



To: Representative Brenda Landwehr, Chair, and Members, Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

From: Kylee Childs, Director of Government Affairs, LeadingAge Kansas

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LeadingAge Kansas is the state association for not-for-profit and mission-focused aging services. We have 150 member organizations across Kansas, which include not-for-profit nursing homes, retirement communities, hospital long-term care units, assisted living, home plus, senior housing, low-income housing, home health agencies, home and community-based service programs, PACE and Meals on Wheels. Our members serve more than 25,000 older Kansans each day and employ more than 20,000 people across the state.

Medicaid Eligibility

Our members have noticed fewer pending long-term care Medicaid applications, thanks to efforts by the Kansas Department for Health and Environment (KDHE). However, we seek more detailed data from KDHE on the status of aged applications, particularly between nursing facility and home and community-based services (HCBS). HCBS providers face challenges, such as lack of dedicated support units and delays in application, which can strain finances due to their inability to be backdated. We appreciate KDHE's quarterly meetings with nursing facility providers to improve the eligibility process.

One concern raised by one of our providers involves Medicaid eligibility starting mid-month for a resident admitted to a facility. Normally, KanCare allows residents to cover household expenses like utilities from the beginning of the month, but this provider noticed a January Medicaid approval letter showing unexpected patient liability. The family struggled to pay this new expense alongside earlier utility bills. Despite requesting an adjustment from KanCare, the provider was told only medical bills could alter patient liability. This change, without prior communication, burdens families and raises concerns among our association about the financial strain on residents. We would request assistance seeking clarification on whether this change is an isolated incident, or a process change within the KanCare program.

KMAP Payment Issues

Several nursing facilities faced billing issues post-Change Healthcare cyberattack. One facility, using the Matrix system via Change Healthcare, switched to direct billing through KMAP to avoid further delays. They encountered billing delays of three to five weeks and issues with MCOs, especially Sunflower and United, reimbursing inconsistently. Despite billing weekly, United Healthcare alleged the provider billed across months, leading to payment denials and demands for repayment. This caused severe cash flow problems, forcing the facility to borrow funds for payroll, despite the provider showing they had not

billed across months. Our association kindly requests assistance from the committee to review the KMAP provider submissions to ensure accuracy in information sharing with MCOs.

Thank you for allowing me to share an update on behalf of our providers and I am available for follow up if needed.