

OneCare Kansas Planning Council

July 18, 2019



AGENDA FOR THE DAY



- Project Timeline Update
- Draft Program Manual Review
- Member Invitation/Enrollment Process
- Payment Methodology
- Target Population update
- Forum and Training Tour Discussion



Updates Project Timeline – Becky Ross **OneCare Kansas** a program of KanCare, Kansas Medicaid

OCK Program Manual Review

Samantha Ferencik | Program Analyst, KDHE DHCF



OCK Program Manual



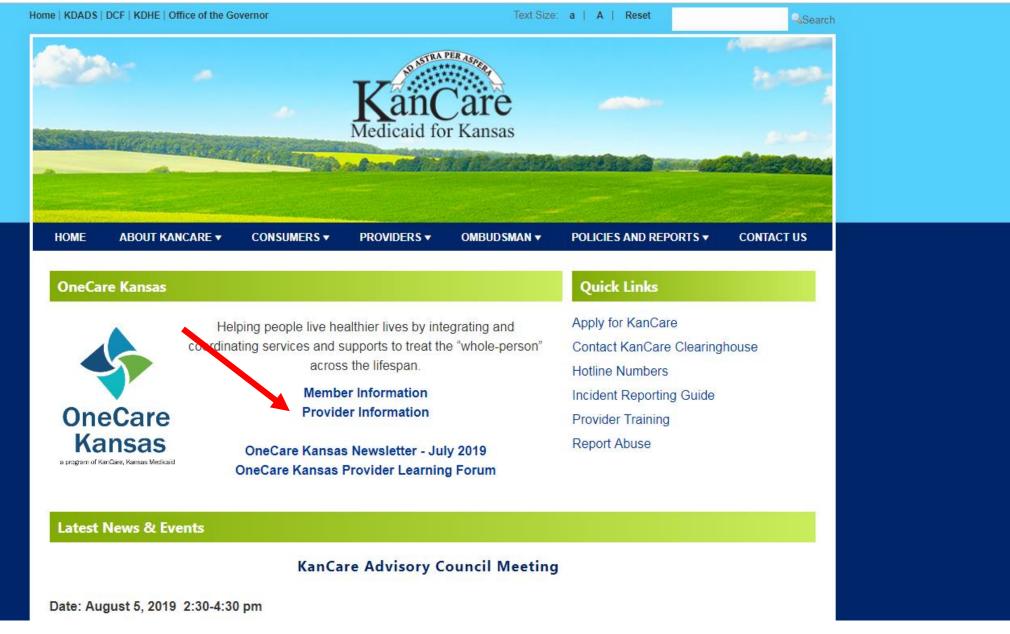
- How to access and navigate the Program Manual
- The basics of the OCK program and OCKP, MCO responsibilities
- Overview of where to find specific items of interest



OCK Program Manual

- Will not discuss every section in detail major updates/highlights will receive the most attention
- Future webinars will address some topics in more detail as additional training is needed/requested



















Section 1– Review of OneCare Kansas Model

- Federal Health Home population criteria
- Federal Health Homes 6 Core Services
- Federal Provider Requirements
 - Responsibilities as a OCKP
 - Professional Requirements
 - See OCK Services and Professional Requirements Table, page 10





Section 2 – Provider Requirements

- Lead Entity (MCO or LE) Requirements
- OCKP Requirements
 - i.e. State licensing standards, KanCare enrollment, leadership responsibilities, staffing, capacity to serve
- Joint Requirements
- OCKP Application details





Section 3 – Lead Entity Contracts with OneCare Kansas Partners

- Necessary provisions to be included in contracts
- Indicators of OCK Partner's Underperformance
 - As audits begin, remember to reference the table on pages 20-21. This is a list of situations that the MCOs have jointly agreed on as evidence of OCKP underperformance.





Section 4 – Member Assignment, Enrollment and Discharge

- Eligibility for OCK
- Assignment Process
 - MCOs determine eligibility and send invitation letters
- Opt-In Process
- Refusal and Disenrollment Processes





Section 4 (cont.)

- OCK Partner Refusals
 - Limited reasons for Refusals
 - Upcoming OCK Forms Webinar will cover these details.
- OCK Partner Disenrollment
 - Opting-Out vs. Discharge
 - Upcoming OCK Forms Webinar will cover these details.





