OneCare Model of Care

2025

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Learning Objectives

- After completing the module, you will be able to:
  - Define OneCare and Model of Care (MOC).
  - Identify the four core elements of the OneCare MOC.
  - Describe eligibility for OneCare participation and identify specialized services for most vulnerable OneCare members.

    Define Care Coordination, Health Risk Assessment (HRA), Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT).
  - Understand the essential role of the contracted network of providers, adherence to care standards and oversight.
  - Describe the Quality Measurement and Performance Improvement outcomes of the MOC.

    Define how MOC effectiveness is measured.

Course Content

- OneCare Model of Care Overview
- OneCare Population
- Care Coordination
- Care Staff Roles and Responsibilities
- Key Components
  - Health Risk Assessment
  - Individualized Care Plan
  - Interdisciplinary Care Team
- Specialty Programs
- Evaluating the Model of Care
- Communication Processes and Methods
- Updates to D-SNP - 2025

Content of this course was current at the time it was published. As Medicare policy changes frequently, check with your immediate supervisor regarding recent updates.

Overview

- The Centers for Medicare and Medicaid Services (CMS) require:
  - All Medicare Advantage Special Needs Plans (MA-SNP) to have a Model of Care (MOC).
  - All employed and contracted personnel and providers of the MA D-SNP are to be trained on the MOC.
  - The OneCare MOC is CalOptima Health's "road map" for care management policies, procedures, and operational systems.
- This course describes the OneCare MOC and how CalOptima Health and the network of contracted providers work together to ensure the success of the MOC and enhance the coordination of care for the members.

OneCare
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References

- CalOptima Health Policy GG.1204: Clinical Practice Guidelines
- CalOptima Health Policy EE.1103: Provider Network Training
- CalOptima Health Policy MA.6032: Model of Care
- CalAIM Dual Eligible Special Needs Plans: Policy Guide: Contract Year 2025

What is OneCare?

- OneCare is:
  - CalOptima Health's Medicare Advantage Special Needs Plan
    - Also known as:
      - HMO-SNP
      - SNP-plan
      - D-SNP (Duals Special Needs Plan)
  - Serves people:
    - Eligible and enrolled in CalOptima Health for both Medicare and Medi-Cal (Medicaid) benefits
    - Residing in Orange County
    - Age 21 and older

Model of Care (MOC)

- A document required by Centers for Medicare and Medicaid Services (CMS) for a D-SNP
  - Defines the care management policies, procedures and operational systems for OneCare
  - Is "member-centric" with the ongoing focus on the member and the member's family/caregiver
- Four core elements are:
  - Population description of SNP
  - Care coordination
  - Provider network
  - Quality measurement and performance improvement

Authorities

- H5433_2025 D-SNP MOC final

Acronyms List

PCC	Personal Care Coordinator
PCP	Primary Care Physician
PI	Performance Improvement
QM	Quality Measurement
RN	Registered Nurse
SNF	Skilled Nursing Facility
SNP	Special Needs Plan
SUD	Substance Use Disorder
UMC	Utilization Management Committee

OneCare Population

- OneCare population description includes:
  - Eligibility to participate
  - Social, cognitive and environmental factors; living conditions; and co-morbid conditions of members
  - Medical and health conditions impacting members
  - Unique characteristics of the population
  - Identification of the most vulnerable members of OneCare with specialized services listed for these members

OneCare Population (cont.)

- OneCare's most vulnerable members are the following special populations:
  - Frail and/or disabled
  - Experiencing or at risk for Homelessness
  - At risk for avoidable hospital or ED admission
  - Serious mental illness and/or Substance Use Disorder (SUD)
  - At risk for institutionalization or long-term care
  - Eligible for Palliative Care (Medi-Cal disease-specific criteria)
  - Homebound
  - Cognitive impairment (Alzheimer's, related dementias or documented dementia care needs)

Acronyms List

HRA	Health Risk Assessment
ICP	Individualized Care Plan
ICT	Interdisciplinary Care Team
IHSS	In-Home Supportive Services
LCSW	Licensed Clinical Social Worker
LTSS	Long-Term Services and Supports
MAC	Member Advisory Committee
MOC	Model of Care
MSSP	Multi-Purpose Senior Services Program
PAC	Provider Advisory Committee

Acronyms List

ADRD	Alzheimer's Disease and Related Dementias
CBAS	Community-Based Adult Services (formerly Adult Day Care)
CMS	Centers for Medicare and Medicaid Services
CS	Community Supports
DME	Durable Medical Equipment
ECM	Enhanced Care Manageemnt
QAC	Quality Assurance Committee
HEDIS	Health Care Effectiveness Data and Information Set
HIPAA	Health Insurance Portability and Accountability Act

Knowledge Check

1. What does the acronym OC MOC mean?
    a. Orange Coast Care Model of Orange County
    b. Open Care Coordinator Model of Orange County
    c. OneCare Model of Care
    d. OneCare Medicare Order for Care
2. Care coordination is one of the four core elements of the MOC
    a. True
    b. False

Knowledge Check (cont.)

3. OneCare vulnerable members include those who are:
   a. Frail and/or disabled
   b. Serious mental illness and/or Substance Use Disorder
   c. Homebound
   d. All of the above

Model of Care Summary

- OneCare's Model of Care:
  - Defines and creates a comprehensive strategy and infrastructure for care of our members
  - Meets the unique needs of the dual-eligible population by:
    - Setting agency-wide strategic goals
    - Contracting with expert practitioners
    - Striving to meet each member's unique medical, psychosocial, functional and cognitive needs

Caregiver Services

- Health Risk Assessment must identify if the member has a caregiver
- If member identifies a caregiver, the caregivers support needs should be included as part of the assessment process using a validated caregiver assessment tool.
- Caregivers should be actively engaged in the Member's Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT) process.

Knowledge Check - Answers

1. c. OneCare Model of Care
2. a. True
3. d. All of the above

Care Coordination

- Care coordination includes:
  - Organization of member care activities
  - Sharing information among all the health care participants involved with a member's care
  - Achieving safer and more effective care
  - Closed-loop coordination of all benefits, including Medicare, Medi-Cal, LTSS
- Main goal of care coordination is:
  - To meet members' needs and preferences in the delivery of high-quality, high-value health care

Updates to OneCare - 2025

- Caregiver Services

Knowledge Check - Answers

1. a. True
2. d. All of the above
3. b. False

Care Coordination (cont.)

- Care coordination components include:
  - Staff structure
    - Administrative, clinical, and oversight roles specific to OneCare including a Personal Care Coordinator (PCC)
  - Health Risk Assessment (HRA)
    - Assessment of the OneCare members' health and social needs
  - Interdisciplinary Care Team (ICT)
    - The ICT includes the member's PCP, Case Manager, and others, as appropriate. Each OneCare member has a care team to ensure care coordination occurs in a structured collaborative process. The team is involved in the creation and updates of the ICP. They may have formal meetings as needed to discuss the member's care, review the ICP and ensure care coordination occurs as appropriate.

Care Coordination (cont.)

- Care coordination components include:
  - Individualized Care Plan (ICP)
    - A plan of care for the OneCare member based on information from the HRA
  - Care transition protocols
    - Guidelines on how to manage the OneCare member across the care continuum

Knowledge Check (cont.)

3. OneCare develops their own quality improvement measures to measure performance and health outcomes.
   a. True
   b. False

Knowledge Check

1. CalOptima Health monitors network adequacy to ensure members have access to care.
   a. True
   b. False
2. Specialty programs or services for OneCare members include:
   a. Behavioral health
   b. Health education
   c. Durable Medical Equipment (DME)
   d. All of the above

Staff Structure and Roles

- Organized to align with essential care management roles:
  - Administrative
  - Personal Care Coordinator (PCC)
    - At CalOptima Health
    - At contracted health networks
  - Clinical
  - Oversight

Administrative

- Manages:
  - Enrollment
  - Eligibility
  - Claims
  - Grievances and provider complaints
  - Information communication
  - Collection, analysis, and reporting of performance and health outcomes data

Communication Processes and Methods

- Utilizes an integrated system of communication for members and providers on both a scheduled and as needed basis
- Methods include:
  - Member newsletters
  - CalOptima Health website
  - Networking and focus group sessions
  - Conferences: face-to-face, telephonic, electronic
  - Committees:
    - Utilization Management Committee (UMC)
    - Quality Assurance Committee (QAC)
    - Member Advisory Committee (MAC)
    - Provider Advisory Committee (PAC)

OneCare Clinical Guidelines

- Supports the physician management of chronic conditions
  - Disseminates best practices, evidence-based guidelines
  - Shares provider tool kits to promote education and adherence

Personal Care Coordinator (PCC)

- At CalOptima Health
  - Administers the HRA for each member
    - Initial and annual
    - May be face-to-face, virtual, telephonic, or paper-based
    - Enters HRA responses into data platform for RN review
    - Note — HRA collection not delegated to the health networks
  - Communicates key event triggers to the health network
    - For example, significant changes in a member's medical condition
  - Conducts warm transfer calls of the member to the health network
  - Maintains knowledge of all benefits including Medicare, Medi-Cal, and LTSS

PCC (cont.)

