OneCare Model of Care

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-SNP to be trained on the MOC.

- The OneCare MOC is CalOptima's "road map" for care management policies, procedures, and operational systems.

- This course describes the OneCare MOC and how CalOptima and the network of contracted providers work together to ensure the success of the MOC and enhance the coordination of care for the members.

Learning Objectives

- Define OneCare and Model of Care.

- 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), Individual Care Plan (ICP) and Interdisciplinary Care Team (ICT).

Learning Objectives (cont.)

- 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
  - ➢ HRA
  - ➢ ICT
  - ➢ ICP
- Provider Network
- Specialty Programs
- Evaluating the Model of Care
- Communication Processes and Methods

What is OneCare?

OneCare is:

- CalOptima's Medicare Advantage Special Needs Plan (MA-SNP)
  - Also known as:
    - HMO-SNP
    - SNP-plan
    - D-SNP

- Serves people:
  - Eligible for both Medicare and Medi-Cal (Medicaid) benefits
  - Residing in Orange County
  - Not qualified for the OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

OneCare MOC

The MOC is:

- A document required by Centers for Medicare and Medicaid Services (CMS) for a MA-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
- Four core elements of the OneCare MOC are:
  - ➤ Population description of SNP
  - ➤ Care coordination
  - ➤ Provider network
  - ➤ Quality measurement and performance improvement

OneCare Population

- OneCare population description includes:
  - ➢ Eligibility to participate in OneCare
  - ➢ Social, cognitive and environmental factors; living conditions; and co-morbid conditions of OneCare members
  - ➢ Medical and health conditions impacting OneCare members
  - ➢ Unique characteristics of the OneCare 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:

  - ➢ Members who are frail and/or disabled
  - ➢ Members in need of disease management
    - ▪ Diabetes Mellitus (DM)
    - ▪ Congestive Heart Failure (CHF)
  - ➢ Members with behavioral health needs
  - ➢ Members who are institutionalized
  - ➢ Members at end of life

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

3. OneCare vulnerable members include those who are:

   a. Frail and/or disabled

   b. Have behavioral health needs

   c. Institutionalized

   d. All of the above

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 of the health care participants concerned with a member's care
  - ➢ Achieving safer and more effective care

- Main goal of care coordination is:
  - ➢ To meet members' needs and preferences in the delivery of high-quality, high-value health care

Care Coordination (cont.)

- Care coordination components include:
  - OneCare staff structure
    - Administrative, clinical, and oversight roles specific to OneCare including PCC
  - HRA
    - Assessment of the OneCare members' health needs
  - ICP
    - A plan of care for the OneCare member based on information from the HRA
  - ICT
    - A team of medical, behavioral, and ancillary providers, plus the OneCare member and an authorized representative who convenes to manage the member's care and assure care coordination
  - Care transition protocols
    - Guidelines on how to manage the OneCare member across the care continuum

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

Staff Structure and Roles

- OneCare staff are organized to align with essential care management roles:
  - ➢ Administrative
  - ➢ PCC
    - Internal (at CalOptima)
    - External
      - At contracted provider medical groups (PMG)
      - At contracted health networks (HN)
  - ➢ Clinical
  - ➢ Oversight

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

Administrative

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

Personal Care Coordinator

- PCC at CalOptima
  - Administers the HRA for each member
    - Initial (within 90 days) and annual
    - May be face-to-face, telephonic, electronic or paper-based
    - Enters HRA responses into data platform for RN review
    - Note — not delegated to PMGs or HNs
  - Communicates key event triggers to PMG or HN
    - For example, significant changes in a member's medical condition
  - Conducts warm transfer calls with the PMG or HN

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

PCC (cont.)

- PCC at a PMG or HN:
  - Key contact to help members
    - Navigate the health care system
    - Obtain the most optimal health care services
    - Attain the best possible health outcomes

- PCCs:
  - Are the single point of contact for OneCare members
  - Participate in ICT meetings to finalize patient's ICP
  - Review patient's ICP goals
  - Develop an outreach schedule for member care plan goals and needs
  - Liaison between the member, provider, PMG, HN and CalOptima

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

Clinical Staff

- Clinical 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 compliance

Oversight

- Oversight roles:
  - ➤ 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 (HMO SNP)
CalOptima
A Public Agency
Better. Together.

Health Risk Assessment

- OneCare HRA process:
  - CalOptima PCC:
    - Administers initial (90 day) HRA and annual HRA for each member
    - Uses a standardized HRA tool
      - Note — HRA completion is **not** delegated to PMGs or HNs
  - May be completed face-to-face, telephonic, electronic, or paper-based
  - Identified care needs are categorized into Care Domains:
    - Access, coordination of services, health monitoring, medical-acute, medical-chronic, behavioral health, long-term care and LTSS
  - Used by clinical staff to evaluate the medical, psychosocial, cognitive, and functional needs with medical and behavioral health history
  - Used to develop a member's individual care plan

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

Interdisciplinary Care Team

- OneCare ICT role and process:
  - Includes the member's medical, behavioral, and ancillary providers, plus the OneCare member and an authorized representative, if desired
  - Convenes 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 and annually, or as needed, update the member's ICP
  - Manages the medical, cognitive, psychosocial, and functional needs of each member
  - 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 (HMO SNP)

CalOptima
A Public Agency
Better. Together.