Section 5 – Health Action Plan (HAP)

- Goals of the HAP
- 90-day timeline for initial HAP
 - HAP completed within 90 days
 - Remember to document all attempts, successful or not
- HAP updates should be done as often as needed, but on a quarterly basis at minimum (This is distinct from the 90-day initial HAP)





Section 6 – Member Referral Process

- Revisions to the Form
 - The "standard" Referral Form is largely the same
 - Upcoming OCK Forms Webinar will cover these details





Section 7 – Claims Submission and Billing

Billing Codes and modifiers –
 table on page 25



Section 8 – Rate Calculation and Methodology

- Basic Payment Structure
- Payment Principles
- Rate Development Process





Section 9 – Grievance and Appeals

 OCKPs have the same grievance and appeal rights as under KanCare



Section 10 – Health Information Technology

 HIT requirements are specified serviceby-service





Section 11 – Documentation Requirements

• See table on pages 29-30



Section 12 – Quality Goals and Measures

Page 30 and Appendix C



Section 13 – Learning Collaborative

Page 31





Form Highlights



- •HAP Initial HAP in 90-days
- Discharge and Refusal Forms
 - Remember to document!
 - Attaching additional pages is acceptable when needed







OCK Enrollment Process

Samantha Ferencik | Program Analyst, KDHE DHCF



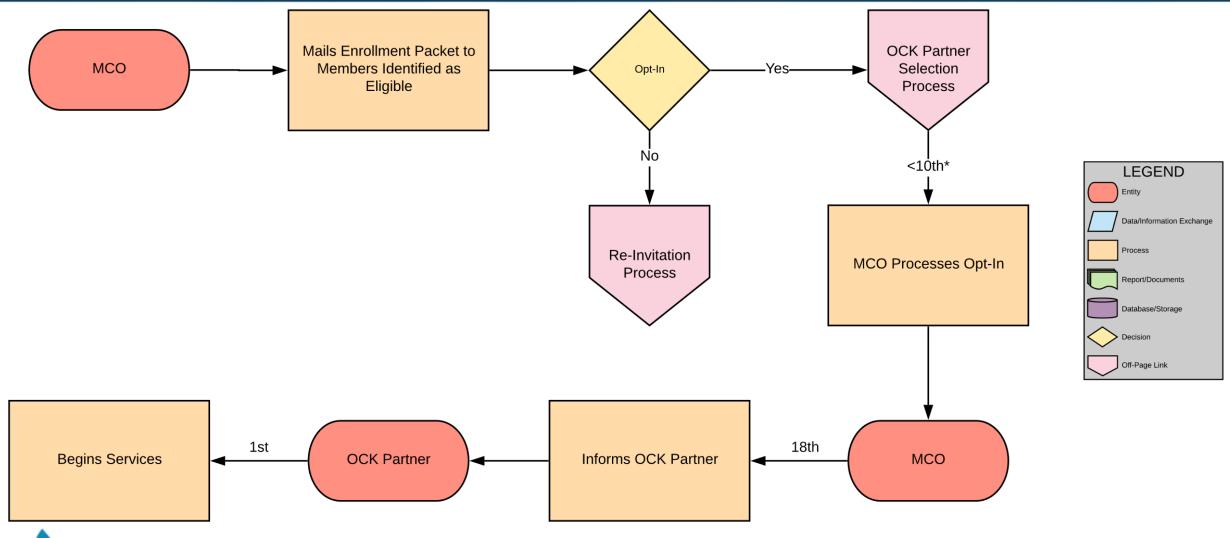
Tasks of the OCK Enrollment & Invitation Subgroup

- Map Enrollment Process
- Map Disenrollment Process
- Map Re-Invitation Process
- Develop Invitation Letter & Consent Form
- Engagement with other agencies & stakeholders
- Education related to all areas of enrollment





Enrollment Process



OCKP Dates to Remember



9th – Last day in month for enrollment

18th – MCOs notify OCKPs of enrollment

1st – Current month services may begin



OCKP Selection

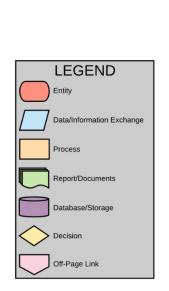
- MCO identifies eligible beneficiary and any existing relationships between that member and available OCKPs.
- In most cases, we anticipate the member to remain with the assigned OCKP.
- Members can choose a different OCKP through mail or by calling the MCO.
- Members can choose a different OCKP either at the time of enrollment or anytime thereafter (processing time withstanding)

