



OneCare Kansas Partner Termination Guidance: Managing Member Transitions for Continued Care

Purpose

Ensuring a smooth transition for members when a OneCare Kansas Partner (OCKP) chooses to terminate their contract with the Managed Care Organizations (MCOs) is crucial to avoid disruptions in service delivery. This document provides guidance on how to facilitate a seamless transition for OneCare Kansas (OCK) members to a new OCKP through reassignment and/or alternative service delivery models, when an OCKP decides to terminate their contract.

Scope

This guidance applies to both Community Behavioral Health Clinics (CCBHCs) and other provider types who serve OCK members. The following sections provide more detailed guidance for each provider type.

Guidance for Certified Community Behavioral Health Clinics

Terminating OCKPs who identify as CCBHCs are responsible for working closely with the MCOs to ensure a seamless transition of services tailored to the specific needs and preferences of each member. To ensure this is accomplished, providers can refer to the following guidelines for effectively managing member transitions, ensuring the ongoing delivery of care.

1. Advanced Notice

- Provide advanced notice to both the MCOs and affected members about the decision to terminate OCK services, including the effective termination date.

2. Member Notification and Options for Continuation of Care

- Communicate directly with the affected members to inform them of the upcoming changes and discuss available options for continued care coordination. Members should be informed about the following care options:
 - **Reassignment to a New OCK Provider and Receiving CCBHC Services:** Members can choose to continue receiving OCK services by being reassigned to a new OCK provider within the network, while also retaining their current provider for care coordination services within the CCBHC model.
 - **Reassignment to a New OCK Provider Only:** Members can choose to exclusively receive OCK services by being reassigned to a new OCK provider, thereby concluding their affiliation with the CCBHC provider.
 - **Opting Out of the OCK Program for CCBHC Care Coordination Only:** Members may choose to opt-out of the OCK program and receive care coordination services exclusively through the CCBHC model.

- **Other Referrals:** Regardless of service, any referrals must ensure coordination between the CCBHC and referred-to entity.

3. Coordination with the MCOs for Transition

- Collaborate closely with the MCOs to facilitate a smooth transition of the members' care coordination services.
 - If the member chooses to continue receiving OCK services, share all relevant member information with the MCO and new OCK provider, and facilitate referrals to other services as needed.
 - If the member would like to discontinue OCK services, have the member complete and submit the [OCK Opt-Out Form](#) to their MCO.

4. Coordination with OCK Provider of Choice

- If a member chooses to receive OCK services from a new provider within the OCK network, ensure a seamless transition of care to the new provider.
 - Work directly with the new OCK provider to exchange patient information and maintain the ongoing sharing of pertinent patient data.

Guidance for Other Provider Types

Terminating OCKPs who identify as other provider types are also responsible for working closely with the MCOs to ensure a seamless transition of services tailored to the specific needs and preferences of each member. To ensure this is accomplished, providers can refer to the following guidelines for effectively managing member transitions, ensuring the ongoing delivery of care.

1. Advanced Notice

- Provide advanced notice to both the MCOs and affected members about the decision to terminate OCK services, including the effective termination date.

2. Member Notification and Options for Continuation of Care

- Communicate directly with the affected members to inform them of the upcoming changes and discuss available options for continued care coordination. Members should be informed about the following care options:
 - **Reassignment to a New OCK Provider:** Members can choose to continue receiving OCK services by being reassigned to a new OCK provider within the network.
 - **Opting Out of the OCK Program and Exploring Other Options for Continuation of Care:** Members may choose to opt-out of the OCK program if they no longer wish to receive these services. The outgoing provider should discuss other available options for care with the member and their MCO, specific to the members needs and preferences.

- **Other Referrals:** Other services may also be available to affected members. Regardless of service, any referrals must ensure coordination between the outgoing OCK provider and referred-to entity.

3. Coordination with the MCOs for Transition

- Collaborate closely with the MCOs to facilitate a smooth transition of the members' care coordination services.
 - If the member chooses to continue receiving OCK services, share all relevant member information with the MCO and new OCK provider, and facilitate referrals to other services as needed.
 - If the member would like to discontinue OCK services, have the member complete and submit the [OCK Opt-Out Form](#) to their MCO.

4. Coordination with OCK Provider of Choice

- If a member chooses to receive OCK services from a new provider within the OCK network, ensure a seamless transition of care to the new provider.
 - Work directly with the new OCK provider to exchange patient information and maintain the ongoing sharing of pertinent patient data.

Ensuring a Member-Centered Transition Approach

By following these guidelines, terminating OCKPs can help to ensure that their members continue to receive the care they need without any disruptions. It is crucial to tailor the transition process to each member's specific needs and preferences, collaborate closely with the members' MCOs, and communicate regularly with the member throughout the transition process.