

# Kansas Association of Local Health Departments 2025 Medicaid System Priorities

Public health in Kansas includes services for prevention and education, environmental protection, and public regulations and policies. Health department funding for public health activities in the state of Kansas totaled around \$125 million in State Fiscal Year (SFY) 2025, including funding from state, local, fee for service, grants, and other sources. Fee for service includes billing to KanCare and Medicaid, private insurance, and self-pay payments. In SFY 2025, that revenue totaled more than \$17 million.

Local health departments (LHDs) face a broad scope of challenges including workforce shortages, inflation of costs, and Social Determinants of Health (SDoH) needs in their communities. Maximizing the relationship between local health departments, the Kansas Department of Health and Environment (KDHE), and Managed Care Organizations (MCOs) will help address many of these challenges, through priorities such as expansion of existing services, exploration of novel programs, and revised reimbursement structures.

The list of priority areas below represents the voices of over 100 representatives from local health departments, KDHE, MCOs, and private foundations. Wichita State University's Community Engagement Institute held focus group sessions and individual interviews in the spring 2024 to collect input on opportunities to improve the Medicaid system from their perspective as both service providers and community liaisons. Select KALHD representatives, along with other systems partners, participated in activities to narrow down and prioritize this list. KALHD is honored to represent these voices and work to address the 2025 Medicaid System Priorities.

This list will serve as a vital guide, shaping the long-term priorities and actions of the Medicaid and Public Health sections of KDHE as they continue to evolve and respond to emerging trends. KALHD seeks to engage system partners to address issues in these key areas.

## High Priority Areas

**Education about Medical Services – A better understanding of what services are covered by Medicaid and who can provide the needed services.** Educated consumers and contracted providers can more efficiently access services that are already approved by the Medicaid and Managed Care contracts. Unfortunately, the link to key information becomes lost due to staff turnover, systems for distributing information, and a diverse base of consumers needing the assistance of health literacy navigators. The system has opportunities for improved communication and understanding between all parties, which can result in a huge upstream impact on the health status of Kansas communities.

**KanBeHealthy – Enhancing collaborative care within communities.** KanBeHealthy exams are vital for identifying children at risk due to physical and environmental factors, enabling effective treatment, and improving health outcomes. The process involves LHDs, area providers, and the KDHE state lab. Better real-time communication is needed to ensure all parties are informed about services rendered and test results. There is an opportunity to support the establishment of real-time communication channels, allowing for the tracking of services and providers involved. This will address current gaps and ensure comprehensive care. Despite existing reimbursement systems, a real-time system is essential for coordinated billing and care. By improving coordination and community engagement, the KanBeHealthy program can increase participation, enhancing health equity. Key benefits include understanding the number of children needing services, services received, providers involved, and needs based on results.

**Sexually Transmitted Infections (STIs) – Creating a comprehensive system of care and case management.** Reimbursement systems are in place for the process of screening and treating STIs, and MCOs are ready to provide case management for consumers. LHDs expressed a need to better understand the process of how to coordinate this care between the LHD, MCO, and KDHE lab. Similar to the KanBeHealthy lab screenings, when lab specimens are sent to the state for processing, the

MCO is not aware of the results or the need to provide managed care services for the patient. Coordination of care would result in a comprehensive system of care for patients and reduced prevalence of STIs in communities.

**Prenatal Education – Reduced duplication and increased shared services through coordinated effort of KDHE, LHDs, and MCOs.** Education is the earliest form of preventive public health for children. LHDs identified the need to explore opportunities for this service and related areas to reduce duplication through shared services. MCOs include some levels of Prenatal Education as a Value-Added Benefit (VAB). The Maternal Child Health (MCH) grant reimburses services provided by Registered Nurses only; however, an expansion on who can deliver prenatal education for Medicaid should be explored. Adding reimbursement opportunities could help expand the capacity of MCOs to provide services and VAB for families benefiting from this impactful public health service.

**Telehealth – Empowering LHDs to serve as locations for telehealth medical and behavioral health services.** The expansion of telehealth services has helped many bridge the gap between accessibility and availability of care for primary care, specialty care, and behavioral health services. Often consumers experience challenges such as geographic reach, availability, and technology savviness needed to conduct a telehealth appointment. LHDs can serve as the hub for communities, providing a private location with technology and staff assistance for consumers needing this coordinated service. Reimbursement and MCO supports could offset staff and technology expenses related to the care.

**MCO Processes for Billing, Payment, Reimbursement (Amount and Timing), and Claim Rejection – Improved communication and connections between LHDs and MCOs.** LHDs are continuing to request improved lines of communication with MCO representatives. Because of staff turnover at both LHDs and MCOs and an unclear list of expectations, support for responding to immediate claim questions and needs can be lacking. LHDs would like an opportunity to create a list of expectations to present to the MCOs to identify areas for improved synergy between the groups.

**Community Health Workers and Care Coordinators – A relationship opportunity for MCOs and LHDs to embrace the positive impact of CHWs and care coordinators.** Community Health Workers and care coordinators are actively working in Kansas communities, providing education and advocacy for community members. They prioritize providing care in a culturally and linguistically respectful way, understanding the need to be the bridge between the consumer and the public health and medical communities. MCOs support the work of CHWs, employing them to provide care to consumers. There is an opportunity for LHDs and MCOs to increase partnerships for hiring and coordinating care for members in every community across Kansas.

**MCO Certifications/Credentials for LHD providers – Understanding the who, when, and how of the contracting process.** LHDs seek information about the scope of practice for providers at LHDs. Increased education about credentialing and the re-credentialing process is needed to identify areas that are seemingly cumbersome and not user-friendly, thereby creating a more efficient system for LHDs, KDHE, and MCOs.

**Education about SDoH Services – Value Added Benefits (VAB) information and partnership to effectively support Medicaid members –** MCOs already embrace the power of VAB to address health equity for their consumers. LHDs are requesting a partnership with MCOs to better support the Social Determinants of Health needs of Medicaid members. This includes communication about the annual changes/updates of services and the tracking of SDoH community needs through Z-Codes.

**Remediation – Maximizing existing reimbursement for remediation of household hazards and exploring possibilities for increasing this coverage.** From lead paint to radon to bed bugs, Medicaid consumers frequently face health challenges in their own homes. Remediation is often an expensive and time-consuming process. LHDs seek a comprehensive exploration of all avenues of support for addressing household hazards, including a coordinated effort between LHDs, MCOs, and other service providers found in communities to provide a safe and healthy environment for children to live.