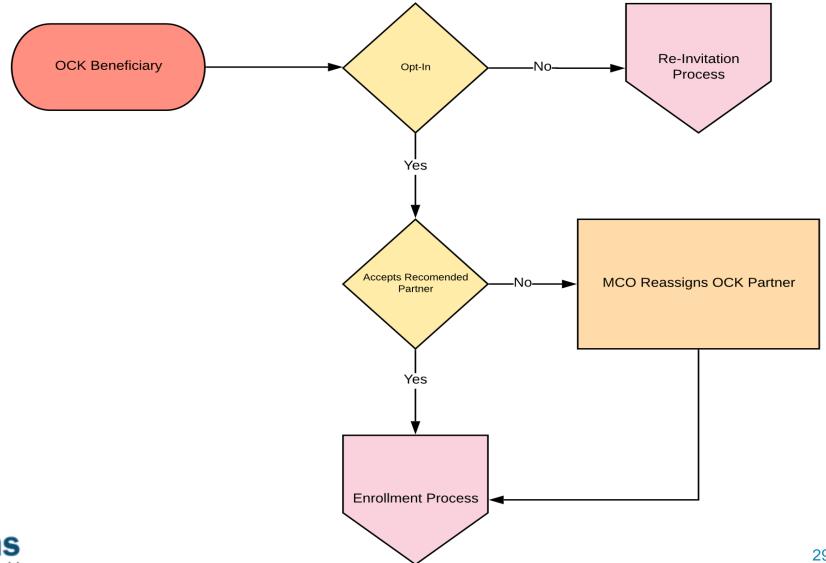






OCKP Selection Process







OCKP Dates to Remember

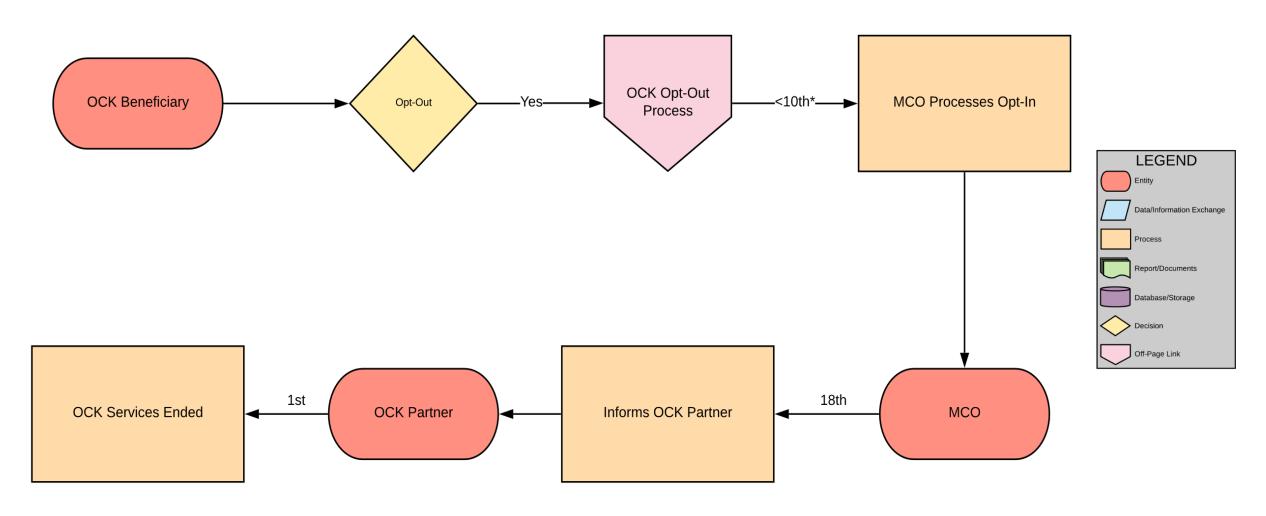
9th – Last day in month for members to ask for new OCKP assignment.

 This applies to both new and existing OCK members





Disenrollment Process (Opt-out)





OCKP Dates to Remember



9th – Last day in month to "officially" opt-out/ dis-enroll.

