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OneCare Kansas Provider Webinar Series:

Process Flow Scenarios

November 25, 2019

Helping people live healthier lives by integrating and coordinating services and supports to treat the "whole-person" across the lifespan.

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Today's Presenter

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Agenda

- Briefly review:
  - OneCare Kansas Professional requirements
  - OCK Target population
  - OCK services and billing codes
- Discuss OCK scenarios:
  - How the OCK partner can delegate activities to their staff members
  - How the OCK program can benefit the member

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OneCare Kansas (OCK) Professional requirements

It is **required** that the OCK Partner has the following professionals on staff:

- Physician or midlevel practitioner (PA or APRN)
- Nurse Care Coordinator
- Social Worker/Care Coordinator

It is optional that OCK Partner has the following:

- A Peer Support Specialist and Peer mentor

REMEMBER: your current staff could be used to fill these roles, the professionals do not have to be full time for OCK specifically.

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Physician or Mid-level practitioner

Physician (MD or DO) - must be actively licensed to practice medicine in Kansas and can be either employed directly or contracted.
(If contracted, the OCK partner must have a mid-level practitioner on staff.)

Mid-level practitioner - can be a Physician Assistant (PA) or an Advanced Practice Registered Nurse (APRN) and must be actively licensed to practice in Kansas.

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Nurse Care Coordinator (NCC)

Must be a Registered Nurse (RN), APRN or Licensed Practical Nurse (LPN) actively licensed to practice in Kansas.

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Social Worker/Care Coordinator (SW/CC)

Must be:
- BSW actively licensed in Kansas *or*
- BS/BA in a related field *or*
- MH (Mental Health) Targeted Case Manager (TCM) *or*
- I/DD (Intellectual/Developmentally Disabled) Targeted Case Manager (TCM) *or*
- substance use disorder person centered case manager

…to support the health home in meeting the provider standards and deliver OCK services to enrollees.

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Peer Support Specialist/Peer mentor (optional)

Peer Support (PS) Specialist - must meet the defined KDADS Behavioral Health requirements for Mental Illness or Substance Use Disorder (SUD). For Mental Illness, the PS Specialist requirements include being employed by a licensed Mental Health provider, meeting age requirements, as well as, passed state-approved training through a State contractor and background checks. Additionally, the PS Specialist must self-identify as a present or former primary recipient of Mental Health Services.

PS Mentor (for SUD) - must be employed by a licensed or certified SUD provider; meet age, training, and supervision requirements; as well as, self-identify as active in recovery from alcohol and/or illicit substances for at least one year. If employed in the agency in which the PS Specialist services is received, the PS Specialist must meet discharge requirements where the PS Specialist must have been discharged by that agency for a minimum of six months.

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OCK Target Population

A person is eligible if they have one or more of the following diagnoses:

- Paranoid Schizophrenia ***OR***
- Severe Bipolar Disorder ***OR***
- Has Asthma and is also at risk for developing:
  - Diabetes
  - Hypertension
  - Kidney Disease
  - Cardiovascular Disease
  - COPD
  - Metabolic Syndrome
  - Mental Illness
  - Substance Use Disorder
  - Morbid Obesity
  - Tobacco Use or exposure to second hand smoke

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OCK Services and Billing codes

OCK Service	Code and Modifier	Notes
Comprehensive Care Management	S0280 U1	Completion of the HAP (one-time only)
Comprehensive Care Management	S0281 U1	
Care Coordination	S0311 U1	
Health Promotion	G9148 U1	
Comprehensive Transitional Care	G9149 U1	
Patient and Family Support	G9150 U1	
Referral to Community and Social Supports	S0221 U1	

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What does it look like?

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Scenarios

- Mary Ann – new to OCK
- Ginger – admitted to the hospital
- Gilligan – received notification of OCK eligibility
- Thurston – referred to OCK

The delegation of tasks to the OCK Partner's staff in the scenarios is an example and is not a requirement of the program. The OCK partner can decide what tasks to delegate to their staff.

