



FLINT HILLS
COMMUNITY HEALTH CENTER
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Testimony on:

*Relationship between the MCOs and
Flint Hills Community Health Center*

Presented to:

*Robert G. Bethell Joint Commission on Home and Community Based
Services and KanCare Oversight*

By:

Phillip Davis, CEO, Flint Hills Community Health Center

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Good afternoon, Chairman Hawkins and members of the Robert G. Joint Commission on Home and Community Based Services and KanCare Oversight. I am Phillip Davis, CEO of Flint Hills Community Health Center.

I appreciate the invitation from Marsha Connor of UnitedHealthcare Kansas Community and State Plan, and I appreciate the opportunity to visit with you about our relationship with the KanCare MCOs, specifically UnitedHealthcare.

Flint Hills Community Health Center is a Federally Qualified Health Center with locations in Emporia and Eureka. We provide healthcare services for more than 10,000 residents with a specific focus on providing accessible and affordable care to the underserved in our area.

Federally Qualified Health Centers provide healthcare services regardless of patients' ability to pay with a unique approach to transform care, improve health, and generate significant economic returns. In our efforts to improve individual, family and community health, we treat the whole person – instead of just the symptoms.

Our clinic's mission is to promote the health and well-being of the communities we serve in Chase, Greenwood, Lyon, Osage and Woodson counties. We do this by offering comprehensive medical, dental and behavioral health services on a sliding-fee scale based on household size and income. We also have lab services, immunizations, prescription assistance, and "enabling services" to remove barriers to care, like interpreter services and free transportation.

While we do what we can to remove these and other barriers to care for patients, we're able to provide even more to our patients who are covered by the KanCare managed care plans, like UnitedHealthcare. The patient-centered health care collaboration that exists between us and the MCOs develops provider relationships, promotes preventive care, increases healthy behaviors and decreases unnecessary hospitalizations. More than 400 Flint Hills Community Health Center UnitedHealthcare Kancare patients have experienced these benefits in the past year.

Overall, we have shared a very positive relationship with the MCOs, especially UnitedHealthcare, with whom we have also established an ACO. Not surprisingly, initiating this kind of effort resulted in some challenges. Most significantly was UnitedHealthcare's automatic reassignment of patients from one of our providers to other local providers two separate times due to credentialing and technological problems with UnitedHealthcare's system. Although patients can see any provider, regardless of to whom they are assigned, many patients will simply choose the provider shown on their insurance card. The reassignment caused confusion for our patients and reduced the number of UnitedHealthcare patients assigned to us. We lost patients due to these issues; however, UnitedHealthcare worked diligently in both instances to seek a resolution, and patients were eventually reassigned back to our providers. We have seen many of those patients return to receive care at our health center. Other challenges have included the difficulty experienced by patients when attempting to get approved through the KEES system.

As you heard yesterday, Flint Hills Community Health Center, along with other safety net clinics, would benefit greatly from centralized credentialing. A centralized system potentially could have prevented the issues we experienced with the reassignment of patients, reducing the administrative burden for both the state and for our health center. Centralized credentialing would also mean that new providers could be credentialed sooner, which would allow patients to be seen by those providers more quickly, and ultimately, to have greater access to care.

In addition, we would also benefit from a state policy on under- and over-payments. With the standardization of how these are handled, legal and accounting issues would be greatly mitigated. The impact of these under- and over-payments is significant for our health center as the MCOs currently make up 30% of our payer mix.

Despite the challenges we have experienced in working with the MCOs, we have also seen many successes. One successful outcome of our partnership with UnitedHealthcare has been the monitoring of inactive patients who have not been seen by a provider. UnitedHealthcare assigns these patients to one of our providers which allows us to begin managing their care and following up with them to ensure they are receiving quality and timely health care.

During the past year of working with the three MCOs, we have seen especially good results in working with UnitedHealthcare due to the establishment of care coordination in which UnitedHealthcare assists with reporting. Our health center is able to more effectively track key measures and follow up with UnitedHealthcare patients as a result of the reports provided.

All three MCOs ensure consistent and timely payment of claims which reduces billing backlog and improves the overall care we provide to patients. Timely payments are important to our success as a health center and to the work we do in the community.

We look forward to a continuing partnership with UnitedHealthcare and all MCOs in providing quality care for Kansans. Thank you for your time.