



WICHITA STATE  
UNIVERSITY

# **Health Homes Webinar Series: Member Assignment & Referral Process**

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# Welcome!

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- The Health Home Webinar Series is presented to highlight tools and resources available to potential Health Home Partners
- Posted on the KanCare website for future reference
- Thank you for calling in! All caller phones are muted for the duration of the presentation.
- Enter questions via “Question” box on your screen



# Agenda

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Highlight Health Home Target Population

Identification and Member Assignment

Reasons for Refusal

Member Referral Form

Q & A – Becky & MCO Representatives

# Purposes for Today

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- Increase participant understanding of the target populations for each of the two State Plan Amendments
- Highlight process for member identification and assignment
- Review the Member Referral Form and reasons members might be refused

# KanCare Website

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**Latest News – Upcoming Events**  
Meetings for Members with Serious Health Conditions  
I/DD Waiver Services' Incorporation into KanCare  
Open Enrollment for Members with Jan. 1 Anniversary  
Important message for Members (Video)

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# KanCare Website

The screenshot shows the KanCare website header with the logo and navigation menu. Below the header is a banner image of a green field with the text 'Medicaid for Kansas'. The main content area is titled 'Health Home in KanCare' and features a purple bar for 'Providers'. Under this bar, there is a section for 'Informational Materials for Providers:' with a list of links. A red arrow points to the 'Informational Materials for Providers:' link in the left-hand menu.

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Medicaid for Kansas

## Health Home in KanCare

### Providers

#### Informational Materials for Providers:

- Health Home
- Approaches to Health Homes
- Payment Principles and Parameters:
- Services
- Informational Materials for Providers:**
- Stakeholder Meetings
- Health Homes Webinar Series
- Contacts

#### Serious Mental Illness

- Serious Mental Illness State Plan Amendment
- KanCare Health Homes Program Manual – Serious Mental Illness (SMI)
- SMI Health Homes Provider Requirements
- SMI Health Homes Services and Professional Requirements

#### Chronic Conditions

- Chronic Conditions State Plan Amendment
- Chronic Conditions (CC) Health Homes Provider Requirements
- Chronic Conditions (CC) Health Homes Services and Professional Requirements

# Target Populations

# State Plan Amendment #1

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## Target Population:

- Individuals (adults & children) with a severe mental illness (SMI)
- Includes anyone with a primary diagnosis of one or more of the following:
  - Schizophrenia
  - Bipolar and major depression
  - Delusional disorders
  - Personality disorders
  - Psychosis not otherwise specified
  - Obsessive-compulsive disorder
  - Post-traumatic stress disorder

# State Plan Amendment #2

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## Target Population:

- People who have asthma or diabetes (including pre-diabetes and metabolic syndrome) who also are at risk of developing:
  - Hypertension
  - Coronary artery disease
  - Depression
  - Substance use disorder
  - Being overweight or obese (Adult: BMI  $\geq$  25; Child: age-adjusted)

OR...

# State Plan Amendment #2

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- Current smoker or exposure to second-hand smoke
- Environmental exposures
- Missed quality of care indicator:
  - No evidence of inhaled steroid prescription in last 12 months
  - Evidence of more than one rescue medication in the prior 6 months
- One or more ER visit for asthma or asthma-related complication in the prior 12 months
- One or more hospital admission for asthma or asthma-related complication in the prior 12 months
- In the top 25th percentile of Lead Entity's risk stratification for persons with primary condition

# State Plan Amendment #2

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- Current smoker or exposure to secondhand smoke
- Uncontrolled diabetes (as demonstrated by HbA1c or glucose tests)
- Missed quality of care indicator:
  - No HbA1c, LDL cholesterol, or HDL/Triglyceride level in the prior 12 mo.
- One or more ER visit for diabetes or diabetes-related complication in the prior 12 months
- One or more hospital admission for diabetes or diabetes-related complication in the prior 12 months
- In the top 25th percentile of Lead Entity's risk stratification for persons with primary condition
- Non-compliance in taking medication regularly

# Member Assignment

# How are Members assigned?

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- Currently eligible for Medicaid – assigned by MCO (Health Home Lead Entity)
  - Based on information the LE has from claims and other data

OR

- Referral by a provider in the community
- Based on:
  - Target population
  - Available HHPs in the geographic area
  - Existing relationships with HHPs

# How are Members assigned?

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Members always have the right to choose!