- At a health network:
  - Member's point of contact and liaison between the member, provider, health network and CalOptima Health
  - Role:
    - Guides member in understanding and accessing their benefits with awareness of all Medicare, Medi-Cal and LTSS benefits
    - Schedules, facilitates, and participates in ICT meetings, as appropriate
    - Assists member with scheduling appointments, facilitate referrals
    - Assists with coordination of member's health care needs
    - Notifies member's care team of key events
    - Facilitates communication of ICP to Primary Care Provider (PCP) and other care team members, including member

Measurement of Effectiveness

- Evaluates measures of effectiveness by collecting and reporting data on:
  - Improvement in access to care
  - Improvement in member health status
  - Staff implementation of MOC
  - Comprehensive HRA
  - Implementation of ICP
  - Provider network of specialized expertise
  - Application of evidence-based practice
  - Improvement of member satisfaction and retention

Measurable Goals

- Evaluates measurable goals that:
  - Improve coordination of care
  - Appropriate utilization of services for preventative health and chronic conditions
  - Improve member experience
  - Enhanced care transitions across all healthcare settings and providers

Clinical Staff

Examples of clinical staff may include:

- PCP
- Registered Nurse (RN) Case Manager
- Licensed Clinical Social Worker (LCSW) or Masters in Social Work (MSW)

Roles:

- Advocate for, inform and educate members
- Coordinate care
- Identify and facilitate access to community resources
- Educate members on health risks and management of illnesses
- Empower members to be advocates of their health care
- Maintain and share records and reports
- Assure HIPAA (Health Insurance Portability and Accountability Act) compliance

Oversight

- CalOptima Health and the health networks collaborate to support the MOC.
- Role:
  - Monitor MOC implementation
  - Evaluate effectiveness of the MOC
  - Assure licensure and competency
  - Assure statutory and regulatory compliance
  - Monitor contractual and delegated services
  - Monitor Interdisciplinary Care Teams
  - Assure timely and appropriate delivery of services
  - Assure providers use evidence-based clinical practice guidelines
  - Assure seamless transitions and timely follow-up

Performance Measurement

- Uses standardized quality improvement measures to measure performance and health outcomes such as:
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Disease management measures
  - Utilization management measures
  - Member satisfaction (surveys)
  - Provider satisfaction (surveys)
  - Ongoing monitoring of complaints and grievance summaries
  - Tracking and assessing completion of MOC training

Evaluating the Model of Care (cont.)

- Methods include:
  - MOC Quality PI Plan
  - Measurable goals and health outcomes measurements
  - Measuring patient experience of care
  - Ongoing performance improvement evaluation
  - Dissemination of SNP quality performance related to the MOC

Health Risk Assessment

- Process:
  - CalOptima Health PCC:
    - Administers initial HRA and annual HRA for each member
    - Uses a standardized HRA tool
      - Note — HRA completion is not delegated to health network
  - May be completed face-to-face, virtual, telephonic, or paper-based
  - Identified care needs are categorized into Care Domains:
    - Physical Health, Behavioral Health, LTSS, Access to Care, Care Coordination, and promotion of Self-Management/Health and Wellness Monitoring

Health Risk Assessment (cont.)

- Process (cont.):
  - Used by clinical staff to evaluate the medical, psychosocial, cognitive, functional needs, identify any engaged caregiver and caregiver support needs, and current services received with medical and behavioral health history
    - Caregivers should be actively engaged in the member's ICP and ICT. HRAs must directly inform the development of member's ICP and ICT.
  - Used to develop a member's Individual Care Plan (ICP)

Evaluating the Model of Care

- CMS defines processes and tools to measure health care outcomes.
  - Purpose is to ascertain that health plans provide high-quality health care for their members.
- Processes include:
  - Quality measurement (QM)
  - Performance improvement (PI)

OneCare Programs and Services (cont.)

- Disease management and health education programs
- Community-based resources, such as:
  - Aging & Disability Resource Connection of Orange County (ADRCOC)
  - Alzheimer's OC
  - Multi-Purpose Senior Services Program (MSSP)
  - Office on Aging (OOA)
  - Dayle McIntosh Center (Independent Living Center)

Interdisciplinary Care Team

- Role and process:
  - All OneCare members have an Interdisciplinary Care Team
  - Includes the member's medical, behavioral, and ancillary providers
  - Convenes as appropriate to manage the member's care and assure care coordination
  - Analyzes and incorporates the results of the initial or annual HRA into the ICP, utilizing evidence-based guidelines
  - Collaborates to develop the member's ICP annually, or to update the member's ICP with changes in health care status
  - Manages the medical, cognitive, psychosocial, and functional needs of each member

Interdisciplinary Care Team (cont.)

- Role and process (cont.):
  - Communicates the ICP to all caregivers for care coordination
  - Provides a copy of the ICP to the member in the member's preferred language, font and print size

OneCare Programs and Services (cont.)

- Referrals to:
  - Community-Based Adult Services (CBAS)
  - In-Home Supportive Services (IHSS)
  - Community Supports (CS)
  - Housing assistance
  - Meals on Wheels
  - Personal finance counseling

OneCare Programs and Services

- OneCare specialty programs and services include:
  - Behavioral health
  - Specialty services:
    - Dialysis
    - Transportation
    - Durable Medical Equipment (DME)
    - Home health
  - Psychosocial programs such as drug and alcohol treatment

Interdisciplinary Care Team (cont.)

- Formal vs. Informal ICT
  - All OC members have an Interdisciplinary Care Team
  - All OC members should have evidence of Informal ICT collaboration
    - Examples include:
      - Collaboration with the PCP and other Specialists
      - Input from members of the ICT into the ICP
  - Formal ICT meetings will be held for:
    - High Risk members
    - Any members enrolled in Care Coordination or Complex Case Management
    - Member identified in a vulnerable population
      - Palliative Care Agency must participate in a Palliative Care ICT for those members enrolled in Palliative Care
    - If member or PCP requests

Composition of the ICT Meeting

- ICT composition is determined by member's needs and preferences

Core Participants:
• Member and/or designated representative • PCP assigned to member • Medical Director • Case Manager • Care Coordinator • Social Worker

Additional Participants:
• Behavioral health specialist • Pharmacist • Therapist (speech and/or physical) • Nutritionist • Appropriate specialist • Health educator • Disease management specialist • LTSS Liaison • Dementia Care Specialist • Palliative Care Provider

OneCare Provider Network (cont.)

- OneCare provider network includes:
  - Primary care providers
  - Specialized expertise:
    - Specialists, hospitalists, pharmacists, crisis teams
    - Skilled nursing facility (SNF)
    - Behavioral health providers
    - Palliative Care Providers
    - Allied health providers, ancillary services
    - Substance abuse detoxification and rehabilitation services
  - Use of evidence-based clinical guidelines and care transition protocols:
    - Formalize oversight of provider network adherence to nationally recognized care standards.

OneCare Provider Network

- CalOptima Health:
  - Contracts with board-certified providers
  - Monitors network providers to assure they use nationally recognized clinical practice guidelines
  - Assures that network providers are licensed and competent through a formal credentialing review
  - Maintains a broad network of specialists that include palliative care, pain management, chiropractors and psychiatrists
  - Monitors network adequacy to ensure access to care
  - Provides training on OneCare MOC for the providers and those who routinely interact with OneCare members:
    - Assures provision and attestation of initial and annual MOC training

LTSS Liaison

- OneCare must have staff to serve as liaisons for the LTSS provider community to help facilitate member care transitions.
- These staff must be trained to identify and understand the full spectrum of Medicare and Medi-Cal LTSS, including home- and community-based services and long-term institutional care, including payment and coverage rules.
- Staff serving as liaisons for the LTSS provider community must participate in the ICT, as appropriate.

Dementia Care Specialists

- OneCare has *Dementia Care Specialists* who have received intensive training through Alzheimer's Orange County.
- The training includes understanding Alzheimer's Disease and Related Dementias (ADRD); symptoms and progression; understanding and managing behaviors and communication problems caused by ADRD; caregiver stress and its management; and, community resources for enrollees and caregivers.
- The Dementia Care Specialist must participate in formal ICT meetings for members with dementia.

Knowledge Check - Answers

1. c. CalOptima Health PCC
2. b. ICT
3. a. True

Knowledge Check (cont.)

3. The purpose of care coordination is to organize and coordinate the member's care activities.
    a. True
    b. False

Dementia Care Specialists (cont.)

- The care team for members with documented dementia care needs must include the member's caregiver and a trained Dementia Care Specialist to the extent possible and as consistent with the member's preferences.
- These ICT members must be included in the development of the member's ICP to the extent possible and as consistent with the member's preference.
- The ICP should also include any referrals to Community Based Organizations such as those serving members with dementia (e.g. Alzheimer's organizations).

Enhanced Care Management (ECM)

- OneCare members may meet the criteria for an ECM population of focus and these members must be provided OneCare case management services called ECM-like.
- OneCare is responsible for providing ECM-like services to members who are eligible and agree to enroll.
- ECM-like services are provided primarily through in-person contact.
- There is overlap with the D-SNP Model of Care and ECM requirements, which could result in confusion for members if they receive services from both programs.

Knowledge Check

1. Who administers the initial HRA?
    a. Member's doctor
    b. Member's caregiver
    c. CalOptima Health PCC
    d. Member's care coordinator
2. Who develops the member's ICP?
    a. Member's care coordinator
    b. ICT
    c. Health network PCC
    d. Member's caregiver

Self-Directed Care

- Self-direction enables members to live independently in their own home and in their community.
- When members self-direct their care, they hire their caregivers and become the caregiver's employer.
- Members decide what services they need, when they need them, and how they would like to receive them.
- Self-Directed Care empowers members to have choice over their own care and lives.

Face-to-Face Requirement

- The main purpose of the face-to-face encounter is to promote and ensure OneCare members are seen and clinically assessed at least annually by their PCP or specialist serving as the PCP.
- OneCare is required to provide a face-to-face encounter for the delivery of health care or care management or care coordination services between the member and a member of their care team or the case management team.
- CalOptima Health will track and monitor OneCare members to ensure they have or are offered a face-to-face encounter at least annually.