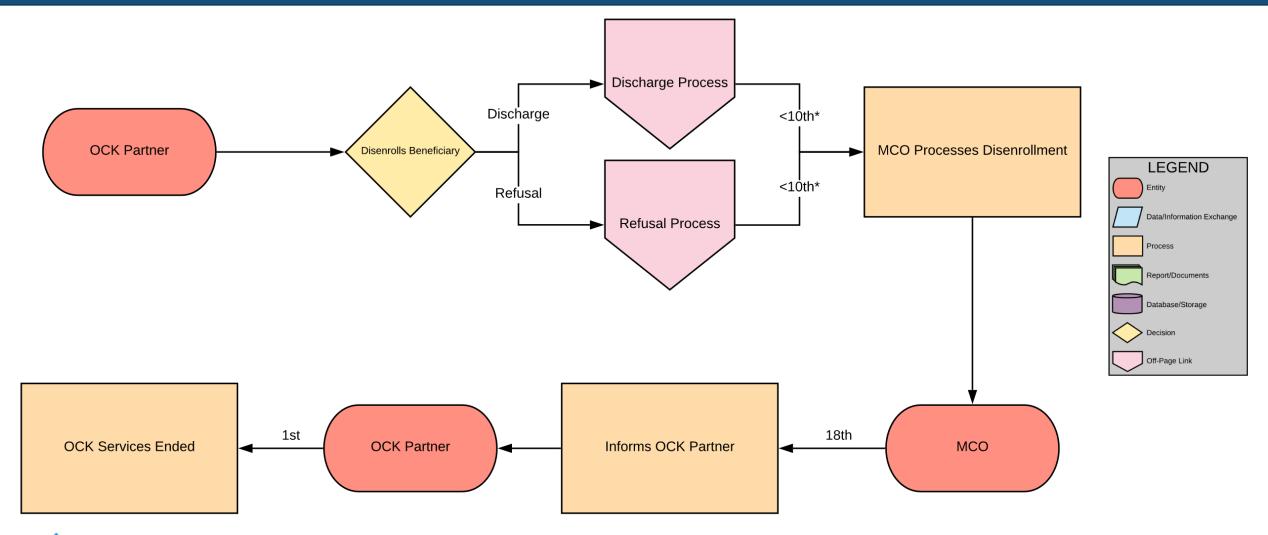
18th – MCOs notify OCKPs of disenrollment

1st - Services "officially" end

*Opting out does not cause a member to lose OCK eligibility.



Disenrollment Process (Refusal or Discharge)









Payment Methodology

Adam Proffitt | Medicaid Director, KDHE DHCF





Care OneCare Kansas Payment Build Details

State's actuarial vendor (Optumas) to build rates with methodology consistent with how KanCare capitation rates are developed

- Rates to be finalized once the target population is set
- Will use same timeframe for base data as regular CY20 Capitation rates; base data will include information from CY17 and CY18 experience (with early CY19 to inform recent trend changes)
- Will not be using tiered payment approach this time; only one payment level to be developed



Care OneCare Kansas Payment Build Details

Will be paid to MCOs on top of regular capitation payments, and will be paid as a Per Member Per Month (PMPM) payment

- OneCare payment will only be triggered by a member receiving a service in a given month; payment to MCO will be one month in arrears
- PMPM from State to MCO will be the same every month, regardless of how many OneCare services a member utilizes in a given month
- PMPM to include up to 10% in admin cost



Previous Health Homes Payment Build Considerations

Physician-Related

- Physician-related costs were built into the Health Home rate on a fee basis.
- This reflects a projected average number of visits related to Comprehensive Care Management, Health Promotion, and Comprehensive Transitional Care applied to the projected fee for those services.
- The projected average number of visits was based on review of similar Health Home programs in other states, and clinical input from Optumas' chief clinical consultant who has 35+ years of experience in the health care and health insurance industry.



Previous Health Homes Payment Build Considerations

All Other Professional

- All other professional costs were based on an annual salary, converted to an hourly rate, and applied to the number of projected hours each professional would work while encountering a member visiting the Health Home.
- The annual salaries for each position Nurse Practitioner and Social Worker were based on the most recently available Kansas-specific information from the Bureau of Labor Statistics.
- An additional burden rate of 28% was also applied for additional costs associated with payroll taxes, worker's compensation and health insurance, paid time off, training and travel expenses, vacation and sick leave, pension contributions, and other benefits.
- The projected average number of hours was based on review of similar Health Home programs in other states, and clinical input from **Optumas**' chief clinical consultant who has 35+ years of experience in the health care and health insurance industry.





