

*Written-Only Testimony
January 24, 2020*

Senate Public Health and Welfare Committee
Neutral Testimony on Senate Bill 252

Chairman Suellentrop 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.

KAMHP's Position on Senate Bill 252

KAMHP maintains a neutral position on Senate Bill (SB) 252. If the State decides to expand KanCare, our members are prepared to serve the additional populations included in the final expansion bill as we do in 37 other states. SB 252 includes a mechanism, in section 3 of the bill known as the pathway to work, to gather additional data to identify characteristics of newly eligible members. KAMHP supports the additional data being gathered and believes it will provide the executive and legislative branches an opportunity to have more Kansas-specific information at their fingertips when debating policy decisions once the data are collected and interpreted.

In particular, the data collection could provide additional insight for the decision to introduce a community engagement policy, provide a streamlined approach to engage KANSASWORKS, and avoid the litigation that is occurring nationwide on work requirements by using data points to create measurable outcomes.

Historically, work has been a requirement to participate in social safety net programs such as Supplemental Nutrition Assistance Program (SNAP or food stamps) and Temporary Assistance for Needy Families (TANF); however, work requirements have only been allowed in Medicaid since January 2018. Since the federal allowance was created via federal administrative rule changes, twenty (20) states have submitted Section 1115 Waivers to the Centers for Medicare and Medicaid Services (CMS) to implement some form of work requirement or community engagement policy. Ten states have received CMS approval, while the other ten waivers are still pending. None of the ten states with CMS approval are currently utilizing work requirements to determine Medicaid eligibility. Programs in Arkansas, Kentucky, and New Hampshire were set aside via federal court decisions, while other states have either halted their programs due to pending litigation or have stopped implementation entirely until further federal litigation is settled.

Given that federal litigation has prevented work requirement program implementation, there is not a wide range of MCO operational experience, but it is agreed that implementing a work

requirement program would result in additional administrative expenses incurred by the State.

Federal litigation continues to block work requirement waivers from being implemented across the country. Should such waivers eventually be allowed, work requirements add complexity to an already difficult eligibility process, however, they could provide the necessary supports through continuing education support and job training to help individuals work their way out of poverty. As such, stakeholder engagement will be warranted, additional data analysis needs to be conducted, and sufficient planning time is needed to properly consider a work requirement program.

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