Palliative Care

- Palliative Care is available to OneCare members effective 2024.
  - Eligibility criteria is outlined in the D-SNP Policy Guide.
    - D-SNP Policy Guide can be found at DHCS.ca.gov
  - Providers must be educated on the program and process to make referrals.
  - OneCare members enrolled in a Palliative Care program:
    - The Palliative Care Coordinator serves as lead Care Manager.
    - Palliative Care Agency must participate in a Palliative Care ICT.
    - Palliative Care is part of the member's care team.
    - The ICP is developed and updated by, and/or shared with the Palliative Care team as appropriate.

ICP Communication

- The ICP is shared with the PCP with request to review, provide additional feedback if appropriate, and sign the ICP.
- The ICP is also shared with appropriate specialty providers and ICT participants.

Individualized Care Plan (ICP)

- Process:
  - Developed by ICT for **each** OneCare member
  - Includes the member's personalized goals and objectives, specific services and benefits and measurable outcomes
  - Goals and objectives prioritized by the member's preference
  - Written ICP communicated to member, caregivers and providers
  - Members and/or caregivers (at member request) given a copy of the ICP and asked to sign off
  - Written ICP reviewed and revised annually by PCP or ICT or when health status changes
  - Accessible to all care providers
  - Records maintained per HIPAA and professional standards

Dementia Care Aware

- The Dementia Care Aware training and resources are available to support providers when detecting cognitive impairment.
- Face-to-Face encounters and/or responses to the HRA may indicate potential cognitive impairment.
  - Members should be referred to their providers for further diagnostic evaluation when appropriate.
  - Providers should conduct a full diagnostic workup when memory concerns are identified.

Continuity of Care

- May be telephonic requests from Member, Authorized Representative, or treating Providers.
  - Includes DME and Medical Supply Providers.
- Requests will be completed within:
  - 30 calendar days from request;
  - 15 calendar days if Member's medical condition requires immediate attention; or
  - 3 calendar days if there is risk of harm to the Member.
- Member notification within 7 calendar days of completion.

Continuity of Care (cont.)

- Must notify Member 30 calendar days before the end of the continuity of care period.
- Must allow the Member to continue treatment for up to the 12-month continuity of care period.

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CalOptima Health Community Network (CHCN) Annual Education

2025 Provider Training

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

References

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- CalOptima Health Policy EE.1103: Provider Network Training
- CalOptima Health Policy MA.6032: Model of Care
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Authorities

- H5433_2025 D-SNP MOC final

CalOptima Health

CalOptima Health Delivery Model

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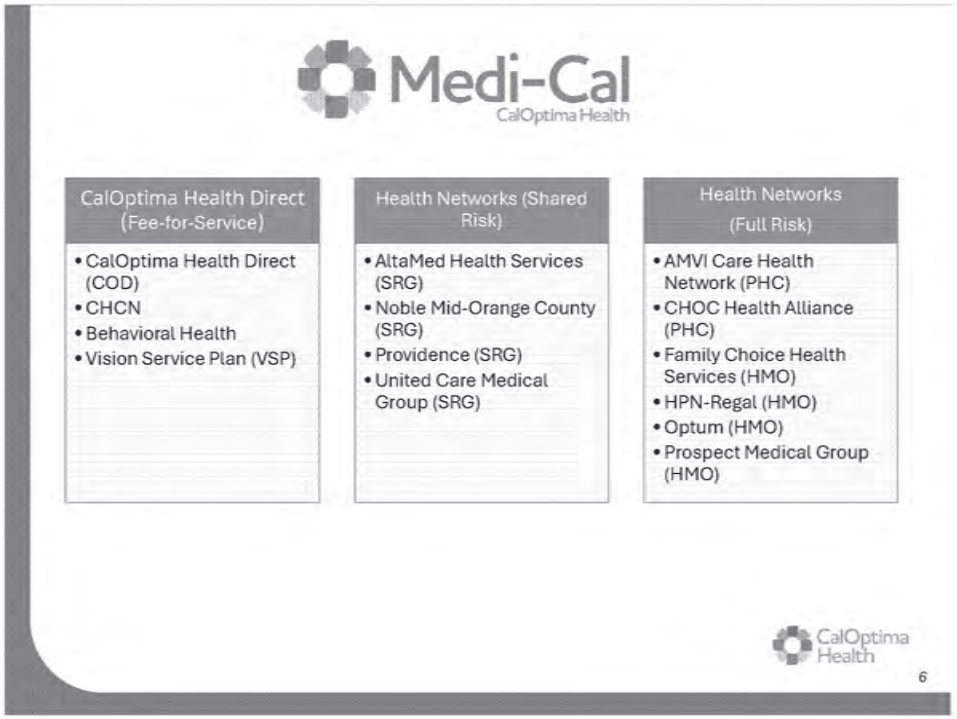
CalOptima Health Programs

CalOptima Health

Medi-Cal CalOptima Health OneCare CalOptima Health PACE CalOptima Health



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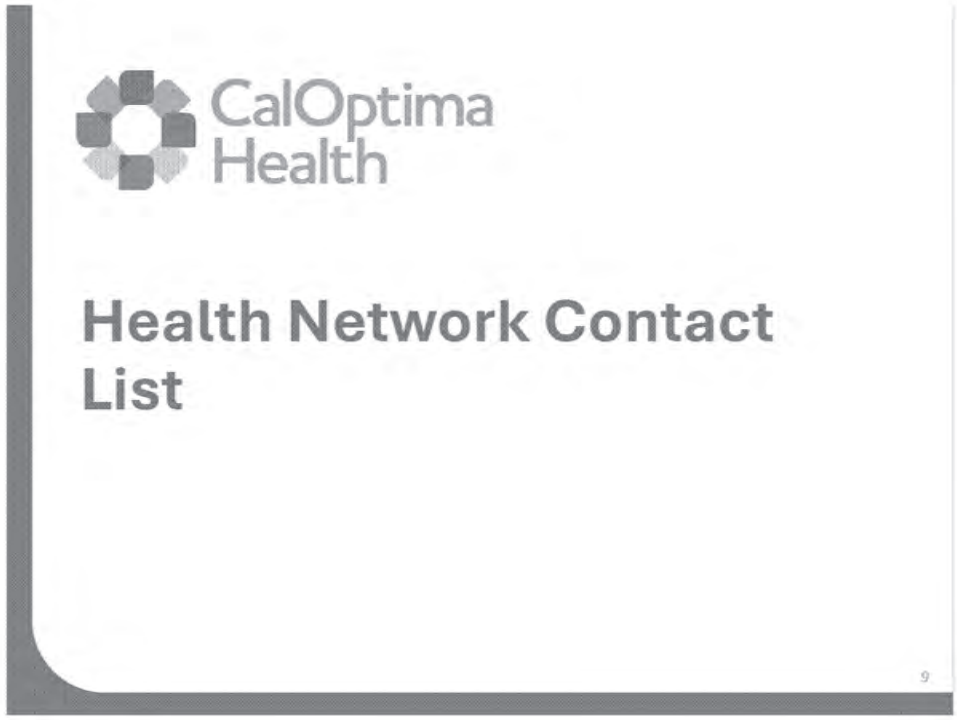
- If member identifies a caregiver, the caregivers support needs should be included as part of the assessment process using a validated caregiver assessment tool.
- Caregivers should be actively engaged in the Member's Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT) process.

Updates to OneCare - 2025

- Caregiver Services



Health Networks Contact List

Health Network	Phone Number	First Press	Second Press
AltaMed Health Services	866-880-7805	1 (English)	2 (Provider)
AMVI Care Health Network	888-747-2684	1 (Provider)	
CalOptima Health Community Network	714-246-8500	1 (English)	2 (Provider)
CHOC Health Alliance	800-387-1103	1 (Claims) 2 (Referrals/Authorizations) 3 (Other)	
Family Choice Health Network	800-611-0111	1 (English)	2 (Provider)

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Knowledge Check - Answers

1. a. True
2. d. All of the above
3. b. False

Knowledge Check (cont.)

3. OneCare develops their own quality improvement measures to measure performance and health outcomes.
    a. True
    b. False

Health Networks Contact List (cont.)

Health Network	Phone Number	First Press	Second Press
HPN-Regal Medical Group	800-747-2362	1 (English)	2 (Provider)
Noble Mid-Orange County	888-880-8811	1 (English)	2 (Provider)
Optum	888-656-7523	1 (English)	
Prospect Medical Group	800-708-3230	1 (Provider)	
Providence	855-359-6323	3 (Provider)	
United Care Medical Group	877-225-6784	1 (Provider)	

CalOptima Health

Fraud, Waste and Abuse and Compliance Training

12

Knowledge Check

1. CalOptima Health monitors network adequacy to ensure members have access to care.
   a. True
   b. False
2. Specialty programs or services for OneCare members include:
   a. Behavioral health
   b. Health education
   c. Durable Medical Equipment (DME)
   d. All of the above

Communication Processes and Methods

- Utilizes an integrated system of communication for members and providers on both a scheduled and as needed basis
- Methods include:
  - Member newsletters
  - CalOptima Health website
  - Networking and focus group sessions
  - Conferences: face-to-face, telephonic, electronic
  - Committees:
    - Utilization Management Committee (UMC)
    - Quality Assurance Committee (QAC)
    - Member Advisory Committee (MAC)
    - Provider Advisory Committee (PAC)

Fraud, Waste and Abuse (FWA)

- What is Fraud, Waste and Abuse?
  - Fraud is an intentional or deliberate act to deprive another of property or money by deception or other unfair means. The ways in which fraud occurs are as unique as the individual perpetrators, their motives and the situations they exploit. For the purposes of this training, fraud is intentionally submitting false information to the government (including situations in which you should have known the information was false) to get money or a benefit

Fraud, Waste and Abuse (FWA) (cont.)