OneCare Kansas Target Population Identification

University of Kansas Medical Center July 18, 2019



Our Research Team

- Primary Researcher: Tami Gurley-Calvez, PhD
 - Emily Burgen, MPH
 - Dorothy Hughes, MHSA, PhD
- Biostatisticians
 - Emily Cramer, PhD
 - Eric Dai, MS
 - Milind Phadnis, PhD
- **Qualitative Researchers**
 - Joanna Brooks, MA, PhD
 - Mary Zimmerman, PhD
- Providers
 - Edward Ellerbeck, MD, MPH
 - Glendon Cox, MD, MHSA, MBA
- Demographer
 - Jarron Saint-Onge, PhD

Goal: Find population with the highest potential value added from OneCare Kansas participation.



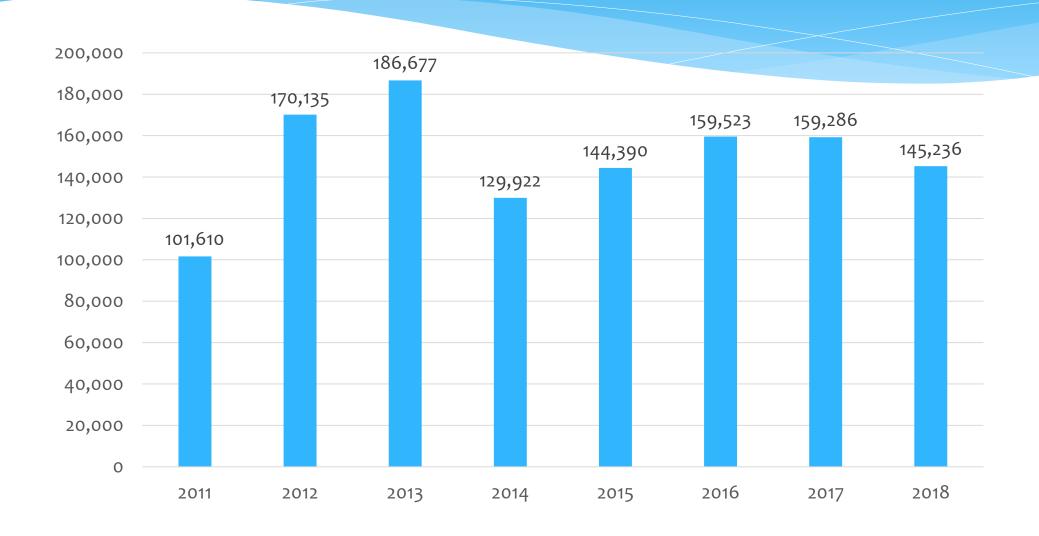
Key Inputs

- * 7 years of Medicaid claims data
- * Input from stakeholders
- * Provider perspectives
- * The most rigorous methods for policy analysis
- * Consideration of the implications of an opt-in approach

