Four areas of concern: 1. The implementation speed is too fast. This is because you are transforming entire system, rather than a small demonstration.The one year delay for I/DD HCBS services may not be long enough to address needs. How can we get a good pilot project to measure the impact on I/DD if we are also implementing the larger KanCare program. 2. I am concerned that MCOs do not have enough experience with I/DD consumers. 3. Other states have had problems with similar programs. 4. I appreciate that the DD Reform Act will stand and that MCOs will work with DD providers and consumers, but will this continue to happen in the future? MCOs will have an incentive to modify service quality and quantity. It seems like other states have used savings to address waiting lists, but I am disappointed this will not happen in Kansas.
Disability	Kay Soltz Parent	This is not a family-friendly program. My adult son will be assigned to a program, but I will have to find out if all of his providers are contracted with that company and if his medications are covered. The MCOs have been convicted of fraud. Is this a good thing to do with State money? Health care is about quality of life.
Disability	David Pracht Timbers/Citizen	I am concerned about getting my medicine. I am also on AARP insurance, there were problems getting care until I got sick and was in the hospital.
Disability	Kay McKenney	I am upset that the Governor wants to cut Medicaid. It seems like people don't have a name. It's sad.
Disability	Marlon Nansol	I'm tired of people calling us retarded. We are not retarded.
Disability	Michael Collie	We are now doing turns the United States into an oligarchy. Governments use excuses and

		stories to intimidate people.
Disability	Richard Harris	Historically most managed care operations cut services but do not cut expenses. In most states, privatizing health care has ultimately resulted in a reduction of services. In Kansas there was a previous attempt to privatize child protection services which was a complete fiasco. The State had to pay more after it tried to privatize and the bureaucracy continued to grow. The solutions proposed have been based on soft science and little evidence. I would like to see one state where this has worked.
Disability	Kristi Berning Parent	The whole process needs to begin again and allow parents and providers to give meaningful input into the planning process. The measures and outcomes to be measured are too vague. Kentucky had provider payment protections that did not work and forced consumers to try new medicines. Insurance companies have no experience with disability services. A year of pilot programs will not give the MCOs the knowledge that our current providers have.
Disability	Patricia Laroon Michael Fairchild OCCK	What will happen to the people on Medicaid that are frail and elderly? Too many older people die because they cannot afford insurance. Will they just let them die? It's not right.
Disability	Diane Brown OCCK	What will happen to doctors?
Children/ Families/Gen	Kris Ehling Parent	There are some important elements to consider that build trust. We fail at many of those. I would like to see the names of all companies publicized better and their proposals given to private companies for full analysis. I would like to know if there is a blind application process that would prevent evaluators from factoring in effects of money. I am concerned that people will begin to exclude themselves from Medicaid. What happens to a consumer who disagrees with health home recommendations? Why is the Administration willing to trust that these savings will happen without evidence? I can see that these are not conservative or even moderate—they are the high-end projections.
Children/ Families/Gen	Sean Balke	The MCOs' competency with medically fragile children is not good. I believe that the State has good intentions, but it is too risky to put the most vulnerable Kansans in this system. I have met with three of the five bidders and asked them how they will provide this care. They said that they are not sure but they are figuring it out. This will require time to figure it out. Please include home health providers in the discussions.
Children/ Families/Gen	Barbara Sproul-Fullman	I have three concerns. I am concerned that the Medicaid population is not currently covered, they are really just Medicaid-lost somewhere. Additionally, this was all decided in closed meetings and was not transparent. Finally, it did not work well when they closed the psychiatric hospitals and people were left out on the streets. No amount of money is worth someone's life.
Children/	Kent Rowe	The Kansas proposal is a block grant designed to take massive sums of money. It will funnel

