



# OneCare Kansas Planning Council Meeting Summary

December 23, 2019

Members of the OneCare Kansas (OCK) Planning Council and the OCK State Project Team gathered at the Kansas Health Institute in Topeka on December 19, 2019. The meeting was facilitated by staff from the Wichita State University Community Engagement Institute. A copy of all presentation slides for each [OCK Planning Council](#) meeting are available on the OneCare Kansas website.

## Target Population Data Sets

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Based on questions received at the November Planning Council meeting, Dr. Tami Gurley-Calvez and her team from the University of Kansas Medical Center (KUMC) provided additional information related to the Medicaid members who would be served by the OneCare Kansas program. This included information related to providers who may be interacting with the target population (such as hospital emergency rooms) and the percentage of the population that has ever been in foster care. Planning Council members requested additional information, including an annual average of the number of youth in foster care who meet the targeted population criteria. The team from KUMC will continue to refine this data to be shared at the next OCK meeting in January.

In addition to these data sets, the group discussed ways to better communicate the eligibility criteria with providers across the state – especially as it relates to the criteria for patients with Asthma. One possible reason for the questions could be that providers are trying to determine who to refer to the program if they are not initially invited to participate in the program. Another possibility is some confusion about whether to use the DSM-V or ICD-10 codes to identify individuals with behavioral health diagnoses. The State Team encourages providers to send a referral if there is any question about eligibility and let the MCO determine the outcome. There is no penalty for sending referrals for individuals who may not be eligible. The State team also agreed to develop a DSM to ICD Crosswalk sheet that will be posted to the OCK website to assist in making these determinations. CMHCs will also be sharing spreadsheets with each MCO that include the clients they feel meet the criteria to help identify any gaps in individuals slated to receive the initial invitation letters. This will be a one-time task to help enroll members early in the program and begin services as soon as possible.

The group identified that it may be helpful to include the target population on the webinar announcements, so that providers can make a more informed decision about whether or not to participate. They also emphasized that it will be important to make

sure that providers know that the target population must be currently enrolled in “Managed” KanCare as those who are on “Kansas-only” Medicaid are not eligible for the program.

## **Payment Structure and Methodology**

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Talya Quick, Senior Manager from the KDHE Division of Healthcare Finance provided the group with a brief overview of the OCK Payment Structure. A webinar that provided additional detail of Optumus’ work to develop the rates was presented to the public on December 18. The webinar was recorded, and the link will be posted to the website, along with the slides that were presented.

The group was reminded that OCK services are in addition to services that Medicaid members already receive and should be billed separately. For instance, when an OCK member visits a Federally Qualified Health Center (FQHC) for a Primary Care appointment and then also receives OneCare services – the FQHC will submit a claim for both services. Providers should be aware that they should be submitting a claim for each OCK service they provide in order to help document any potential need for future rate adjustments as well as telling the story of how OCK is impacting Medicaid members.

There is a timeline on the OCK website that outlines when rosters will be sent to providers to trigger service eligibility (or removal from eligibility). The group felt it would also be helpful to add the point in time when the initial Health Action Plan should be completed to receive the one-time bonus payment.

## **OneCare Kansas Provider Engagement**

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Samantha Ferencik, OCK Project Lead from the Kansas Division of Healthcare Finance shared preliminary provider network information based on applications reviewed by the State Team and forwarded to the MCOs for review. The initial map reveals a significant number of counties who do not have any potential providers and an even larger number that have only one provider in the county – which impacts the ability to offer members a choice of provider.

The group anticipates that additional applications will be received now that the rates have been announced. In addition to the rates, providers have also been attempting to anticipate the volume of members they might receive to help them in the decision-making process. Some worry there may not be enough to make the program sustainable. The data sets provided by KUMC are the best estimates that we have for the number of people who are potentially eligible to participate.

The group shared the following ideas that relate to issues that may impact provider applications:

- Sharing the map widely may be helpful to increase provider understanding of the resources available in their service areas.
- Targeted conversations with potential provider groups – the Kansas Hospital Association, Kansas Association of Family Physicians, etc. to help them consider the possible revenue opportunities connected to serving this population.
- Reminding potential partners that they can subcontract with community organizations to provide services (i.e. Local Health Departments who provide Chronic Disease Self-Management classes as a Health Promotion service).
- The State Team is discovering that some providers are reporting that they have sent in applications and they have not received a reply. Messaging to providers to check in with the MCO and State Teams may be helpful to assure that there aren't any applications that have been missed due to an email error.
- Messaging to providers that the OneCare program offers opportunities to provide and receive reimbursement for services they may have wanted to provide but couldn't or currently provide but aren't able to receive payment. This could include ideas such as community gardens and other non-traditional health promotion activities or accompanying clients to medical appointments.
- Messaging to providers that OCK provides an opportunity to fill gaps in services that might not currently be receiving support due to being on a waitlist for HCBS services.

#### Provider Education Tour

OneCare Kansas will be hosting a Provider Education Tour in three cities across the state in February. (February 5 – Capital Plaza Hotel, Topeka, February 18 – City Limits Convention Center, Colby, February 19 – Wichita Marriott, Wichita). The group was asked for feedback on the format and content of this tour. The group acknowledged that participants may be of different knowledge levels and there will need to be content for those who are just learning about the program as well as those who have already begun the contracting process. The group suggested that some of the basic information may be best presented through static poster content and having a State team member available to answer questions related to the application process throughout the event instead of a separate presentation. The group provided a list of suggested topics that the State Team will use to develop the agenda for the day. One suggestion for the framework of the day included "What is it? How much do I get paid? How do I do it?". The State Planning Team will work with WSU to develop an agenda to be distributed in early January based on the input received.