- What is Fraud, Waste and Abuse?
  - Waste includes practices that, directly or indirectly, result in unnecessary costs to federally funded programs, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources
  - Abuse includes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs. Abuse involves paying for items or services when there is no legal entitlement to that payment

CalOptima Health

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OneCare Clinical Guidelines

- Supports the physician management of chronic conditions
  - Disseminates best practices, evidence-based guidelines
  - Shares provider tool kits to promote education and adherence

Measurement of Effectiveness

- Evaluates measures of effectiveness by collecting and reporting data on:
  - Improvement in access to care
  - Improvement in member health status
  - Staff implementation of MOC
  - Comprehensive HRA
  - Implementation of ICP
  - Provider network of specialized expertise
  - Application of evidence-based practice
  - Improvement of member satisfaction and retention

Fraud, Waste and Abuse (FWA) (cont.)

- Potential FWA cases can be referred to CalOptima Health's Special Investigations Unit (SIU) by:
  - Emailing the Suspected Fraud or Abuse Referral Form to fraud@caloptima.org
  - Calling the anonymous Compliance and Ethics Hotline at **855-507-1805**
  - Anonymously mailing:

    CalOptima Health SIU

    505 City Parkway West

    Orange, CA 92868

Fraud, Waste and Abuse (FWA) (cont.)

- CalOptima Health will report, as appropriate, to all local, state and federal entities

CalOptima Health

Measurable Goals

- Evaluates measurable goals that:
  - Improve coordination of care
  - Appropriate utilization of services for preventative health and chronic conditions
  - Improve member experience
  - Enhanced care transitions across all healthcare settings and providers

OneCare CalOptima Health

Performance Measurement

- Uses standardized quality improvement measures to measure performance and health outcomes such as:
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Disease management measures
  - Utilization management measures
  - Member satisfaction (surveys)
  - Provider satisfaction (surveys)
  - Ongoing monitoring of complaints and grievance summaries
  - Tracking and assessing completion of MOC training

Provider Overpayment Investigation and Determination

- CalOptima Health may receive complaints of suspected FWA from any of the following sources, including but not limited to:
  - Compliance and Ethics Hotline
  - FWA detection software runs
  - Internal audits
  - Internal operational reviews, such as claims auditing
  - External agencies, including audits conducted by consultants and regulatory agencies (U.S. Department of Justice, Centers for Medicare & Medicaid Services [CMS], Department of Health Care Services [DHCS])

Provider Overpayment Investigation and Determination (cont.)

- CalOptima Health may receive complaints of suspected FWA from any of the following sources, including but not limited to:
  - Pharmacy Benefits Manager (PBM)
  - Compliance Committee
  - Delegation Oversight Committee (DOC)
  - Internal department referrals
  - Any other source that identifies potential FWA

CalOptima Health

Evaluating the Model of Care (cont.)

- Methods include:
  - MOC Quality PI Plan
  - Measurable goals and health outcomes measurements
  - Measuring patient experience of care
  - Ongoing performance improvement evaluation
  - Dissemination of SNP quality performance related to the MOC

OneCare CalOptima Health

Evaluating the Model of Care

- CMS defines processes and tools to measure health care outcomes.
  - Purpose is to ascertain that health plans provide high-quality health care for their members.
- Processes include:
  - Quality measurement (QM)
  - Performance improvement (PI)

Provider Overpayment Investigation and Determination (cont.)

- All referrals of potential FWA is assessed or investigated
- CalOptima Health reports all suspected FWA to the regulatory authorities within the required regulatory timeframes
- For additional information regarding provider overpayment investigation and determination, please review **CalOptima Health Policy HH. 5000: Provider Overpayment Investigation and Determination**

False Claims Act

- CalOptima Health is responsible for establishing policies and communicating information regarding federal and California false claims acts and related whistleblower protection laws to all CalOptima Health employees, members of the governing body, and First Tier, Downstream and Related Entities (FDRs)

CalOptima Health

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OneCare Programs and Services (cont.)

- Disease management and health education programs
- Community-based resources, such as:
  - Aging & Disability Resource Connection of Orange County (ADRCOC)
  - Alzheimer's OC
  - Multi-Purpose Senior Services Program (MSSP)
  - Office on Aging (OOA)
  - Dayle McIntosh Center (Independent Living Center)

OneCare Programs and Services (cont.)

- Referrals to:
  - Community-Based Adult Services (CBAS)
  - In-Home Supportive Services (IHSS)
  - Community Supports (CS)
  - Housing assistance
  - Meals on Wheels
  - Personal finance counseling

False Claims Act (cont.)

- The Federal False Claims Act, 31 U.S.C. Sections 3729 through 3731, and the California False Claims Act, California Government Code, Section 12650 et seq, address penalties for the submission of false claims to the federal government and relator whistleblower protections as discussed in **CalOptima Health Policy HH.5004: False Claims Act Education Addendum A**

False Claims Act (cont.)

- False claims for health care providers can include, but are not limited to:
  - Billing for services that are not medically necessary
  - Billing for a higher level of service and reimbursement than supported by the medical records
  - Double billing
  - Billing for medical items and/or services not provided and/or drugs not administered
  - Billing for brand name drugs when generic drugs are provided

CalOptima Health

OneCare Programs and Services

- OneCare specialty programs and services include:
  - Behavioral health
  - Specialty services:
    - Dialysis
    - Transportation
    - Durable Medical Equipment (DME)
    - Home health
  - Psychosocial programs such as drug and alcohol treatment

OneCare CalOptima Health

OneCare Provider Network (cont.)

- OneCare provider network includes:
  - Primary care providers
  - Specialized expertise:
    - Specialists, hospitalists, pharmacists, crisis teams
    - Skilled nursing facility (SNF)
    - Behavioral health providers
    - Palliative Care Providers
    - Allied health providers, ancillary services
    - Substance abuse detoxification and rehabilitation services
  - Use of evidence-based clinical guidelines and care transition protocols:
    - Formalize oversight of provider network adherence to nationally recognized care standards.

False Claims Act (cont.)

- False claims for health care providers can include, but are not limited to:
  - The offer, payment, solicitation or receipt of monetary or non-monetary remuneration in exchange for the referral of patients, items or services paid for by federal and state health care programs that violate the Anti-Kickback Statute

False Claims Act (cont.)

- False claims for health care providers can include, but are not limited to:
  - The submission of false certifications related to risk adjustment data
  - The submission of false certifications of data and document submissions required by Medicaid managed care regulations
  - The failure to refund known Medicare and/or Medi-Cal overpayments
  - Submitting multiple billing codes instead of one billing code to increase reimbursement (i.e., unbundling)

CalOptima Health

OneCare Provider Network

- CalOptima Health:
  - Contracts with board-certified providers
  - Monitors network providers to assure they use nationally recognized clinical practice guidelines
  - Assures that network providers are licensed and competent through a formal credentialing review
  - Maintains a broad network of specialists that include palliative care, pain management, chiropractors and psychiatrists
  - Monitors network adequacy to ensure access to care
  - Provides training on OneCare MOC for the providers and those who routinely interact with OneCare members:
    - Assures provision and attestation of initial and annual MOC training

OneCare CalOptima Health

Knowledge Check - Answers

1. c. CalOptima Health PCC
2. b. ICT
3. a. True

Compliance Training (cont.)

- Mandatory compliance trainings include:
  - The fundamentals of the compliance program
  - FWA training
  - Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements
  - Ethics
  - High-level overview of the Medicare and Medi-Cal programs

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Knowledge Check (cont.)

3. The purpose of care coordination is to organize and coordinate the member's care activities.
   a. True
   b. False

Knowledge Check

1. Who administers the initial HRA?
    a. Member's doctor
    b. Member's caregiver
    c. CalOptima Health PCC
    d. Member's care coordinator
2. Who develops the member's ICP?
    a. Member's care coordinator
    b. ICT
    c. Health network PCC
    d. Member's caregiver

CalOptima Health

Seniors and Persons With Disabilities (SPD) Training and Resources

SPD

- The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a nondiscriminatory manner

Self-Directed Care

- Self-direction enables members to live independently in their own home and in their community.
- When members self-direct their care, they hire their caregivers and become the caregiver's employer.
- Members decide what services they need, when they need them, and how they would like to receive them.
- Self-Directed Care empowers members to have choice over their own care and lives.

ICP Communication

- The ICP is shared with the PCP with request to review, provide additional feedback if appropriate, and sign the ICP.
- The ICP is also shared with appropriate specialty providers and ICT participants.

SPD (cont.)

- CalOptima Health requires all newly contracted providers to review and understand all training materials within our SPD module
- Locate all training materials at www.caloptima.org

SPD (cont.)

- SPD training module includes:
  - Accommodation Checklist
  - Americans With Disabilities Act Questions and Answers
  - CalOptima Health's Cultural and Linguistics Services Minimum Requirements
  - Deaf and Disabled Telecommunications Program
  - Definitions
  - Disability Etiquette
  - How to Access Interpreter Services
  - Non-Emergency Medical Transportation Authorization Form
  - 10 Skills for Empathetic Listening

CalOptima Health

Individualized Care Plan (ICP)

- Process:
  - Developed by ICT for **each** OneCare member
  - Includes the member's personalized goals and objectives, specific services and benefits and measurable outcomes
  - Goals and objectives prioritized by the member's preference
  - Written ICP communicated to member, caregivers and providers
  - Members and/or caregivers (at member request) given a copy of the ICP and asked to sign off
  - Written ICP reviewed and revised annually by PCP or ICT or when health status changes
  - Accessible to all care providers
  - Records maintained per HIPAA and professional standards

OneCare CalOptima Health

Continuity of Care (cont.)