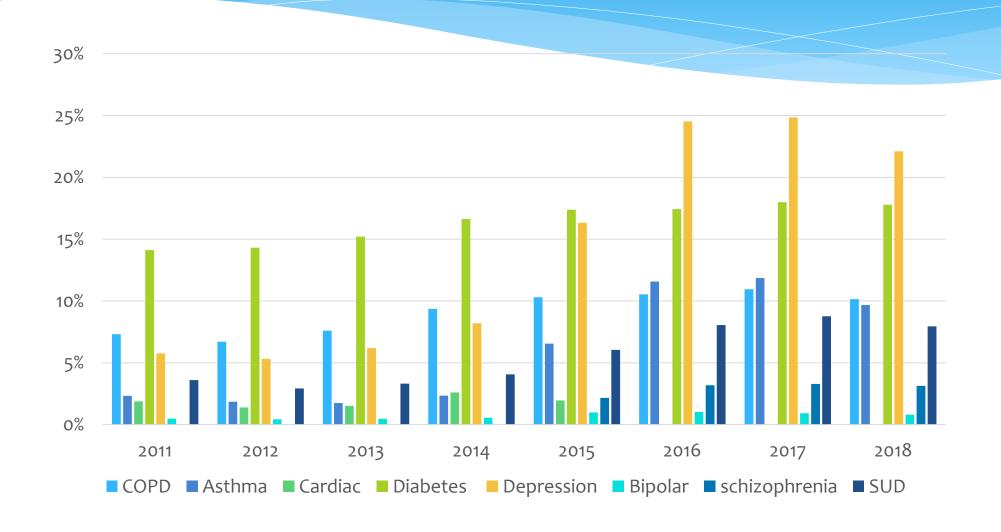
For Discussion

- * Preliminary claims data information
- * Verification process is ongoing
 - * Diagnoses codes
 - * Carryforward for diagnosis groups

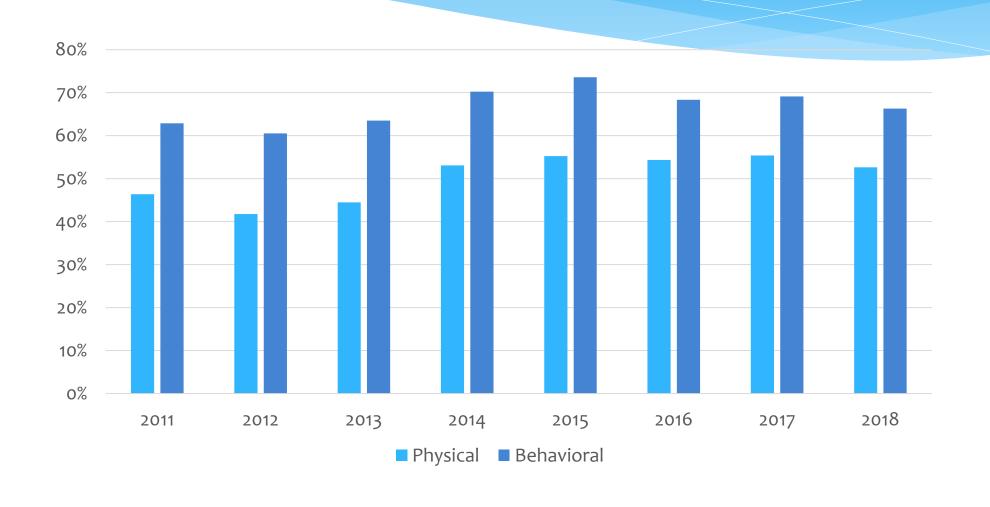
Amount of People with Claims by Year



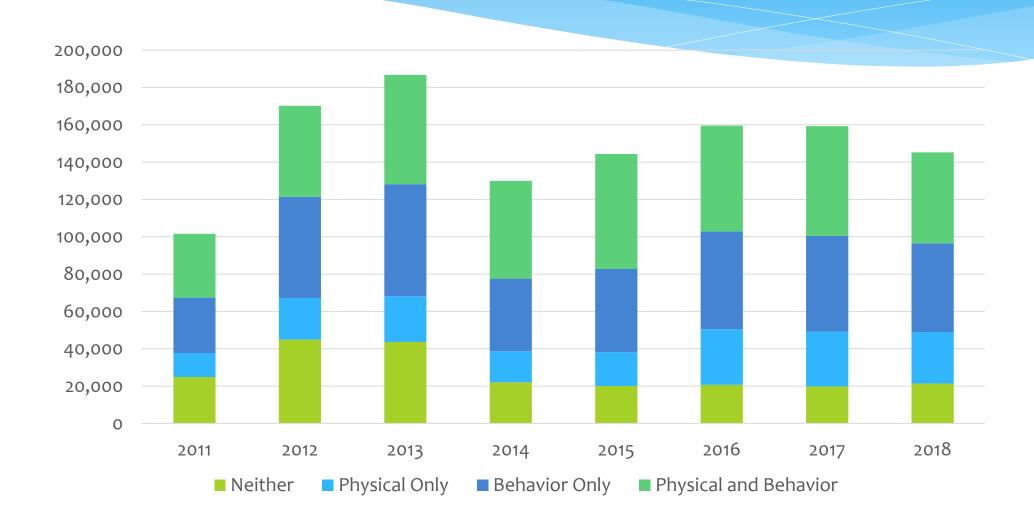
Percentage of People with Flags for Diagnosis per Year



