



ALLIANCE FOR A  
HEALTHY KANSAS

## KanCare Expansion: Just the Facts

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### **KanCare is cost efficient and is moving forward with care and payment improvements.**

- Medicaid costs per beneficiary are lower than those for private insurance and lower than national per capita health care costs.<sup>1,2</sup>
- Access to care for Medicaid enrollees is generally as good as it is for privately insured patients and far better than for those without insurance coverage.<sup>3,4,5</sup>
- Medicaid is the nation's largest payer for services for mental health and substance use disorder (SUD). States are using this influence to develop innovations in delivery, treatment, and financing.<sup>6</sup>
- KanCare – the Kansas Medicaid program – is an example of Medicaid program reform designed to enhance fiscal sustainability and promote high-quality care and personal responsibility.<sup>7,8</sup>
- Kansas is among a number of states working with the Centers on Medicare and Medicaid Services (CMS) on state innovation models, such as the Delivery System Reform Incentive Payment (DSRIP) program. DSRIP is designed to transition funding to support patient and population health improvements while reducing costs. Each program varies to reflect state needs.<sup>9</sup>
- States also have the flexibility to design expansion programs to address their own unique health care, cultural, and political landscapes. A number of expansion states have created waiver-based expansions that include policies such as cost sharing, incentives for healthy behaviors, referrals to work programs, and use of Medicaid funds to purchase private insurance policies.<sup>10,11</sup>

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<sup>1</sup> Young et al. *Medicaid Per Enrollee Spending: Variation Across States*, Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, January 2015.

<sup>2</sup> Rudowitz and Garfield. *10 Things About Medicaid: Setting the Facts Straight*, Kaiser Family Foundation, April 2018.

<sup>3</sup> Coughlin et al. *What Difference Does Medicaid Make? Assessing Cost Effectiveness, Access, and Financial Protection under Medicaid for Low-Income Adults*, Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, May 2013.

<sup>4</sup> Kenney et al. *Access to care for Low-Income Medicaid and Privately Insured Adults in 2012 in the National Health Interview Survey: A Context for Findings from a New Audit Study*, Urban Institute, April 2014.

<sup>5</sup> Medicaid and CHIP Access and Payment Commission (MACPAC). *MACStates: Medicaid and CHIP Data Book*, December 2018.

<sup>6</sup> Center on Budget and Policy Priorities. *Medicaid Works for People with Substance Use Disorders*, January 2018.

<sup>7</sup> State of Kansas. *What is KanCare?* Retrieved from <https://www.kancare.ks.gov/about-kancare/what-is-kancare>.

<sup>8</sup> U.S. Department of Health and Human Services. *KanCare*. Retrieved from <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8427>.

<sup>9</sup> Gates et al. *An Overview of Delivery System Reform Incentive Payment (DSRIP) Waivers*, Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured, October 2014.

<sup>10</sup> U.S. Department of Health and Human Services. *Demonstrations and Waivers*. Retrieved from [https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers\\_faceted.html](https://www.medicare.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html).

<sup>11</sup> Musumeci, et al. *Section 1115 Medicaid Expansion Waivers: A Look at Key Themes and State Specific Waiver Provisions*, Kaiser Family Foundation, August 2017.