- Must notify Member 30 calendar days before the end of the continuity of care period.
- Must allow the Member to continue treatment for up to the 12-month continuity of care period.

CalOptima Health

Access Standards

Access Standards

- CalOptima Health adheres to patient care access and availability standards as required by DHCS and the Department of Managed Health Care (DMHC). DHCS and DMHC implemented these standards to ensure that Medi-Cal beneficiaries can get an appointment for care on a timely basis, reach the provider over the phone and access interpreter services, as needed

Continuity of Care

- May be telephonic requests from Member, Authorized Representative, or treating Providers.
  - Includes DME and Medical Supply Providers.
- Requests will be completed within:
  - 30 calendar days from request;
  - 15 calendar days if Member's medical condition requires immediate attention; or
  - 3 calendar days if there is risk of harm to the Member.
- Member notification within 7 calendar days of completion.

Dementia Care Aware

- The Dementia Care Aware training and resources are available to support providers when detecting cognitive impairment.
- Face-to-Face encounters and/or responses to the HRA may indicate potential cognitive impairment.
  - Members should be referred to their providers for further diagnostic evaluation when appropriate.
  - Providers should conduct a full diagnostic workup when memory concerns are identified.

Access Standards (cont.)

- Contracted providers are expected to comply with these appointment, telephone access, practitioner availability and linguistic service standards
- For additional information regarding access standards, please visit www.caloptima.org

Access to Medical Care Example

Type of Care	Wait Time or Availability
Emergency services	Immediately, 24/7
Urgent care services	Within 24 hours of request
Urgent appointment – No prior authorization	Required within 48 hours of request
Urgent appointments – Prior authorization	Required within 96 hours of request
Non-urgent acute care	Within three working days after date of request
Primary care	Within 10 working days after date of request
Routine physical exams and wellness visits	Within 30 calendar days after the date of request

CalOptima Health

Palliative Care

- Palliative Care is available to OneCare members effective 2024.
  - Eligibility criteria is outlined in the D-SNP Policy Guide.
    - D-SNP Policy Guide can be found at DHCS.ca.gov
  - Providers must be educated on the program and process to make referrals.
  - OneCare members enrolled in a Palliative Care program:
    - The Palliative Care Coordinator serves as lead Care Manager.
    - Palliative Care Agency must participate in a Palliative Care ICT.
    - Palliative Care is part of the member's care team.
    - The ICP is developed and updated by, and/or shared with the Palliative Care team as appropriate.

Face-to-Face Requirement

- The main purpose of the face-to-face encounter is to promote and ensure OneCare members are seen and clinically assessed at least annually by their PCP or specialist serving as the PCP.
- OneCare is required to provide a face-to-face encounter for the delivery of health care or care management or care coordination services between the member and a member of their care team or the case management team.
- CalOptima Health will track and monitor OneCare members to ensure they have or are offered a face-to-face encounter at least annually.

Access to Medical Care Example (cont.)

Type of Care	Wait Time or Availability
Non-urgent specialty care	Within 15 working days of request for appointment
Non-urgent ancillary services for diagnosis or treatment	Within 15 working days of request for appointment
In-office wait time for appointments	Less than 45 minutes before being seen by a provider
Rescheduling appointments	Appointments will be rescheduled in a manner appropriate for the member's health care needs and ensures continuity of care is consistent with good professional practice

Access to Medical Care Example (cont.)

Type of Care	
After-hours access	A primary care provider (PCP) or designee shall be available 24/7 to respond to after-hours member calls or a hospital emergency room practitioner
After-hours phone message	After-hours phone message instructing members to dial 911 or go to nearest emergency room (in emergency situations)

CalOptima Health

Enhanced Care Management (ECM)

- OneCare members may meet the criteria for an ECM population of focus and these members must be provided OneCare case management services called ECM-like.
- OneCare is responsible for providing ECM-like services to members who are eligible and agree to enroll.
- ECM-like services are provided primarily through in-person contact.
- There is overlap with the D-SNP Model of Care and ECM requirements, which could result in confusion for members if they receive services from both programs.

Dementia Care Specialists (cont.)

- The care team for members with documented dementia care needs must include the member's caregiver and a trained Dementia Care Specialist to the extent possible and as consistent with the member's preferences.
- These ICT members must be included in the development of the member's ICP to the extent possible and as consistent with the member's preference.
- The ICP should also include any referrals to Community Based Organizations such as those serving members with dementia (e.g. Alzheimer's organizations).

CalOptima Health

COD and CHCN

COD/CHCN Network Structure

- COD is a program CalOptima Health administers for CalOptima Health beneficiaries

CalOptima Health Direct Administrative
Members do not have an assigned PCP

Members have 45 days to choose a health network and PCP

CalOptima Health Community Network
Members have an assigned PCP

Medi-Cal CHCN

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Dementia Care Specialists

- OneCare has *Dementia Care Specialists* who have received intensive training through Alzheimer's Orange County.
- The training includes understanding Alzheimer's Disease and Related Dementias (ADRD); symptoms and progression; understanding and managing behaviors and communication problems caused by ADRD; caregiver stress and its management; and, community resources for enrollees and caregivers.
- The Dementia Care Specialist must participate in formal ICT meetings for members with dementia.

LTSS Liaison

- OneCare must have staff to serve as liaisons for the LTSS provider community to help facilitate member care transitions.
- These staff must be trained to identify and understand the full spectrum of Medicare and Medi-Cal LTSS, including home- and community-based services and long-term institutional care, including payment and coverage rules.
- Staff serving as liaisons for the LTSS provider community must participate in the ICT, as appropriate.

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CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration

- CalOptima Health's Provider Portal has resources and tools to help you:
  - Obtain member eligibility information
  - Submit referrals online
  - View authorization status
  - View claims status
  - Remittance advice
  - And more

CalOptima Health

Composition of the ICT Meeting

- ICT composition is determined by member's needs and preferences

Core Participants:	Additional Participants:
• Member and/or designated representative • PCP assigned to member • Medical Director • Case Manager • Care Coordinator • Social Worker	• Behavioral health specialist • Pharmacist • Therapist (speech and/or physical) • Nutritionist • Appropriate specialist • Health educator • Disease management specialist • LTSS Liaison • Dementia Care Specialist • Palliative Care Provider

Interdisciplinary Care Team (cont.)

- Formal vs. Informal ICT
  - All OC members have an Interdisciplinary Care Team
  - All OC members should have evidence of Informal ICT collaboration
    - Examples include:
      - Collaboration with the PCP and other Specialists
      - Input from members of the ICT into the ICP
  - Formal ICT meetings will be held for:
    - High Risk members
    - Any members enrolled in Care Coordination or Complex Case Management
    - Member identified in a vulnerable population
      - Palliative Care Agency must participate in a Palliative Care ICT for those members enrolled in Palliative Care
    - If member or PCP requests

CalOptima Health Provider Portal Registration (cont.)

- An approved agreement is needed to register for the Provider Portal
- Register at: https://providers.caloptima.org/#/login

CalOptima Health Provider Portal Registration (cont.)

- To ensure HIPAA compliance and allow providers the ability to manage their users, CalOptima Health's Provider Portal requires provider offices and groups to designate a site administrator
- The site administrator has the ability to:
  - View list of users with access
  - Edit user access roles
  - Deactivate users

CalOptima Health

Interdisciplinary Care Team (cont.)

- Role and process (cont.):
  - Communicates the ICP to all caregivers for care coordination
  - Provides a copy of the ICP to the member in the member's preferred language, font and print size

OneCare CalOptima Health

Interdisciplinary Care Team

- Role and process:
  - All OneCare members have an Interdisciplinary Care Team
  - Includes the member's medical, behavioral, and ancillary providers
  - Convenes as appropriate to manage the member's care and assure care coordination
  - Analyzes and incorporates the results of the initial or annual HRA into the ICP, utilizing evidence-based guidelines
  - Collaborates to develop the member's ICP annually, or to update the member's ICP with changes in health care status
  - Manages the medical, cognitive, psychosocial, and functional needs of each member

CalOptima Health Provider Portal Registration (cont.)

- Change in site administrator
  - Notify Provider Relations when a site administrator is no longer employed by the current provider office or group
  - The provider or authorized representative must designate a new site administrator as soon as possible
  - NO SHARING PASSWORDS

CalOptima Health

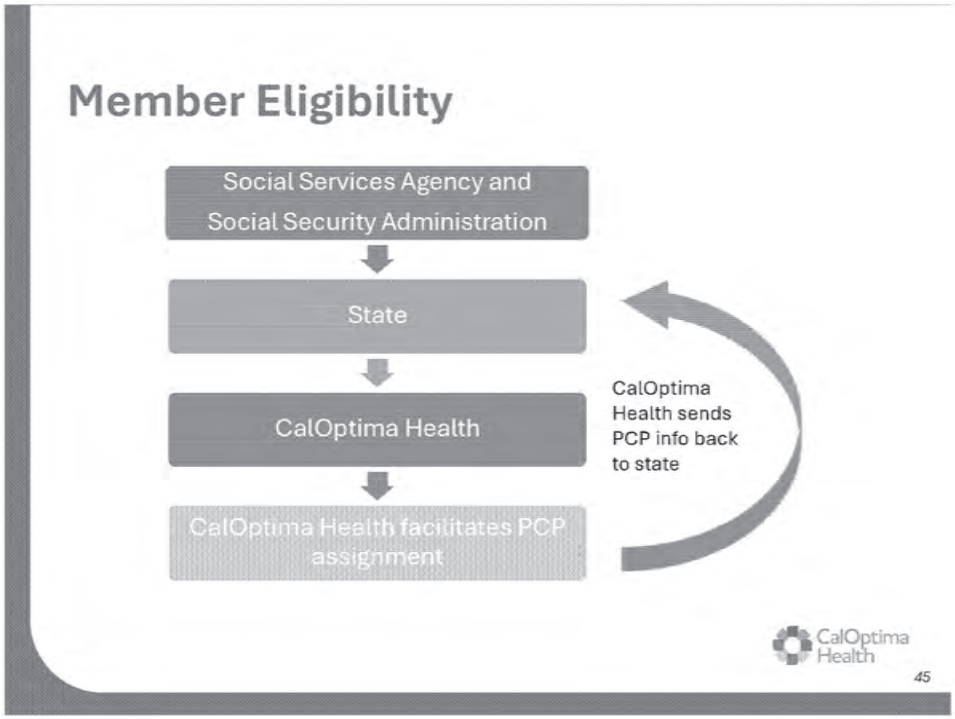
Eligibility

Health Risk Assessment (cont.)

