



Healthy Blue

Connecting nursing facilities and care coordinators

Kansas | Healthy Blue | Medicaid

Enhancing collaboration and strengthening communication

Effective communication is key to successful collaboration between nursing facilities and Care Coordinators (CCs). Working together smoothly ensures members get the best care. Here’s how we can improve our communication efforts:

Key Definitions

- Plan of Service (POS): Records all preferences, services, communications, and interests for returning to the community.
- Health Risk Assessment (HRA): A questionnaire to help us understand an individual’s health status.
- Health Screen Assessment (HSA): An initial, brief health questionnaire for all members, conducted by a care coordinator to determine the appropriate course of action for care.
- Healthy Blue: Managed Care Organization to which the individual is assigned.
- Nursing Facility (NF).

Care coordination	Interaction with members	Interaction with the facility
On-site visits	Care Coordinators will meet with Healthy Blue members at least once a year for assessments. We will educate members about the benefits, resources, and referrals available through Healthy Blue, making sure they have access to all the services intended to improve their well-being.	As the provider, your relationship with the members offers valuable insights into their specific support needs and preferences. We conduct on-site visits during new member assignment, request access to necessary records, and confirm the point of contact for the member. We will collaborate with your team to accurately assess the overall health and needs of the members, helping to identify and address any gaps in care. Your cooperation is essential to achieving the best possible outcomes for our members.
Healthy Blue assessments	Annual assessments include HRA/HSA and a POS to evaluate the members’ overall health, needs, and goals. We help members understand resources	We work with your team to ensure assessment accuracy, identify challenges in meeting member needs, and help troubleshoot solutions.

	and take steps toward reaching their goals.	We aim to enhance communication and support in addressing any challenges faced by members and the nursing home team.
Community transitions	We work with members and their support systems to help them navigate State Programs after leaving a nursing home. This includes providing education, active discharge planning, resource identification, and coordinating with your nursing home team and selected community providers. Based on post-discharge needs and available programs, Healthy Blue offers ongoing support to ensure a smooth and safe transition back to the community.	Please notify your Care Coordinator of any potential transitions to the community. Early notification allows for safe transition planning. Our Care team will facilitate and educate on the State Waiver process. Healthy Blue does not determine eligibility, we provide support and updates at each stage of the process. We also help to connect to other internal resources if additional support is potentially needed post-discharge.
Ongoing support	The Care Coordination team will continuously support members to improve their healthcare experience, meet their needs, and achieve their goals.	We will collaborate with your staff whenever ongoing support needs are identified to ensure timely responses to member requests, including coordinating additional in-person or phone visits, assisting with institutional transitions, helping obtain VABs, identifying community resources, and discussing eligible Healthy Blue benefits.
Monthly facility outreach	Needs will be addressed as they arise, whether identified by the member, the Care Coordinator, or the Nursing Facility (NF) team.	Monthly outreach aims to enhance communication and collaboration between Healthy Blue and the Nursing Facility (NF) team. Care Coordinators will share a monthly census that includes Healthy Blue members, covering all inpatient stays, hospice elections, identified needs, and records of any deaths.

Support

- Keep contacts up to date: Whenever there are changes in your nursing facility's administration staff, please promptly update your Care Coordinator with the new

contacts, including phone numbers and email addresses. This helps ensure smooth communication and quick responses when needed.

- Leverage care coordinator support: Your Care Coordinator is always available to help with any member needs. Feel free to reach out for support—our common goal is to deliver thorough and compassionate care.

Contact us:

- **Provider Relations:** LTSSProviderRelations@HealthyBlueKansas.com
- **Care Coordination:** KSLTSSCoordination@HealthyBlueKansas.com
- **Transition Specialist:** InstitutionalTransitions@HealthyBlueKansas.com
- **Member Services/ Provider Services: 833-838-2595**
- [Provider Relations Map](#)

You can contact your assigned Provider Relations Representative by emailing LTSSProviderRelations@HealthyBlueKansas.com or by using the LTSS PR Map located at HealthyBlueKansas.com/Provider/state-federal/patient-care/management/long-term-services-supports.

FAQ

Will these coordinators visit the facility, and if so, how often?

Yes. Coordinators will initiate outreach within three business days of receiving notification. We meet at least annually or as often as the members' needs dictate.

Is it possible to have multiple coordinators at our facility?

Healthy Blue assigns a primary care coordinator and Provider Relations account manager to each facility to oversee long-term resident care. Additionally, if a member is in for a short-term stay or if the primary contact is unavailable, other Healthy Blue team members may step in to provide the necessary support.

What activities will the coordinators be doing when they are at our facility?

The coordinators focus on completing assessments, gathering information, and meeting the residents' needs to ensure that the services provided are tailored to their specific requirements. You might see them talking directly with the residents and their families, reviewing medical records, or asking staff clarifying questions about their care. Coordinators need access to the facility care plan so they can request to see it or have a copy. However, coordinators are NOT direct care clinicians and cannot provide direct member care. Their goal is to be minimally intrusive to the nursing facility staff's work.

How can I assist the coordinator if they ask me questions?

The coordinator's goal is to help care for the residents, so they want to talk to you to better understand their needs. Since the facility staff are closest to the residents and know their needs better than most, you are an essential part of the assessment. Providing relevant historical information about a resident or guiding the coordinator to where specific information is located would be helpful.

In what ways can this person assist?

The coordinators are ideal for helping navigate the complex benefits system available to each Healthy Blue member, making them a valuable resource for your team when seeking services for your members, especially those being discharged home.

How will this impact the way I care for my residents?

Use Care Coordinator Support: Your Care Coordinator is always available to help with any member's needs. Don't hesitate to contact them for assistance—our common goal is to deliver comprehensive and compassionate care.

What should I do if I need help with billing or have a denied claim?

You have a dedicated provider relations contact who is trained to offer technical assistance, in-depth training on billing, payer portal navigation, and support with authorization questions, claims, and more.