# How are Members assigned?

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- When a Health Homes member is identified, the Lead Entity will send an assignment letter explaining:
  - Health Homes and their benefits
  - Why the member is eligible
  - Which HHP the member has been assigned
  - How to choose a different HHP
  - How to opt out of Health Homes
- Sent on 1<sup>st</sup> day of each month
  - Referred members receive letter the 1<sup>st</sup> day of the following month

# How are Members assigned?

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- 'Opt out'
  - Can be done at any time after initial assignment letter is received
  - Members who 'opt out' will be reassessed annually by the MCO
  - Can opt back in at any time
  - Hewlett Packard (HP) Enterprises receive information and verify with Lead Entity files

# How are Members assigned?

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- Children in Foster Care:
  - Assignment letter sent to foster family
  - Requests to ‘opt out’ or changes in HHP completed by the DCF Child Welfare Community Based Service (CWCBS) Contractor
  - CWCBS Contractor will coordinate with Lead Entity if child moves outside of assigned HHP service area to reduce service disruption

# Refusal of Member Assignment

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- A HHP may not refuse to accept a member assigned by any Lead Entity with which the HHP contracts for Health Home services, except for limited reasons
- Reasons include (but are not limited to):
  - Member has been previously discharged by the HHP with applicable notice in writing
  - Member resides outside the HHP service area
  - Member is outside the age range parameters set by the HHP
  - HHP has reached capacity
  - HHP is a Tribal 638/Indian Health Facility & wishes to limit services to Native Americans
  - HHP is an I/DD provider and wishes to limit activities to that population

# Refusal of Member Assignment

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- All other reasons for refusing to serve a potential Health Home member must be approved by the State Health Homes Manager & the Lead Entity
- HHP Member Assignment Refusal Form will be available on the KanCare website
- Details also included in contracts between Lead Entities and HHPs

# Enrollment/Disenrollment

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- Lead Entity notifies HHP of member assignment – this triggers Health Action Plan process
- Lead Entity processes requests for change in HHP assignment at any time during eligibility
- Lead Entity coordinates transfer of information when Health Home members change KanCare MCOs
- HHP can remain the same if partnered with both MCOs

# Enrollment/Disenrollment

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- Reasons for discharge or disenrollment:
  - Member chose to ‘opt out’
  - Member has a catastrophic illness or event that makes it unlikely the member will continue to benefit from Health Homes
  - Member poses a danger to himself or herself, or to HHP staff
- To officially discharge or disenroll a member, the HHP must submit a completed Health Home Discharge Form to the Lead Entity and send a copy to the State Health Homes Manager.
- Members losing Medicaid eligibility due to unmet spend down will not require a HH Discharge form but must be informed that they must meet spend down requirement prior to reinstatement

# Member Referral

# Member Referral Process

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## Hospitals

- Mandated by ACA to refer individuals with chronic conditions who see or need treatment in an emergency department

## Other Medicaid Providers

- May refer Medicaid members through their MCO if they meet Health Home requirements

## Kansas Health Homes Referral Form:

[http://www.kancare.ks.gov/health\\_home/providers\\_materials.htm](http://www.kancare.ks.gov/health_home/providers_materials.htm)

# Kansas Health Home Referral Form

## Kansas Health Home Referral Form



<b>Directions: Please complete sections 1 through 5 and send via fax, email, or standard mail to:</b>		
Amerigroup 9225 Indian Creek Pkwy, Ste. 400 Overland Park, KS 66102 Member Services: 1-800-600-4441 Fax: TBD	Sunflower State Health Plan 8325 Lenexa Dr. Lenexa, KS 66214 Member Services: 1-877-644-4623 Fax: TBD	United Health Care 9900 W. 109 <sup>th</sup> St. #200 Overland Park, KS 66210 Member Services: 1-877-542-9238 Fax TBD:
<b>Current MCO assignment:</b> <small>MCO Assignment</small> Choose an item. ▾	<b>MCO Member ID#:</b> [REDACTED]	
<b>Section 1: Member Information</b>		
Date of referral: <a href="#">Click here to enter a date.</a>		
Medicaid ID# of individual being referred: [REDACTED]		
* If none, please refer individual for Medicaid eligibility determination		
Name of individual being referred: [REDACTED]		
Date of Birth: [REDACTED]		
Address: [REDACTED]		
Phone: [REDACTED]		
Email: [REDACTED]		
Name of Referring Organization: [REDACTED]		
Name of Individual submitting the referral: [REDACTED]		
Address: [REDACTED]		
Phone: [REDACTED]		
Email: [REDACTED]		