- Process (cont.):
  - Used by clinical staff to evaluate the medical, psychosocial, cognitive, functional needs, identify any engaged caregiver and caregiver support needs, and current services received with medical and behavioral health history
    - Caregivers should be actively engaged in the member's ICP and ICT. HRAs must directly inform the development of member's ICP and ICT.
  - Used to develop a member's Individual Care Plan (ICP)

Health Risk Assessment

- Process:
  - CalOptima Health PCC:
    - Administers initial HRA and annual HRA for each member
    - Uses a standardized HRA tool
      - Note — HRA completion is not delegated to health network
  - May be completed face-to-face, virtual, telephonic, or paper-based
  - Identified care needs are categorized into Care Domains:
    - Physical Health, Behavioral Health, LTSS, Access to Care, Care Coordination, and promotion of Self-Management/Health and Wellness Monitoring



Member Eligibility Verification System

- Providers should always verify eligibility prior to rendering service
- State Eligibility Verification System
  - Medi-Cal website: Providers may verify Medi-Cal eligibility on the Medi-Cal portal at www.medi-cal.ca.gov
  - Automated Eligibility Verification System (AEVS): Call DHCS at 800-456-2387

CalOptima Health

Oversight

- CalOptima Health and the health networks collaborate to support the MOC.
- Role:
  - Monitor MOC implementation
  - Evaluate effectiveness of the MOC
  - Assure licensure and competency
  - Assure statutory and regulatory compliance
  - Monitor contractual and delegated services
  - Monitor Interdisciplinary Care Teams
  - Assure timely and appropriate delivery of services
  - Assure providers use evidence-based clinical practice guidelines
  - Assure seamless transitions and timely follow-up

OneCare CalOptima Health

Clinical Staff

Examples of clinical staff may include:

- PCP
- Registered Nurse (RN) Case Manager
- Licensed Clinical Social Worker (LCSW) or Masters in Social Work (MSW)

Roles:

- Advocate for, inform and educate members
- Coordinate care
- Identify and facilitate access to community resources
- Educate members on health risks and management of illnesses
- Empower members to be advocates of their health care
- Maintain and share records and reports
- Assure HIPAA (Health Insurance Portability and Accountability Act) compliance

Member Eligibility Verification System (cont.)

- CalOptima Health's Eligibility Verification Systems
  - Through Provider Portal
  - CalOptima Health's Interactive Voice Response (IVR) system: Call **800-463-0935** or **714-246-8540**

Identification Card

- CalOptima Health member ID cards are used to help identify members and are **NOT proof of member eligibility**

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PCC (cont.)

- At a health network:
  - Member's point of contact and liaison between the member, provider, health network and CalOptima Health
  - Role:
    - Guides member in understanding and accessing their benefits with awareness of all Medicare, Medi-Cal and LTSS benefits
    - Schedules, facilitates, and participates in ICT meetings, as appropriate
    - Assists member with scheduling appointments, facilitate referrals
    - Assists with coordination of member's health care needs
    - Notifies member's care team of key events
    - Facilitates communication of ICP to Primary Care Provider (PCP) and other care team members, including member

Personal Care Coordinator (PCC)

- At CalOptima Health
  - Administers the HRA for each member
    - Initial and annual
    - May be face-to-face, virtual, telephonic, or paper-based
    - Enters HRA responses into data platform for RN review
    - Note — HRA collection not delegated to the health networks
  - Communicates key event triggers to the health network
    - For example, significant changes in a member's medical condition
  - Conducts warm transfer calls of the member to the health network
  - Maintains knowledge of all benefits including Medicare, Medi-Cal, and LTSS

CHCN Member PCP Change Requests

- A member may request to change their PCP monthly by contacting CalOptima Health's Customer Service
  - If the member requests a PCP change prior to the 16th of the month **before** seeing his or her assigned PCP, CalOptima Health will make the change effective the first calendar day of the current month
  - If the member requests a PCP change **after** the 16th of the month or after seeing his or her assigned PCP, CalOptima Health will make the change effective the first calendar day of the following month

CHCN Member PCP Change Requests (cont.)

- Please contact the CalOptima Health Customer Service Line at **888-587-8088** or **TTY 800-735-2929**

CalOptima Health

Administrative

- Manages:
  - Enrollment
  - Eligibility
  - Claims
  - Grievances and provider complaints
  - Information communication
  - Collection, analysis, and reporting of performance and health outcomes data

Staff Structure and Roles

- Organized to align with essential care management roles:
  - Administrative
  - Personal Care Coordinator (PCC)
    - At CalOptima Health
    - At contracted health networks
  - Clinical
  - Oversight

CalOptima Health

Initial Health Appointment (IHA)

IHA

- Comprehensive assessment for **newly enrolled Medi-Cal members**
  - Must be completed by a **PCP** within **120 days** of member enrollment into CalOptima Health and should **not** be completed by specialists
  - Components can be completed over the course of multiple visits

CalOptima Health

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Care Coordination (cont.)

- Care coordination components include:
  - Individualized Care Plan (ICP)
    - A plan of care for the OneCare member based on information from the HRA
  - Care transition protocols
    - Guidelines on how to manage the OneCare member across the care continuum

Care Coordination (cont.)

- Care coordination components include:
  - Staff structure
    - Administrative, clinical, and oversight roles specific to OneCare including a Personal Care Coordinator (PCC)
  - Health Risk Assessment (HRA)
    - Assessment of the OneCare members' health and social needs
  - Interdisciplinary Care Team (ICT)
    - The ICT includes the member's PCP, Case Manager, and others, as appropriate. Each OneCare member has a care team to ensure care coordination occurs in a structured collaborative process. The team is involved in the creation and updates of the ICP. They may have formal meetings as needed to discuss the member's care, review the ICP and ensure care coordination occurs as appropriate.

IHA (cont.)

- **DHCS will:**
  - Measure primary care visits and screenings as a proxy for the IHA completion
  - Leverage Healthcare Effectiveness Data and Information Set (HEDIS) measures specific to adult preventative visits and infant/child/adolescent well-being visits
- **PCPs must document <u>all</u> efforts to complete the IHA, including:**
  - A minimum of three attempts during the first 120 days from enrollment, consisting of outreach efforts, missed visits and refusals to complete the IHA

IHA (cont.)

- Comprehensive assessment for **newly enrolled Medi-Cal members**
  - Must be completed by a **PCP** within **120 days** of member enrollment into CalOptima Health and should **not** be completed by specialists
  - Components can be completed over the course of multiple visits

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Care Coordination

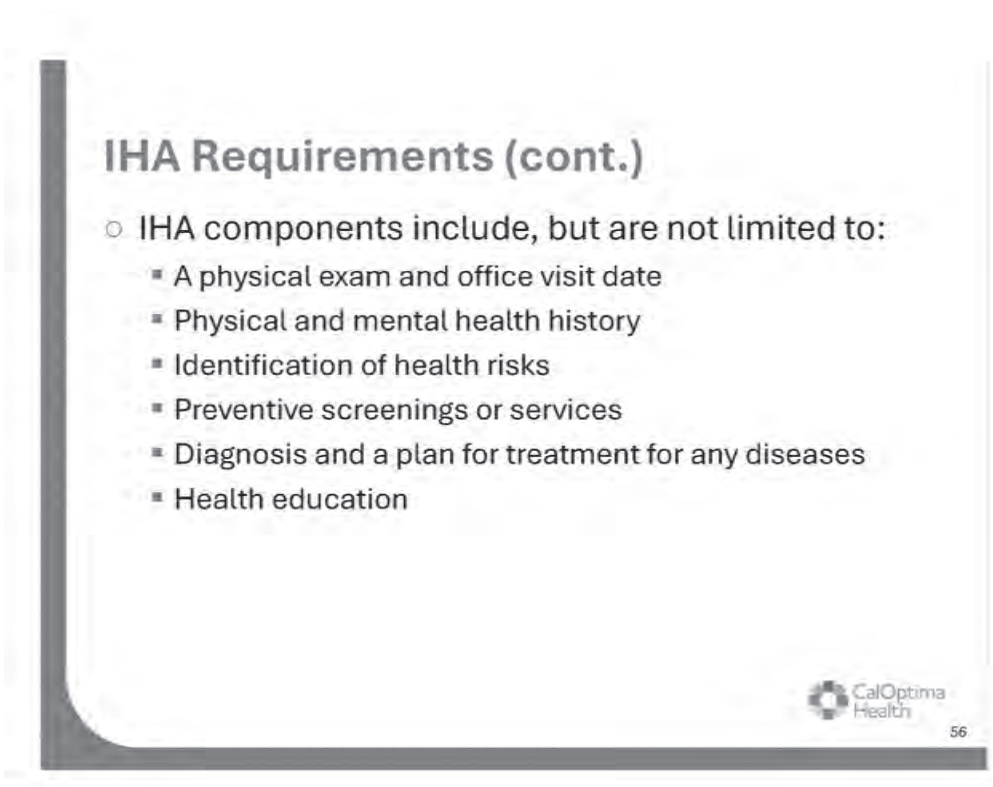
- Care coordination includes:
  - Organization of member care activities
  - Sharing information among all the health care participants involved with a member's care
  - Achieving safer and more effective care
  - Closed-loop coordination of all benefits, including Medicare, Medi-Cal, LTSS
- Main goal of care coordination is:
  - To meet members' needs and preferences in the delivery of high-quality, high-value health care

Knowledge Check - Answers

1. c. OneCare Model of Care
2. a. True
3. d. All of the above

IHA Requirements

- The standard screening requirements for each age group are still in effect
  - **All ages**: Assessment of need for preventive screenings or services as recommended by the United States Preventive Services Task Force (USPSTF)*
  - **Age 21 and under**: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings per American Academy of Pediatrics/Bright Futures periodicity schedule.** When requested, an appointment must be made for members under the age of 21 within 10 working days of the request***



Knowledge Check (cont.)