### Provider Education Opportunities (Post-Launch)

WSU staff outlined the provider opportunities that will be made available once the program is launched on April 1. All providers will be invited to participate in OneCare Implementation calls to answer system implementation questions. The frequency of these calls is still being determined. Contracted Providers will be mandated to participate in a monthly learning collaborative event that will allow program administrators to work together to address system-level issues. Additionally, Care Coordinators and Social Workers within the Contracted Providers will be invited to participate in a community of practice and training series focused on improving the development and implementation of Health Action Plans.

### Health Action Plan Portal

Shaune Parker, Healthcare Data Analyst from the KDHE Division of Healthcare Finance provided a brief update on the portal that will be used to complete and track Health Action Plans (HAP) in the OCK program. A copy of the printed version of the HAP was shared and the group was asked to provide feedback on the best format to use for exporting data to be transferred into provider electronic health record systems.

One member of the group asked if there is a way to assure that the sharing of HAPs through the portal is compliant with 42 CFR regulations related to confidentiality of records for those receiving Substance Use treatment. The State Team will review the documents to confirm they are in compliance with the regulations. Another member of the group shared that their organization has been operating with the understanding that 42 CFR only applies to organizations who are substance use disorder (SUD) treatment providers. Those OCK providers who are not providing SUD treatment would not be subject to these regulations.

## **OCK Member Engagement**

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### Member Engagement Letter Update

The KanCare Managed Care Organizations announced that there have been some discrepancies discovered in the number of potentially eligible members in their systems when compared to the numbers provided by KUMC. This has resulted in a delay in sending initial education letters. This will not delay the member invitation letters that are scheduled to be sent in the first quarter of 2020.

### Member Opt-In Rates

Participants in the Planning Council were asked to consider potential issues that might impact the number of people who are potentially eligible for OCK who opt-in to the service and ideas for increasing these rates:

- In the previous Health Homes program, a small number of providers serving individuals with developmental disabilities actively discouraged participation in the program. Ongoing education about the benefits of the program to the

member and to the provider organization will be important to reduce incorrect information being shared.

- Areas of the state with smaller populations will have ongoing challenges.
- Members (and providers) who have had past experience with the program may have some concern that the program will be temporary. Messaging about the differences in the current program will be important to share.
- Is there any restriction on assisting clients in enrolling? No – if a case manager feels that someone they are serving meets the criteria, they should send a referral and can help the client in the enrollment process with the MCO.
- Individuals who meet the behavioral health criteria for eligibility can be particularly difficult to engage, especially if their illness is not treated. CMHC staff are skilled in engaging these populations and will be helpful in the process. Patience and persistence will be necessary. Ultimately, for all populations, organization relationships will be key to successful enrollment.
- Educating community partners such as Consumer Run Organizations, Homeless Shelters, Correctional, and Law Enforcement agencies may be useful in identifying individuals who qualify.
- Pharmacies may be another partner who could provide education about the program as some individuals may only be receiving medication services on a consistent basis. Aetna Better Health of Kansas has examples of how this has been done for tobacco cessation in partnership with NAMI Kansas. They will share these with the State Team for consideration.
- For those members living with asthma, we may need targeted education through different sources such as Primary Care Physicians who serve patients with Medicaid coverage. Once the program is launched, the MCOs can monitor opt-in rates and identify potential clusters of patients and providers.
- School nurses may be a potential resource. CMHCs can share the information in schools where they are providing services. KDHE will send information to the Association of Community Mental Health Centers in Kansas (ACMHCK) for this purpose. Local Health Departments and the School Nurse Association in Kansas may also be opportunities for outreach.
- After-school programs may be a good resource for reaching youth.
- Recruitment of members will be an ongoing topic for the OCK Learning Collaborative.

### Member Education Tour

KDHE plans to hold a Member Education Tour in late February/early March. They have asked the MCOs to provide a joint list of 10 potential providers to approach as hosts for the event. The Planning Council was asked to provide input into the structure and content of these events through small group conversations:

***What information should be included?***

- What are the benefits of OCK (for the member)?
- Will I lose my other benefits?
- Will I have to change providers?
- Need to opt-in to the program and I can opt-out
- Can I change my care coordinator?
- Choice in OCK Provider, why would I do this? (How will it affect my life?)
- We can help you get a doctor and get to appointments
- How is this different from the case management that I get now?
- The cost to the member
- What is OneCare and what services will I receive?
- Purpose of the program

***Who are the best people to deliver the information?***

- Individuals with past lived experience with Health Homes either as a member or family member
- Staff who have direct contact with clients – case managers, doctors, etc.
- Someone they trust
- Someone familiar with the different populations

***What is the best way to deliver the message?***

- Oral and verbal information
- Visual aids (PowerPoint or posters ok)
- In-person
- Info-to-go (brochures, handouts in simple language)
- Maybe a health fair format
- Previous success stories

***What else should we be considering?***

- Consider including guardians, foster parents, foster care managers in the invitations
- MCO promotional items
- Food
- Language barriers
- Cultural issues
- Social networks
- Types of providers and those needed to treat specific populations
- Transportation
- Child Care

## Next Steps

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Next steps to accomplish prior to the next Planning Council meeting include:

- Further refinement of target population data to support provider and member recruitment
- KDHE will develop and post a DSM to ICD code crosswalk to clarify eligibility
- Continued review of provider applications
- KDHE will develop a list of potential formats for exporting data from the HAP Portal to guide feedback from provider partners regarding the best format to use
- Aetna will provide a sample of the NAMI materials used with pharmacists related to tobacco cessation education
- WSU will send a Save the Date for the Provider Education Tour as well as an announcement for the January webinar

## Mark your calendars!

### OneCare Kansas Planning Council Meeting Dates:

January 16, 2020

February 20, 2020

March 19, 2020

*Report prepared by:*