Families/Gen	Occupy ICT	tax dollars to reelection campaigns of Brownback and other right wing politicians. The plans have lawsuits against them and have financial concerns. This was not a Kansas idea, it comes from ALEC.
Children/ Families/Gen	Dick Kelsey Kansas Senate	Some have disregarded my remarks because they say I do not understand Medicaid. Secretary Moser and Secretary Sullivan are good men and I commend Governor Brownback for the goals of KanCare. I disagree, however, regarding the timeline. The program is complicated and I do not believe we will get CMS approval. I am afraid people will not get the information and education they need. I do not believe that DD population should be included in KanCare. I appreciate the one year delay but longer may be needed. Medicaid reform is essential but should not disrupt the lives of 350,000 Kansans. We need to keep provider network in place and recognize challenges in rural Kansas.
Children/ Families/Gen	Trudy Kirkpatrick TA Waiver Case Manager	Children on waiver require life support to survive. I am concerned that children will not receive the same quality of care in their homes. I am hopeful that the TA waiver would be carved out for the first year of the program, along with the DD waiver. Will children be immediately impact by the changes?
Children/ Families/Gen	Julie Martin Parent	I am concerned that you will cut my child's hours so that I cannot get to work. Managed care is not working in Florida and Kentucky. It is wrong to give the rich tax breaks but take from my child.
Children/ Families/Gen	Molly Darrenkamp Parent	I am nervous about how this will impact my son on the TA waiver. My case manager cannot answer my questions about how this will impact him. Will we still qualify under the waiver and will the program work the same way? If it changes, I may not be able to work. I am concerned about losing my son's case manager and PCP. I can't get answers to my questions, but my son's life will be completely changed.
Children/ Families/Gen	Rich Giblin Craig Home Care	The TA waiver is a small program. The children have similar issues to the DD waiver but also have other needs. I have had problems in the past in getting insurance companies to work with these children and provide the care that they need. They are high cost for the insurance companies. One of the MCOs is in Nebraska currently and reduced the number of hours for a child who was hospitalized. I am also concerned about what will happen under a new administration.
Children/ Families/Gen	Gary Johnson STOP	I work in the field of substance abuse, and I have good things to say about managed care. Our area was carved out of Medicaid and into a program with Kansas Health Solutions and Value Options. It took us about a year to get the system up and going in managed care. Why are we now carving mental health and substance abuse back into Medicaid? My fear is that we will get rid of these current companies. Why are we getting rid of the current privately managed care system that is currently working? If we have three contractors we will have three different sets of criteria to meet. Providers were not happy about managed care at first, but we accepted it and now it is

		working well, so why are we getting rid of it.
General	Oletha Faust-Godeau Kansas Senate	My main concern is that we do need the legislative oversight process. I am really concerned about the case management part, but Secretary Sullivan has assured me that transition will be ok. I have a concern about how it will affect the individual care that people who need services receive.

Topeka, June 20, 2012

Category	Name	Summary of Verbal Comment
Teleconference	Natalie Layler	Client obligation for HCBS, will that go into premiums or will we still have a client obligation? With medications, will you still pay Part D and Part B premiums through Medicaid? Will consumers still get home health services through home health agencies if they need them? For HCBS, will they know which providers they will need to use? Will selected contractors be like an MCO or PPO? Can consumers still see their current specialists? Are all Medicaid consumers on HCBS waivers going to receive the same number of hours of support? Will hours be addressed with current case manager? For consumers taking multiple medications, will case manager review medications and will MCO ensure they are received? There are many consumers who need physical therapy in their home. Will KanCare or the provider be able to continue this service? When will the consumer be provided information about their providers and which are in network?
Teleconference	Cindy Catalin	Will my son be able to keep his current providers that understand him and his needs? This seems to add a layer of bureaucracy and I do not understand how this will save money. Long term services are already in managed care and seem to be working.
Teleconference	Jessica Welch	The 45-day choice period seems too short. How will this work logistically, and how do consumers choose in 45 days? How do consumers get information to make an informed choice, and what resources will be available to them? Implementation is very fast-paced.
Teleconference	Laurie Walter	Will presentation be made available on website?
Teleconference	Gail Richardson	Opposed for three reasons: 1. This is a highly disruptive change which ignores best business practices such as starting with a small demonstration. It looks like ObamaCare. 2. Our current system is efficient, and insurance companies are not.

		3. The administration has not presented a reasonable case to disrupt the current system. They have not shown that KanCare will save money or improve care. The single payment system will be tidy but will not improve care.
Teleconference	Larry Morgan	We live in rural northwest Kansas, so what will happen if our current providers will not take Medicaid? Will we have to pay for our own travel to see doctors in Kansas City?
Aging	David Wilson AARP	The timeline of KanCare will put care of elder Kansans at risk, and the system should be tested. The auto-assignment process before education is problematic. Shortening the disenrollment period does not recognize consumer choice. There must be assurances of continuity of care . Transparency in the design and evaluation of the new system is a concern. AARP supported a legislative oversight committee. There is a general lack of specificity in waiver request, including areas of quality measures and how they will address goals. There is a lack of detail on education, covered services, and provider network requirements. There are also concerns regarding provider network of LTSS providers.
Aging	Debra Zehr Leading Age	The RFP is extensive, but there are some remaining questions. The State has done well in articulating the basic framework. KanCare focuses on reducing institutionalized care, and Leading Age members can be part of that. Thank you to Secretary Sullivan and his willingness to communicate with providers. We were able to raise honest concerns and questions. Workgroups will be important. We support KanCare goals such as quality outcomes and consumer choice. We agree with specific standards for nursing facility providers and payment standards. We appreciate that the State will continue rate setting. We support the single claims billing system, but suggest that it not be mandated for providers. There is still anxiety among membership on a number of areas, and we would like to work with the Administration to bring concerns forward to be addressed. We would like to see a revised fiscal impact that includes the delay of DD HCBS.
Disability	John Turner Parent	We have concerns regarding our daughter with developmental disability. She receives many different types of services and we see no benefit to adding a layer of management into the DD system. This will move us backward. We find no studies available addressing the DD population, such as cost-benefit analysis, options, and justification. Please carve DD services out.
Disability	Sarah Munday Parent	We have concerns regarding our relationship with our current case manager. Will the case manager have to go to a new layer of authority for approvals? How will this save money if not through cutting services?