3. OneCare vulnerable members include those who are:
   a. Frail and/or disabled
   b. Serious mental illness and/or Substance Use Disorder
   c. Homebound
   d. All of the above

Knowledge Check

1. What does the acronym OC MOC mean?
    a. Orange Coast Care Model of Orange County
    b. Open Care Coordinator Model of Orange County
    c. OneCare Model of Care
    d. OneCare Medicare Order for Care
2. Care coordination is one of the four core elements of the MOC
    a. True
    b. False

Resources

- Identify members due for IHA
    - Obtain monthly list from health network
    - Access information on **Provider Portal**
- **IHA Report**
    - Full list of members who are due for IHA
    - Once logged into Provider Portal, click on "Reports" > select "Initial Health Appointment" from the drop-down menu > input provider details > click "Get IHA Report" to download the Excel document

Resources

- **PCP Member Roster**
  - If a member has pending IHA, a date will populate in the IHA Due Date column
  - Once logged into Provider Portal, click on "Reports" > select "PCP Member Roster" > input provider details > click "Get Member Roster" to download the Excel document

CalOptima Health

OneCare Population (cont.)

- OneCare's most vulnerable members are the following special populations:
  - Frail and/or disabled
  - Experiencing or at risk for Homelessness
  - At risk for avoidable hospital or ED admission
  - Serious mental illness and/or Substance Use Disorder (SUD)
  - At risk for institutionalization or long-term care
  - Eligible for Palliative Care (Medi-Cal disease-specific criteria)
  - Homebound
  - Cognitive impairment (Alzheimer's, related dementias or documented dementia care needs)

OneCare CalOptima Health

OneCare Population

- OneCare population description includes:
  - Eligibility to participate
  - Social, cognitive and environmental factors; living conditions; and co-morbid conditions of members
  - Medical and health conditions impacting members
  - Unique characteristics of the population
  - Identification of the most vulnerable members of OneCare with specialized services listed for these members

Resources (cont.)

Direct Link	Access Path from www.caloptima.org
IHA Reference Guide for PCPs	Providers → Resources → Health Education → View IHA Reference Guide
Health and Wellness page	Members → Health and Wellness → Self-Care Guides
Health and Wellness Referral Form	Providers → Resources → Common Forms → Find under "H"
Wellness Programs and Services page	Members → Wellness Programs
Member Health Rewards Program	Members → Wellness Programs → Member Health Rewards
Blood Lead Refusal Form (English)	Providers → Resources → Common Forms → Anticipatory Guidance (multiple languages available)
Initial Health Appointment CME/CE — Recording	CalOptima Health's YouTube page

Model of Care (MOC)

- A document required by Centers for Medicare and Medicaid Services (CMS) for a D-SNP
  - Defines the care management policies, procedures and operational systems for OneCare
  - Is "member-centric" with the ongoing focus on the member and the member's family/caregiver
- Four core elements are:
  - Population description of SNP
  - Care coordination
  - Provider network
  - Quality measurement and performance improvement

What is OneCare?

- OneCare is:
  - CalOptima Health's Medicare Advantage Special Needs Plan
    - Also known as:
      - HMO-SNP
      - SNP-plan
      - D-SNP (Duals Special Needs Plan)
  - Serves people:
    - Eligible and enrolled in CalOptima Health for both Medicare and Medi-Cal (Medicaid) benefits
    - Residing in Orange County
    - Age 21 and older

Customer Service Department

- **Members** can reach Customer Service by calling the Member Line at **888-587-8088** for Medi-Cal and **877-412-2734** for OneCare
- **Providers** can reach the CalOptima Health Provider Relations department by calling **714-246-8600** Monday–Friday, 8 a.m.–5 p.m., or by emailing providerservicesinbox@caloptima.org

Support Services

- CalOptima Health's Member Liaison Program
  - Dedicated to helping seniors, members with disabilities or chronic conditions, and members without housing get needed health care services
- A member liaison can help with:
  - Scheduling visits with a doctor
  - Obtaining non-emergency medical transportation
  - Resolving medication access issues
  - Obtaining Durable Medical Equipment, including wheelchairs, crutches and other disposable supplies

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Overview

- The Centers for Medicare and Medicaid Services (CMS) require:
  - All Medicare Advantage Special Needs Plans (MA-SNP) to have a Model of Care (MOC).
  - All employed and contracted personnel and providers of the MA D-SNP are to be trained on the MOC.
  - The OneCare MOC is CalOptima Health's "road map" for care management policies, procedures, and operational systems.
- This course describes the OneCare MOC and how CalOptima Health and the network of contracted providers work together to ensure the success of the MOC and enhance the coordination of care for the members.

OneCare CalOptima Health

Course Content

- OneCare Model of Care Overview
- OneCare Population
- Care Coordination
- Care Staff Roles and Responsibilities
- Key Components
  - Health Risk Assessment
  - Individualized Care Plan
  - Interdisciplinary Care Team
- Specialty Programs
- Evaluating the Model of Care
- Communication Processes and Methods
- Updates to D-SNP - 2025

Content of this course was current at the time it was published. As Medicare policy changes frequently, check with your immediate supervisor regarding recent updates.

Support Services (cont.)

- Providers can call CalOptima Health Customer Service at **714-246-8500,** toll-free **888-587-8088** (TTY **711**), and ask for the Member Liaison Program

Cultural Competency

- Cultural and Linguistics (C&L)
  - CalOptima Health offers free interpreter services for all limited English proficient members
  - Using a family member or friend to interpret should be discouraged
  - Documenting refusal of interpreter services in the member record not only protects the provider; it also ensures consistency when medical records are monitored through site reviews or audits

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Learning Objectives

- After completing the module, you will be able to:
  - Define OneCare and Model of Care (MOC).
  - Identify the four core elements of the OneCare MOC.
  - Describe eligibility for OneCare participation and identify specialized services for most vulnerable OneCare members.
  - Define Care Coordination, Health Risk Assessment (HRA), Individualized Care Plan (ICP) and Interdisciplinary Care Team (ICT).
  - Understand the essential role of the contracted network of providers, adherence to care standards and oversight.
  - Describe the Quality Measurement and Performance Improvement outcomes of the MOC.
  - Define how MOC effectiveness is measured.

OneCare CalOptima Health

OneCare
CalOptima Health

OneCare Model of Care

2025

CalOptima Health, A Public Agency

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Cultural Competency (cont.)

- CalOptima Health's C&L services cover two areas:
  - Interpreter services (telephonic and face-to-face interpretation)
  - Translation services (materials available in threshold languages)
- Providers can call CalOptima Health Customer Service at **888-587-8088** and ask for the Interpreter Service Program, or email questions directly to culturallinguistic@caloptima.org

Cultural Competency (cont.)

- Important Terminology
  - Race: Any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape
  - Ethnic: A group having a common cultural heritage or nationality as distinguished by customs, language, common history, etc.
  - Culture: The ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated or passed along in or to succeeding generations

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Stay Connected With Us

www.caloptima.org

Website Tools (cont.)

- CalOptima Health website: www.caloptima.org
  - Pediatric Preventive Services (PPS) Resource Guide
  - IHA
  - Provider Portal
  - Training links
  - Provider training topics
  - Personal Care Coordinator trainings

Signature of Receipt

Date of Receipt

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Cultural Competency (cont.)

- Important Terminology
  - Race: Any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape
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  - Culture: The ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated or passed along in or to succeeding generations

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Culturally Competent Care

- Due diligence on member's background
  - Race, religion, preferred language support network, major pre- and post-immigration trauma, etc.
  - Inquire about alternative/folk treatments
- Use culturally appropriate course of inquiry
  - "What have you done so far to treat your ailment (e.g., acupuncture, herbs, acupressure, etc.)?"

Website Tools

- CalOptima Health website: www.caloptima.org
  - Provider search tool and directories
  - Authorization Required Code List
  - Important forms
  - Provider communications
  - Provider Manual

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Resources and Website Tools

Culturally Competent Care

- Be aware of body language (e.g. verbal/nonverbal cues) while meeting with members
  - This helps to reduce the members' bias/apprehension towards the doctor
- Embrace the significant role played by family members in the health of the individual
- Do not discount culturally specific treatments if they do no harm

Culturally Competent Care (cont.)

- Provide simple questionnaires for members to fill in at the time of the doctor's visit
  - Include questions describing physical symptoms versus actual ailments to elicit more open communications
  - Fosters dialogue and encourages members to ask more questions

How to Refer Members for ECM and Community Supports

- Referral forms can be found on CalOptima Health's website
- Referral forms can be filled out by:
  - Member/member representative
  - Hospital
  - Community-Based Organizations (CBOs)
  - Community Supports vendors
  - Case managers

Community Supports (cont.)