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Meet Mary Ann…

- 50 year old with asthma and depression; lives with her mother, who is Mary Ann's caretaker
- In the past year, she has been admitted to the hospital four times; two times for inpatient psychiatric treatment and two times for acute care for asthma complications
- Is on Medicaid and has been identified as eligible for OCK by her MCO through claims data.
- She has received the welcome letter, has opted into the program and been assigned to her local FQHC that is an OCK partner

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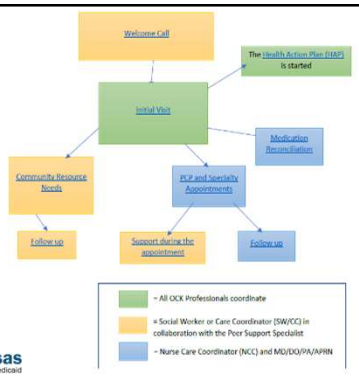

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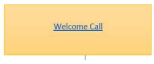
Welcome Call



Social Worker or Care Coordinator:
- Calls Mary Ann to introduce her to the OCK program, including the OCK services and the purpose of the Health Action Plan (HAP).
- Coordinates with Mary Ann and the NCC to schedule the Initial Visit and helps Mary Ann schedule transportation through her MCO.

If the member is already known to your organization, you can leverage relationships that member has with a staff member and have them reach out to them for the welcome call.

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Initial Visit

The purpose of this visit is to introduce Mary Ann to the OCK Partner's team of professionals, educate her on the OCK services and to start the HAP.

More than one visit may be necessary to introduce Mary Ann to all of the staff that will be involved in her care in the OCK program.

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Initial Visit

Social Worker or Care Coordinator:
- Identifies Mary Ann's Social needs and discovers that Mary Ann would like to know of resources for day centers that she could go to socialize.

Nurse Care Coordinator:
- Asks Mary Ann what medications she is currently taking and completes the Medication Reconciliation form.
- Identify health needs of Mary Ann. During the visit, the NCC finds out that Mary Ann is a smoker. The NCC assesses Mary Ann's readiness to quit. Mary Ann is motivated to quit in the next month so the NCC helps Mary Ann develop a Tobacco Cessation Plan.

Physician, PA or APRN:
- Reviews Mary Ann's medical history.

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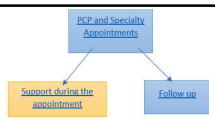
Identifying Appointments



Nurse Care Coordinator:
- Asks Mary Ann for a list of upcoming Medical appointments and document in chart
- Asks Mary Ann who her Primary Care Physician (PCP) is and when her last Wellness check was. It was determined that Mary Ann hasn't had a wellness check for over 3 years and doesn't know who her PCP is. The NCC helps Mary Ann find a PCP and helps her to schedule an appointment.

Social Worker or Care Coordinator:
- Schedules transportation to Mary Ann's upcoming appointment and informs Mary Ann that her transportation will pick her up at her house an hour before each appointment.
- Helps Mary Ann formulate questions to ask her providers prior to each appointment.
- Attends every appointment with Mary Ann, at her request.

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Health Action Plan (HAP)

The Health Action Plan (HAP) is started

Social Worker or Care Coordinator:
- Downloads the HAP and instructions from the OCK Website or the OCK HAP Portal
- Compiles information for the following sections of the HAP:
  - Section I: Demographic Information
  - Section II: Additional Contact Information
  - Section VI: Goals and Steps to Achieve
  - Section VII: Signatures

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Health Action Plan (HAP)

The Health Action Plan (HAP) is started

Nurse Care Coordinator:
- Completes the following sections of the HAP:
  - Section III: Physical, Behavioral Health
  - Section IV: Existing HCBS Waiver Plan of Care (If applicable)
  - Section V: Advanced Directives
  - Section VI: Goals and Steps to Achieve
  - Section VII: Signatures

Physician, PA or APRN:
- Review the HAP
- Sign the Section VII: Signatures Section of the HAP

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Health Action Plan (HAP)

The Health Action Plan (HAP) is started

Once the HAP has been completed and reviewed, the SW/CC submits completed HAP to the OCK HAP Portal

NOTE: The initial HAP is due no later than 90 days after the member is enrolled into OneCare Kansas

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After a year in the OCK program

Mary Ann's OCK Partner has worked with her on at least a monthly basis. They have provided:

- Health Promotion Education on topics such as maintaining stress, asthma control and triggers, and
- Member and Family support by promoting engagement in the OCK program as well as other healthcare appointment of Mary Ann and her mother. The OCK partner has also promoted Mary Ann's self-management capability to manage her asthma and depression.

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Mary Ann's outcome with the OCK program

- Mary Ann has only had one hospital admission and no ER visits.
- She has visited her PCP for her Well-woman exams and for asthma exacerbations instead of going to the ER.
- She has made all of her appointments with the CMHC and has adhered to her medication regimen and therapy sessions.

