



## **MEDIA RELEASE**

**For Immediate Release**  
Contact - Cindy Samuelson  
[csamuelson@kha-net.org](mailto:csamuelson@kha-net.org)  
(785) 233-7436

### **New Analysis Provides a Menu of Options for Kansas** *Leavitt Partners Address the Uninsured with Alternative Options and Policy Models*

(February 17, 2014) The Kansas Hospital Association contracted with former Utah Governor and U.S. Department of Health and Human Services Secretary Mike Leavitt (Leavitt Partners) to examine and analyze the Kansas landscape and provide alternative models and policy options for covering the state's low-income uninsured population. [The complete report is available on the KHA website.](#)

This report identifies policy topics and options that warrant further consideration as potential "best fit" components of a "Kansas plan." To come up with these findings, Leavitt Partners conducted a review of selected states' core policy elements in recently enacted state legislation, Medicaid 1115 Demonstration waivers, and related state plan amendments, as well as additional options under consideration for extending coverage to low-income uninsured individuals. Leavitt Partners also reviewed relevant data and reports, as well as conducted interviews with key health care stakeholders in Kansas.

The Kansas Hospital Association intends for this report to help further the dialogue in our state concerning the opportunities available and how we might take advantage of those opportunities to create a plan unique to Kansas.

#### **Overall findings and conclusions include:**

1. There is a desire for additional information about the low-income, uninsured population to frame and inform ongoing discussions.
2. While stakeholders expressed significant opposition to the Affordable Care Act's traditional Medicaid expansion, there is a willingness to engage in conversations to identify the foundational approaches of a Kansas-designed plan.

3. The policy elements from other state models that generated interest and warrant further exploration include:
  - a. A private, market-based approach such as the Private Option model and other premium subsidy approaches.
  - b. Delivery and payment models that align with the KanCare managed care model and expect, incent and reward care coordination and integration.
  - c. Principles and expectations related to personal responsibility and accountability, including effective cost sharing, healthy behavior inducing strategies, and workforce incentives or requirements.
  - d. Strategies that address the differing circumstances and needs of the various population segments that make up the low-income uninsured population and align eligibility and benefit packages accordingly.
  - e. Sustainable financing strategies based on the short- and long-term state fiscal environment and that produce a net positive contribution to the overall state budget and economy.

The Kansas Hospital Association is a not-for-profit association of health care provider organizations and individuals that are committed to the health improvement of their communities. KHA membership includes 215 member facilities, of which 128 are full-service community hospitals. Founded in 1910, KHA maintains its vision of “an organization of hospitals working together to improve access, quality and the affordability of health care for all Kansans.”

###