- CalOptima Health offers all 14 Community Supports
  - Each Community Support has individualized eligibility criteria
  - All 14 Community Supports are on CalOptima Health's website: https://www.caloptima.org/en/community-impact/calaim
- Services include housing navigation, medically tailored meals, asthma remediation, etc.

Member Rights and Responsibilities

Member Rights and Responsibilities

- CalOptima Health is required to inform its members of their rights and responsibilities and ensure that members rights are respected and observed. CalOptima Health provides this information to members in the Member Handbook upon enrollment, annually in the member newsletters, on CalOptima Health's website and upon request

Community Supports

- Community Supports are services that help address members' health-related social needs, help members live healthier lives, and help members avoid higher, costlier levels of care

Enhanced Care Management

- A whole-person approach to care that addresses the clinical and non-clinical needs of members with the most complex medical and social needs
- Members will have a single lead care manager who will coordinate care and services among the physical, behavioral, dental, developmental and social services delivery systems
- Eligibility is based off Populations of Focus

Member Rights and Responsibilities (cont.)

- Providers are required to post the members' right and responsibilities in the waiting room of the facility where services are rendered

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Be treated with respect and dignity by all CalOptima Health and provider staff
  - Privacy and to have medical information kept confidential
  - Get information about CalOptima Health, our providers, provider services and their member rights and responsibilities
  - Choose a doctor within CalOptima Health's network
  - Talk openly with health care providers about medically necessary treatment options, regardless of cost benefits

Overview

- What are DHCS' goals for CalAIM?
  - New and improved services
  - Going beyond the doctor's office or hospital
  - A more coordinated, person-centered and equitable health system
  - Addressing all physical and mental health needs
- DHCS is introducing many initiatives to achieve these goals, including Enhanced Care Management (ECM) and Community Supports

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Transforming Medi-Cal through California Advancing and Innovating Medi-Cal (CalAIM)

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Help make decisions about their health care, including the right to say "no" to medical treatment
  - Voice complaints or appeals, either verbally or in writing, about CalOptima Health or the care we provide
  - Get oral interpretation services in a language they understand
  - Make an advance directive
  - Access family planning services, Federally Qualified Health Centers, Indian Health Services facilities, sexually transmitted disease services and emergency services outside of CalOptima Health's network

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Ask for a state hearing, including information on the conditions under which a state hearing can be expedited
  - Have access to their medical record and, where legally appropriate, get copies of, update or correct their medical record
  - Access minor consent services
  - Get written member information in large-size print and other formats upon request and in a timely manner for the format being requested

InstaMed: Electronic Fund Transfer

- Register for your InstaMed Healthcare Payments Account and get paid! InstaMed for payer payments are directly deposited into your existing bank account at no cost to you
  - Refer to the following link for information and registration: https://register.instamed.com/eraeft
  - For provider questions about enrollment, contact the InstaMed enrollment team by calling 877-855-7160 or email connect@instamed.com
  - For provider questions about an existing account, contact the InstaMed support team by calling 877-833-6821 or email support@instamed.com

Claims Denials/Complaint Process (cont.)

- PDR Contact information
  - Mail completed form to:

Medi-Cal and OneCare
Grievance and Appeals Resolution Services 505 City Parkway West Orange, CA 92868

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge
  - Get information about their medical condition and treatment plan options in a way that is easy to understand
  - Make suggestions to CalOptima Health about their member rights and responsibilities
  - Freely use these rights without negatively affecting how they are treated by CalOptima Health, providers or the state

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Member Billing Restrictions

Claims Denials/Complaint Process (cont.)

- Key Points:
  - Note: CalOptima Health has 45 working days to render a decision
    - To avoid delays in processing your PDR, please complete the form with all required fields marked with an asterisk (*)

Claims Denials/Complaint Process (cont.)

- Key Points:
  - Provider disputes should be sent within one year (365 calendar days) from the last determination for timely filing consideration
  - CalOptima Health requires providers to submit a dispute regardless of the party at fault
  - Follow the PDR submission instructions on the PDR form
    - Ensure all necessary supporting documents are attached, such as high-cost invoices, authorizations, medical records, etc.

Member Billing Restrictions

- DHCS and CalOptima Health have specific guidelines restricting the billing of CalOptima Health members by providers. DHCS prohibits providers from charging members for Medi-Cal-covered services
- Providers contracted with CalOptima Health cannot bill members for covered services
- Refer to the Provider Manual, section H12: Member Billing Restrictions on www.caloptima.org for additional information

CalOptima Health

Medical Management and Authorization Requirements

Claims Denials/Complaint Process

- A Provider Dispute Resolution (PDR) is a request to review a contested claim
  - Visit CalOptima Health's website to access information on:
    - Provider Complaint Process
    - Provider Dispute Resolution (PDR) form
  - Refer to Provider Manual, section H8, for common claims denial reasons

Hard Copy Claims Submission

COD and CHCN	
Medi-Cal: PO Box 11037 Orange, CA 92856	OneCare: PO Box 11070 Orange, CA 92856

- For claim status:
  - Check the CalOptima Health Provider Portal
  - Contact Claims Customer Service at **714-246-8600** Monday–Friday, 8 a.m. to Noon and 12:30 p.m. to 4 p.m.

Case Management

- Case management is the coordination of care and services for members who have experienced a critical event or diagnosis, or are high-risk members
- Who qualifies for case management?
  - Complex/catastrophic diagnoses
  - Frequent acute hospitalizations
  - Members typically requiring extensive use of resources and need assistance in navigating the health care delivery system

Case Management (cont.)

- How to refer?
  - Call the triage nurse at **714-347-3226** or email cmtriage@caloptima.org

Claims Submission Methods (cont.)

- CalOptima Health has timely filing guidelines that allow providers one year from the date of service to submit a claim

Claims Submission Methods

- Electronic claims submission
  - CalOptima Health is contracted with two data clearinghouses that receive and transmit Electronic Data Interchange (EDI) claims to CalOptima Health. To register and submit claims electronically, contact one of the vendors below:
    - **Office Ally** for electronic submission of Professional CMS1500 claims: 360-975-7000 or www.officeally.com. Payor ID: CALOP
    - **Emdeon** for electronic submission of facility and long-term care claims: 877-271-0054 or www.emdeon.com. Emdeon Office Product User Payor ID: CALOP, Emdeon Claim Master Product User: 99250

CHCN/COD Member Authorization Requirements

Physician Type	Regular Visits	Urgent Referrals
PCP	No prior authorization is required for: • Assigned PCP • Affiliated group physician	Urgent referrals are only to be submitted if the normal time frame for authorization will: • Be detrimental to the patient's life or health • Jeopardize patients' ability to regain maximum function • Result in loss of life, limb or other major bodily function All referrals not meeting urgent criteria will be downgraded to a routine referral request and follow routine turnaround times
Specialty Care (SCP)	All initial requests for specialty consults require a prior authorization from: • Assigned PCP • Contracted SCP The initial prior authorization will include: • One specialty consult • As many routine follow-ups as necessary (excluding office code 99215, which requires a new prior authorization)	

Steps to Obtain Prior Authorization

- Online authorization submissions via the Provider Portal
  - Outpatient services
  - Routine services
- Hard copy submission via Authorization Request Form (ARF)
  - Urgent authorization requests (see urgent definitions on ARF)
  - Inpatient authorizations
  - A copy of the ARF is available on CalOptima Health's website, www.caloptima.org, in the Common Forms sections

CalOptima Health

Claims Administration

Services That Do Not Require Authorization (cont.)

- Routine obstetric services
- Pediatric preventive services
- Minor consent services
- Primary and preventive care services
- For questions or status, call CalOptima Health Utilization Management at **714-246-8686**

Prior Authorization Tips

- Check eligibility prior to providing services using one of the eligibility verification systems
- Check Prior Authorization Required Code List
  - If the code is not on the list, do **NOT** submit an authorization request
- Verify Current Procedural Terminology (CPT) code on the Medi-Cal fee schedule before rendering services
- Attach supporting notes

Prior Authorization Tips (cont.)

- Authorization status can be viewed in Provider Portal
- For questions or status, call CalOptima Health Utilization Management at **714-246-8686**

Services That Do Not Require Authorization

- Emergency services
- Family planning services for network or out-of-plan providers
- Sensitive services (which include family planning)
- Sexually transmitted disease services
- Human immunodeficiency virus (HIV) testing
- Basic prenatal care services

Cal Optima OneCare Provider Training:

OneCare providers and staff are required to complete training on key elements of the OneCare program. The requirement applies to those who directly or indirectly are responsible for providing health care services to our OneCare members or those who administer OneCare health care benefits.

The OneCare training modules is updated annually to reflect any changes to regulatory requirements within the program.

OneCare Model of Care Training and CHCN Annual Provider Training

Additional Cal Optima Resources	***https://www.caloptima.org/ForProviders/ProviderTrainings***
	https://www.caloptima.org/en/ForProviders/Resources/ManualsPoliciesandGuides

To signify your completion of this mandated Cal Optima OneCare Training, after going through the training materials, please check the box below.

Acknowledgment of Cal Optima OneCare Model of Care Training and CHCN Annual Provider Training, by clicking the box below, I acknowledge that I have completed the following training module(s) from Cal Optima Health Plan, and that I understand the information presented within it.

I acknowledge my understanding and agreement to the statements above. I understand that by typing my name or electronically signing this acknowledgment is legally binding and equivalent to a handwritten signature.

Signature: _____ Date: _____

Full Name: _____ Title: _____