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Meet Ginger…

- 45 year old female with Paranoid Schizophrenia. Has been in the OCK program, assigned to a CMHC, for 7 months.
- 3 days ago Ginger was admitted to an inpatient psychiatric unit. Discharge planning is being discussed.

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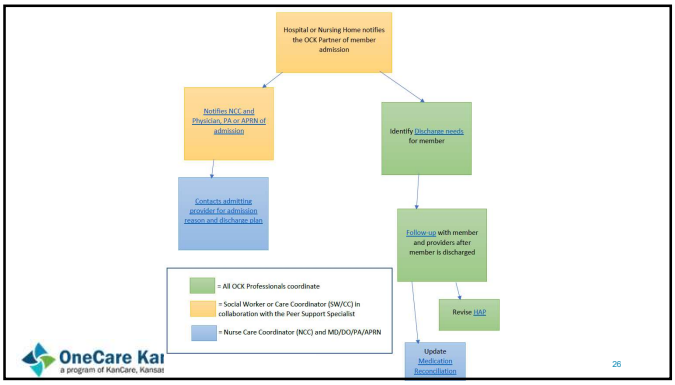

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Ginger's admission to the hospital

Social Worker or Care Coordinator

- Is notified from the facility and/or Ginger that member has been admitted. SW/CC then notifies NCC and physician/mid-level
- Visits Ginger in the facility to assess for any needs while hospitalized
- Identify that Ginger will need meal delivery services and transportation after discharge. The SW/CC will arrange once discharge date is determined.

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Ginger's admission to the hospital

Nurse Care Coordinator

- Identifies that Ginger will need follow-up with her PCP and Mental health provider after discharge, and in coordination with the hospital and Ginger, arranges those appointments.
- Updates Ginger's Medication Reconciliation

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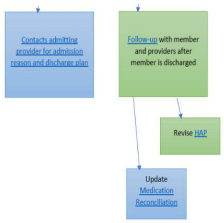
After Ginger is discharged

Social Worker or Care Coordinator

- Contacts Ginger to ensure that discharge instructions are understood and followed
- Identifies that Ginger no longer needs meals on wheels and contacts them to discontinue the service
- Updates and submits the revised HAP to OCK HAP Portal



Nurse Care Coordinator

- Answers Gingers questions about discharge instructions and new medications.
- Updates Ginger's Medication Reconciliation Form

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Ginger's outcome

With the encouragement and care coordination of the OCK program, Ginger participates in all of her post-hospitalization appointments and is able to maintain her health in her home.

1 year after her admission to the inpatient psychiatric unit, Ginger has had no other hospitalizations and no inappropriate ER use.

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Meet Gilligan

- 14 year old with Asthma and diabetes.
- Gilligan's parents have received the welcome letter to OCK but have not opted Gilligan into the program.
- Gilligan's parents have come into the FQHC, who is an OCK partner with the welcome packet.

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Gilligan

The OCK partner uses the Welcome script to explain the OCK program and answers questions asked by Gilligan and his family.

Gilligan's family has chosen to opt Gilligan into OCK. The FQHC helps the family with the necessary forms and consents.

Gilligan is able to start OCK services the following month.

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Meet Thurston

- 8 year old in foster care and is living severe bipolar disorder.
- Thurston is new to Medicaid but has not been identified as eligible for the OCK program by his MCO.
- Thurston is brought into his newly assigned PCP. The staff recognize that he could be eligible and benefit from OCK services. They start the referral process and discuss with the Foster care contractor what OCK is and how it can benefit Thurston.
- Thurston's foster care contractor receives his welcome packet and opts Thurston into the program and is able to start in the program the following month.

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OCK Enrollment of Members

- The member is deemed eligible by the MCO through:
  - Claims
  - Referral form is completed and submitted
- A letter and opt-in instructions is sent to the member
- The member must call or send the opt-in form back to their MCO stating they want to be in OCK and what OCK partner they choose
- If the MCO is able to process enrollment by the 18th of the month, the member can start the following month. If received after the 18th of the month, the member must wait until the month after to start.

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Documents on the OCK website

- OCK Partner Professional Process Flow
- OCK Professional Requirements
- OCK Target Population ICD-10 codes
- Provider Application
- Introduction Script and Guidelines
- Referral Form
- HAP form and instructions (will be updated once OCK HAP Portal is complete)

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Save the Date:

OCK Webinar Series

OCK Payment Structure
Wednesday, December 18 @ 3 p.m.

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