Composition of the ICT

ICT **MUST** include:

- Member
- PCP assigned to member
- PMG/HN PCC

ICT **MAY** also include:

- Behavioral health specialist
- Pharmacist
- Case manager
- Therapist (speech and/or physical)
- Nutritionist
- Appropriate specialist
- Pastoral specialist
- Health educator
- Disease management specialist
- Social worker

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

Individual Care Plan

- OneCare ICP process:

  ➢ Developed by ICT for each OneCare member

  ➢ Includes the member's personalized goals and objectives, specific services and benefits and measureable 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 HIPPA and professional standards

ICP Sign-Off

- The ICP **must** be signed by the PCP.

- The ICP **must** be shared with appropriate specialty providers.

Knowledge Check

1. Who administers the initial HRA?
   a. Member's doctor
   b. Member's care giver
   c. CalOptima PCC
   d. Member's care coordinator

2. Who develops the member's ICP?
   a. Member's care coordinator
   b. ICT
   c. PMG/HN PCC
   d. Member's care giver

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

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

Knowledge Check - Answers

1. "c" CalOptima PCC

2. "b" ICT

3. "a" True

OneCare Provider Network

- CalOptima:
  - 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 (HMO SNP)
CalOptima
A Public Agency
Better. Together.

OneCare Provider Network (cont.)

- OneCare provider network includes:
  - ➢ Primary care providers
  - ➢ Specialized expertise:
    - ▪ Specialists, hospitalists, pharmacists, crisis teams
    - ▪ SNF
    - ▪ Behavioral health 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 (HMO SNP)
CalOptima
A Public Agency
Better. Together.

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 homelessness and recuperative programs
  - Specialty referrals to:
    - Community-Based Adult Services (CBAS) formerly Adult Day Health Care
    - In-Home Supportive Services (IHSS)
    - Housing assistance
    - Meals on Wheels
    - Personal finance counseling

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

OneCare Programs and Services (cont.)

➤ Disease management and health education programs

➤ Community-based support programs, such as:

- Aging and Disability Resource Center (ADRC)
- Multi-Purpose Senior Services Program (MSSP)
- Office on Aging (OOA)
- Dayle Macintosh Center (independent living)

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

Evaluating the MOC

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

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

Performance Measurement

- OneCare 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

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

MOC Measurable Goals

- OneCare evaluates measureable goals that:
  - ➢ Improve access to medical, behavioral, and social services
  - ➢ Improve access to affordable care
  - ➢ Improve coordination of care through an identified point of contact
  - ➢ Improve transitions of care across health care settings and providers
  - ➢ Improve access to preventive health services
  - ➢ Assure appropriate utilization of services
  - ➢ Assure cost-effective service delivery
  - ➢ Improve member health outcomes

OneCare (HMO SNP)

CalOptima

A Public Agency

Better. Together.

Measurement of Effectiveness

- OneCare measures MOC 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

OneCare (HMO SNP)

CalOptima
A Public Agency
Better. Together.

OneCare Clinical Guidelines

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

Communication Processes and Methods

- OneCare utilizes an integrated system of communication for members and providers

- Communication is both scheduled and ad hoc.

- Methods of communication include:
  - Member newsletters
  - CalOptima website
  - Networking and focus group sessions
  - Conferences: face-to-face, telephonic, electronic
  - Committees:
    - Utilization Management Committee (UMC)
    - Clinical Quality Improvement Committee (CQIC)
    - Member and Provider Advisory Committees (MAC and PAC)

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

Knowledge Check

1. CalOptima monitors network adequacy to ensure members have access to care.

   a. True

   b. False

2. Specialty programs for OneCare members include:

   a. Behavioral health

   b. Health education

   c. IHSS

   d. All of the above

3. OneCare develops their own quality improvement measures to measure performance and health outcomes.

   a. True

   b. False

OneCare (HMO SNP)
CalOptima
A Public Agency
Better. Together.

Knowledge Check - Answers

1. "a" True

2. "d" All of the above

3. "b" False

Summary

- OneCare's MOC:

  ➢ Defines and creates a comprehensive strategy and infrastructure for care of our members

  ➢ Meets the unique needs of the dual-eligible population by:
    - Setting agencywide strategic goals
    - Contracting with expert practitioners
    - Striving to meet each member's unique medical, psychosocial, functional and cognitive needs

Acronyms List

- CBAS = Community-Based Adult Services (formerly Adult Day Care)
- CMS = Centers for Medicare and Medicaid Services
- CQIC = Clinical Quality Improvement Committee
- HEDIS = Health Care Effectiveness Data and Information Set
- HIPAA = Health Insurance Portability and Accountability Act
- HN = Health Network
- HRA = Health Risk Assessment
- ICP = Individual Care Plan

OneCare (HMO SNP)

CalOptima

A Public Agency

Better. Together.

Acronyms List (Cont.)

- ICT = Interdisciplinary Care Team
- LTSS = Long-Term Services and Supports
- MAC = Member Advisory Committee
- MOC = Model of Care
- PAC = Provider Advisory Committee
- PCC = Personal Care Coordinator
- PCP = Primary Care Physician
- PMG = Provider Medical Group
- SNP = Special Needs Plan
- UMC = Utilization Management Committee

MOC Attestation

• Click on the link below or enter it into your we browser to submit your office attesation. Please refer to the memo from HealthCare Partners for additional information.

https://www.surveymonkey.com/r/JHY3CGM

OneCare (HMO SNP)

CalOptima

A Public Agency

Better. Together.

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner