



...because your life matters

TO: Members of the Senate Public Health and Welfare Committee

FROM: Sam Antonios, M.D.
Chief Medical Officer
Via Christi Health

DATE: January 31, 2017

Good morning to you all. My name is Dr. Sam Antonios with Via Christi Health in Wichita, Kansas. Via Christi is the largest healthcare system in our state and serves Kansas through our 10 owned or co-owned hospitals, physician clinics, and outpatient ancillary and retail (home based services).

We appreciate the opportunity to provide testimony in support of Senate Bill 69, which addresses a number of the administrative challenges we currently are experiencing with KanCare.

While we support SB 69 as currently drafted, we believe the following two amendments would even provide more standardization across the MCOs, while further reducing the administrative burden of the program.

What we are experiencing are unfair policies that are holding the hospitals accountable for factors outside of our control. Physicians make discharge decisions based on best clinical judgment and patients often lack outpatient resources (e.g. no Health Homes for patients with serious mental illnesses or chronic conditions) which may lead to readmissions that can occur days or weeks after they are discharged. MCOs are retrospectively denying the readmissions, even if they are medically necessary.

We are also experiencing a disproportionate number of audits that second guess physician judgment and diagnoses, leading to significant administrative burdens with appeals and a substantial backlog under fair hearing process.

We propose the following two amendments to the bill:

Amend Section 1(c) by adding following subsections (3) and (4):

- (3) Retrospective utilization review of readmissions that establishes the standard that such reviews are not allowed for recipients of medical assistance who are readmitted as an



...because your life matters

inpatient or observation to the same hospital or different hospital beyond 72 hours of the discharge date.

- (4) Post payment audits, managed care organizations providing state Medicaid services include in their contracts with participating healthcare providers, limits on the number of post-payments audits that they are allowed to perform. Such post-payment audits need to be reasonable and not exceed 1% of total claims.

Thank you for inviting us to share this testimony with your committee today. We also want to emphasize our desire to collaborate with the both the administration and legislature to maintain a healthcare system in Kansas that is patient centered and delivers leading edge, high quality care to our citizens while improving the overall health of our population.