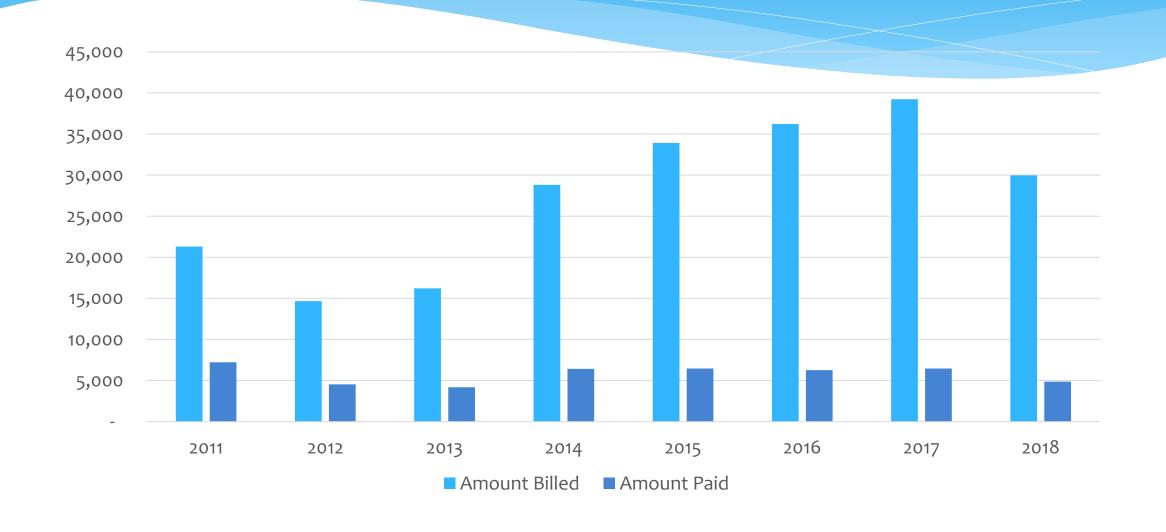
Percentage of People with Claims that have at least one Physical or Behavioral Diagnosis



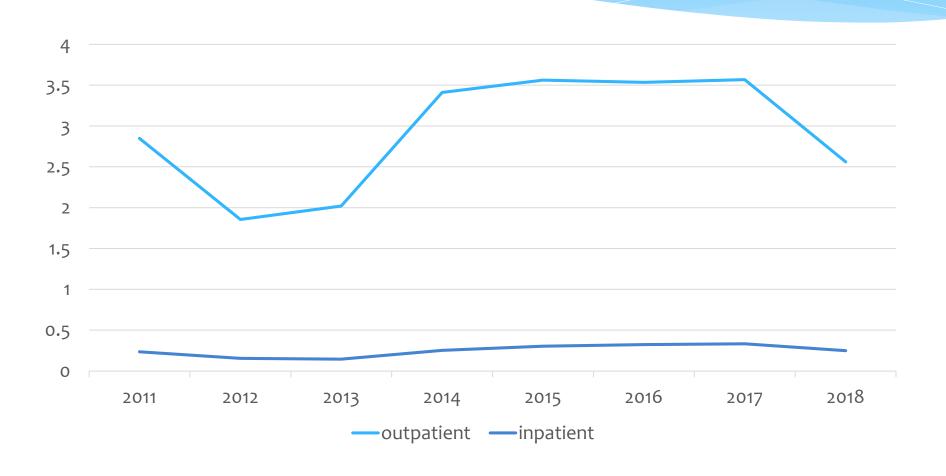
Comparison of People with different types of Diagnosis



Mean Amount Billed Compared to Amount Paid by Year



Mean Visits per Person per Year



Where we go from here

- * Quality control checks
- * Determine effects of the previous Health Home Program
 - * Establish a comparison group
 - * Assess which behavioral health and chronic physical conditions were associated with the greatest impact
 - * Examine the timing of changes in utilization and cost, including changes after the conclusion of the program
 - * Timing of program effects

Any Questions?



Provider Forum & In-Person Training Tour Discussion





Mark your calendars!!

OneCare Kansas Provider Learning Forum

August 15, 2019 9:30 a.m. – 4:00 p.m.

Meridian Center | Newton

Next Steps



Mark your calendars!!

OneCare Kansas Planning Council Meeting

September 19, 2019 10:00 a.m. – 4:00 p.m.



