



# OneCare Kansas Provider Learning Forum Meeting Summary

August 19, 2019

## Introduction

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On August 15, 2019, 80 individuals from 40 organizations across the state attended the OneCare Kansas (OCK) Provider Learning Forum in Newton, Kansas. Those who were present received updates on the target population identification process and payment rate methodology; participated in breakout sessions on the OCK Draft Program Manual and Forms, the Six Core Service requirements (including perspectives from former Health Home partners), and the OCK Quality Measures; learned about the OCK Enrollment and Disenrollment process; and provided their thoughts related to opportunities and challenges of recruiting Medicaid members to participate in the program. Slide presentations used in each session are available separately on the OneCare Kansas website.

Throughout the event, participants were encouraged to submit questions and comments via handwritten index cards and were discussed in open forum settings. Responses to questions that were submitted via index cards will be provided in a separate "Q&A" document on the OneCare Kansas website.

## OCK Enrollment and Disenrollment Process | Presentation and Discussion

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Samantha Ferencik, Program Analyst at the KDHE Division of Healthcare Finance outlined the processes for enrolling Medicaid members in the OneCare Kansas program as well as the processes for refusing member assignments and discharging members from the program. Details of her presentation are outlined in the meeting PowerPoint presentation, which is available as a separate document on the OneCare Kansas website.

Following the presentation, participants were asked to discuss a series of questions in small groups related to opportunities and challenges for recruiting eligible members. Results of these discussions are reported here in aggregated form. *Note: (\*) indicates response was mentioned in multiple groups.*

*What ideas do you have for recruiting members to participate?*

- Agency newsletters\*
- Newspaper articles
- Educating Primary Care Providers re: the program

- Posters\*\*\*
- Outreach to homeless members
- Create incentives for members to engage\*
- Reach out to homeless shelters or other social service agencies\*
- Use existing data if your organization is a healthcare provider and then send referrals
- Speak in tangibles
- Digital signage/video in waiting rooms
- Churches
- Speak publicly, presentations
- Standardized poster/flyers\*\*\*
  - ER, provider offices, urgent care
  - Food banks
  - Bus stops/stations
  - Community centers
  - CDDO, AAA
  - Independent living centers
  - Pharmacies
  - Health Departments
  - Library
  - Housing authority
  - Public restrooms
  - Shelters
  - Member-facing events\*
  - Peer-run organizations
  - Oxford Houses
- Public Service Announcements
- Text message/email
- Educating our own clients and staff
- Partnering with FQHC and local hospitals and liaisons
- Assessing possible members now
- Mailing flyers/colorful postcards\*
- Partner with prescription reps – sponsors for outreach events
- Send (OCKP) introductory letters to members and community partners
- Health fair
- Booths in lobbies
- Providers know who is eligible so providers can recruit
- Educate consumer to open mail and what program can do for them & Oxford House, providers, social service agencies like Community Action
- Cookies, post-its, hand sanitizers to providers who might refer
- Support groups (chronic conditions – diabetes, specialists)
- Simple information

- Make sure providers know about the program
- Identify clear benefits of the program
- Focus groups before program starts
- Communicate with medical and community partners

*What challenges do you see for recruiting members to participate?*

- Finding members\*\* (including children in foster care)
- Limited phone access/services
- Member buy-in/mistrust
- Transportation\*
- Members' lack of support of people around them
- Limited literacy, language barriers, lack of understanding of opt-in process
- Members' other providers not supportive of the program
- Relying on mail and counting on them to read and respond
- Complicated target population
  - May cause further distrust
- Understanding what OCK is and what does
- Members will not be able to see the benefits
- No more TCM provider if in program
- New faces – rebuild trust\*
- The ease of opting in
- Too many goals/providers/appointments
- Good phone number and getting answers/working voicemail
- Getting them to listen
- Fear of systems
- Fear of our involvement
- Individuals not opening mail/door
- Health literacy
- Previous health home involvement – fear it will end like last one
- Geographical
- Explaining it as an additional benefit
- Not being able to bill TCM
- Challenge to make health changes
- HIPPA

*What would be some possible solutions to those challenges?*

- Education
- Buss passes (for areas that have public transit)
- Incentives for member engagement\*\*\*
  - Hygiene kit for attending info session
  - Snack kit for diabetes post-visit
- Funding for innovative solutions

- Offer informational face-to-face opportunities for members\* (possibly use Peer Support)
- Health fairs
- Outreach, posters, other means of communication\*
- Educate – lots of talking
- Make sure ALL staff know about OCK
- Clarify benefits of OCK program (brochure format)
- List from MCO – who they have not been able to reach – under HIPPA to provider they have seen at least once
- OCK needs to have flexibility in services that those that do TCM cannot do
- Build early rapport – get basic needs met first (Maslow hierarchy)
- Door-to-door
- See first question – education mail, ease concerns, utilize support from other providers
- Utilize outreach service for homeless and hospital networking to inquire for current address (if engaged with provider)
- MCO portal – claims
- OCK navigator at the MCO

*What do you need from KDHE to be successful in recruiting members?*

- Clarity on benefits of program to members
- Simple and fast opt-in process
- Help with educating members
  - What it is
  - What it is not (e.g. not home health)
  - How it will help them
- Additional ideas for recruiting – sharing successful strategies\*
- Guidelines for cultural competency
- Really tangible info in letter to members
  - What's in it for me
  - Pictures, color
  - Simple language
- Accurate, updated, timely information about members\*
- Make sure MCOs are prepared
- Open communication between MCO and OCK Partner
- A defined population\*\*
- Ready-to-use marketing material\*\*\*
- Approval for materials, locations, grants
- Renewal dates for Medicaid
- Transparency
- Effective oversight for MCO
- Money for incentives

- Text through MCO
- List of potential eligible (if already treating)
- Rates
- Provide info to partners on HIPPA

## **Stay Connected**

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Members of the State Planning Team and the OneCare Kansas Planning Council will continue to provide information to the public as it becomes available. Those providers (and others) who are interested in staying up to date or learning more about OneCare Kansas can follow progress at [www.kancare.ks.gov](http://www.kancare.ks.gov) or send an email to [OneCareKansas@ks.gov](mailto:OneCareKansas@ks.gov) to sign up for the monthly newsletter.

*Report prepared by:*

