



Frequently Asked Questions for Providers: OneCare Kansas Program Transition

Overview

This frequently asked questions (FAQ) document is designed to assist providers in navigating the OneCare Kansas (OCK) program transition. It offers answers to common questions to guide providers through the process.

Provider FAQs

General Information

1. What is the timeline for the OCK program transition?

OCK services will no longer be covered under KanCare starting January 1, 2024.

2. How will the transition affect current OCK members?

Current OCK members can receive services until December 31, 2024. After this date, members will transition to alternative care coordination services.

3. Can members choose to leave the OCK program early and transition to other services?

Yes, members can opt-out anytime by contacting their Managed Care Organization (MCO) or completing the [OCK Opt-Out Form](#). Providers should discuss alternative care options with members to ensure a smooth transition and continued care with their chosen service.

4. Will new members be enrolled in OCK during this period?

No, starting October 1, 2024, new members will not be enrolled in OCK during the transition period.

Member Transitions

1. What alternative care options will be available for OCK members?

Upon transitioning from OCK, members can choose the option that best meets their needs, including:

- Certified Community Behavioral Health Clinics (CCBHCs)
- Targeted Case Management (TCM) for those under a mental health and intellectual/developmental disability (I/DD) diagnosis.
- Community Health Workers (CHWs)
- KanCare MCO Care Programs
- OCK Program Graduation
- Other services

2. How will current OCK members transition to these new programs?

MCOs will work with providers to find the most appropriate care option for each member, ensuring referrals are made to maintain continuity of care.

3. Where can I find more information regarding alternative care options?

Visit the KanCare website's [OCK Provider Resources](#) page.

Health Action Plan

1. How long will providers have access to the Health Action Portal (HAP)?

Provider access to the HAP portal ends on January 1, 2025.

2. How can providers obtain copies of member HAPs for internal records and care plan transitions?

Providers must print or save any necessary HAP information by December 31, 2024.

Billing and Claims

1. How long can providers submit claims for OCK services?

Providers should follow the timely filing process of submitting claims within 180 calendar days from the service date.

2. Are all core OCK services billable throughout the program?

Yes, all OCK core services are billable until December 31, 2024. After this date, no services will be eligible for billing.

3. Who should providers contact for questions about claims after the OCK program ends?

For claims questions after the program ends, contact the respective MCO:

- Aetna Better Health of Kansas: 1-855-221-5656
- Sunflower Health Plan: 1-877-644-4623
- United HealthCare: 1-877-542-9238

Provider Support

1. When do the MCO and provider meetings start regarding member transitions?

These meetings begin in October 2024.

2. Will there be additional large-group provider support meetings?

There are currently no plans for more large-group provider meetings.

3. What other support is available to providers during the transition?

The MCOs will remain the primary point of contact, offering support for transition questions and billing.

Provider Resources

1. How can providers stay updated during the transition process?

Providers should continue monitoring updates through KMAP provider bulletins, OCK newsletters, email communications, and the [KanCare website](#).

2. Where can providers access transition-related resources?

Visit the [OCK Provider Resources](#) page for handouts and slide decks from the recent learning collaborative.

3. Where can providers access OCK newsletters with information about the program transition?

Starting in September 2024, newsletters covering the transition are available in the [OCK Newsletter Library](#).

OCK Email Closure

1. How long will the state OCK inbox be active?

The state's [OCK inbox](#) will remain active until January 31, 2025.

2. How long will the MCO inboxes be active?

The following MCO OCK-specific inboxes will remain active until February 28, 2025:

- Aetna Better Health of Kansas: ABHKOneCare@aetna.com
- Sunflower Health Plan: SFHPOneCare@sunflowerhealthplan.com
- United HealthCare: uhckshealthhomes@uhc.com

Website Content Removal

1. When will OCK items be removed from the KanCare website?

All OCK-related content will be removed by January 3, 2025. However, a redirected link for resources will remain available until April 2, 2025.

2. When will OCK items be removed from the MCO websites?

OCK-related content will be removed from MCO websites during the second week of January 2025.

OCK Newsletter Discontinuation

1. When will the last OCK newsletter be sent?

The final newsletter will be sent on December 16, 2024.

2. Do providers need to cancel their OCK newsletter subscriptions?

No, subscriptions will automatically end once the program closes.