		Our community providers know my son's behavior and can step in early with treatment. Carving out LTC for people with DD would save hospitalizations.
Disability	Bill Craig Parent	I am concerned as a parent since my son will depend upon the system. DD services have not been demonstrated to drive the cost curve. The current system involves many managed care principles. The only remaining savings I can see will be through service cuts. Few states have included LTSS for DD because the model is so different from medical care, and none of those states have the evolved system that Kansas has. Some have even reverted back away from managed care. The health benefits of KanCare do not require LTC services to be in the program. The deepest concerns of the DD system are the waiting lists and those have not been mentioned.
Disability	Rick Cagan NAMI Kansas	While there has been substantial public input prior to the release of the RFP, but there has been little opportunity for comment on the specific plan and we do not understand how the comments were incorporated into the RFP. We would like to know if the concepts we supported will be incorporated into the plan and if the workgroups will use the concepts document. We would like to know how KanCare will be a true demonstration. We have asked for the State to share assumptions for savings, and there has been no response. Current managed care system for mental health, and we would like to know if improving the Kansas Health Solutions model was considered. We have shared written comments, which address health outcomes and integrating care. We think those are important things to be considered in KanCare.
Disability	Tam Laing InterHab	We thank the State for their efforts although we do not agree with their approach. We encourage the State to not incorporate DD LTC services into KanCare in 2014. The extra time will not be used to deliberate on if this is the right decision, but rather the Administration seems certain that this is the right approach. This suggests some of the concerns have not been regarded as significant. We believe non-medical plan is not well planned and attribute this to a lack of detailed input from consumers. We disagree with the statistical evidence that has been used to support the plan. The Administration's assurances are not in place and will not be in place until contracts are signed, and the contracts will not be negotiated in public. We hear "the devil is in the details" but that is not reassuring, and is not transparent. All DD contracts in the past have been negotiated in public. There are still two primary concerns that are not being addressed: The current rates will be now considered the standard for KanCare, but these are not adequate. We have been told that we can negotiate higher rates but this seems unlikely. The waiting lists also have not been fully addressed.

		The KanCare plan does not address system issues. It is a new model to bring in three MCOs and ignores existing partnerships.
Disability	Nick Wood DRC	The DRC has participated in KanCare input from the beginning, but it is difficult to comment on a plan with few details. None of the public information has had enough detail to comment upon. Medicaid consumers are people with disabilities, not "the disabled".
Disability	Stephanie Sanford Citizen	I have a disability, and KanCare means the State is experimenting on me.
Disability	Jerry Michaud DSNWK	It will be important to have a standard definition of clean claims that does not give MCOs an incentive to reject claims.
Disability	Beth Havlin, Ben Moore, Devon Lacey Consumers	We would like to keep our current providers and case workers. Don't cut our services.
General	Jill Quigley Oral Health Kansas	The current dental network should be considered, and a single contact for dental providers among all MCOs would be helpful. Three different contracts would be cumbersome. KanCare should preserve consumer choice. The waiver application lacks sufficient detail to provide input.
Children and Families	Anna Lambertson KS Health Consumer Coalition	The State needs to ensure there is targeted education and communication to consumers. The State must involve consumer advocates in developing the education plan.
Children and Families	Suzanne Wikle KS Action for Children	The proposed auto-assignment with a reduced choice period will limit consumer choice. Alternatives to Medicaid are not adequate and children should be exempt. The HealthWave brand is well known and education will be required to inform consumers of the new program name. The budget neutrality information does not have adequate detail.
General	Ira Stamm Citizen	Mr. Stamm demonstrated the impact of managed care on the provider-patient relationship.