# Kansas Health Home Referral Form

**Section 2: Has your patient/client/consumer been diagnosed with any of the following chronic conditions?  
(check all that apply)**

- 295.xx : Schizophrenia
- 296.xx : Bipolar disorder and major depression disorders
- 297.xx : Delusional disorders
- 298.xx : Other nonorganic psychoses
- 299.10 : Child disintegrative disorder current or active
- 299.11 : Child disintegrative disorder residual state
- 300.3 : Obsessive-compulsive disorder
- 301.4 : Obsessive-compulsive personality disorder
- 301.0 : Paranoid Personality disorder
- 301.2 : Schizoid Personality disorder
- 301.22 : Schizotypal Personality disorder
- 301.83 : Borderline Personality disorder
- 309.81 : Post-traumatic stress disorder
- 250.xx : Diabetes
- 790.29 : Pre-diabetes/ Other abnormal glucose
- 648.00 : Diabetes mellitus complicating pregnancy childbirth
- 648.8 : Abnormal glucose tolerance/Gestational Diabetes
- 277.7 : Dysmetabolic syndrome
- 493.xx : Asthma

# Kansas Health Home Referral Form

<b>Section 3: Clinically Documented Risk Factors in the last 24 months</b>	
<input type="checkbox"/>	Hypertension
<input type="checkbox"/>	Overweight
<input type="checkbox"/>	Substance Use
<input type="checkbox"/>	Coronary Artery Disease (CAD)
<input type="checkbox"/>	Tobacco Use Disorder
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Second Hand Tobacco Smoke
<input type="checkbox"/>	Uncontrolled Diabetes
<input type="checkbox"/>	Environmental Exposure to one or more of the following: Air pollution, industrial/chemical toxins, dust mites, pets, mold, pollen
<b>Section 4: Hospital Utilization</b>	<input type="checkbox"/> Hospital utilization information not available
<b>Emergency Department Visits:</b>	<b>Inpatient Admissions:</b>
<input type="checkbox"/> > 1 ED visit for asthma or related complication within the past 12 months	<input type="checkbox"/> > 1 asthma admission or related complication within the past 12 months
<input type="checkbox"/> > 1 ED visit for diabetes or related complication within the past 12 months	<input type="checkbox"/> > 1 diabetes admission or related complication within the past 12 months
<b>Section 5: Quality of Care Indicators</b>	<input type="checkbox"/> Quality of Care Indicator information not available
<input type="checkbox"/>	No evidence of inhaled steroid prescription in last 12 months
<input type="checkbox"/>	Evidence of < 1 rescue medication prescription in the prior 6 months
<input type="checkbox"/>	No HbA1c in the prior 12 months
<input type="checkbox"/>	No LDL Cholesterol test in the prior 12 months
<input type="checkbox"/>	No HDL/Triglyceride cholesterol test in the prior 12 months
<input type="checkbox"/>	Top 25 % of Lead Entity risk score for primary condition
<input type="checkbox"/>	Non adherence to medication regimen

# Kansas Health Home Referral Form

TO BE COMPLETED BY MCO

## Section 6: Eligibility Criteria

- Medicaid Eligible (KMAP)
- Member has two chronic conditions or has one chronic condition and at risk for another (CC HH)
- Member has at least one Serious Mental Illness (SMI HH)
- Member does not meet eligibility criteria.

Reason for ineligibility:

## Section 7: MCO Follow-Up

Date referral received: [Click here to enter a date.](#)  
Date referral reviewed: [Click here to enter a date.](#)  
Name of Health Home Partner (HHP):   
HHP Contact Name:   
HHP accepts referral:  Yes  No  
HHP start date: [Click here to enter a date.](#)  
Date response letters mailed: [Click here to enter a date.](#)

MCO Representative name:   
Title:   
Phone number:

Corresponding follow up letters:

- Health Home Member Welcome Letter
- Health Home Partner Welcome Letter
- Health Home Referral Letter (if other than HHP)

# Questions?

# Contact Information

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**Samantha Ferencik – KDHE**

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**Leslie Banning – Amerigroup**

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**Ben Pierce – United Healthcare**

[uhckshealthhomes@uhc.com](mailto:uhckshealthhomes@uhc.com)

# Save the Dates! *(All sessions 12-1 p.m.)*

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- Mar 25 – Payment Structures for SPA 1 & 2
- Apr 22 – Health Action Plan: Step by Step
- Apr 29 – Health Information Technology Basics
- May 20 – TBD
- May 27 - TBD

**Thank you for  
participating!**