



A Public Agency

OneCare Connect
CalOptima
Better. Together.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

Enrollee Services (Customer Service)

Learning Objectives

After completing the module, you will:

- Know about OneCare Connect and the member benefits
- Understand the role of a Customer Service Representative
- Know how to accommodate a member's need for information in an alternative format
- Understand how members select a provider
- Understand the components of continuity of care
- Be able to direct members to resources for more information about the program

Course Content

- OneCare Connect Program and Eligibility Requirements
- Benefits and Coverage
- Member Communications (ID Cards, Website, Newsletter)
- Enrollment and Disenrollment
- PCP and Provider Network
- Continuity of Care
- Available Resources

Note: 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.

OneCare Connect Program

- California's Cal MediConnect plan:
 - Combines Medicare and Medi-Cal benefits
 - Coordinates all care, supports and services via one plan — CalOptima OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)
 - Integrates behavioral health benefits with physical health benefits.
 - Offers improved access to long-term services and supports, including nursing facilities, Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP).
- Coordination of care through OneCare Connect enables the member to receive quality services to achieve optimal outcomes, independence, health and quality of life.

Eligible Members

- OneCare Connect members must meet all criteria to be eligible for benefits.
- Must be:
 - Age 21 and older
 - Living in Orange County
 - Enrolled in Medicare Parts A, B, D:
 - Medicare Part A refers to hospital and related services
 - Medicare Part B to physician related services
 - Medicare Part C includes both A and B
 - Medicare Part D covers prescription services
 - Receiving full Medi-Cal benefits (\$0 share of cost)
 - Share of cost exception: members who reside in a nursing home, are enrolled in the Multipurpose Senior Services Program (MSSP) or have In-Home Supportive Services (IHSS). Must meet share of cost.

**Excluded are people under 21, with other health insurance, with a CARA status, with other share of cost, in certain waiver programs, receiving services through state or regional developmental centers or intermediate care facilities, confined to correctional facilities or living in veterans homes.*

How OneCare Connect Works

- Member-centered managed care
- Members choose a primary care provider (PCP)
- Member has a care team:
 - OneCare Connect nurses, social workers, support staff
 - Coordinates services, supports, prescription drugs
 - Coordinates specialty care
 - Coordinates referrals and authorizations
 - Support from a Personal Care Coordinator (PCC) to help navigate the health care system

Benefit Comparison

Items	Fee-For-Service	OneCare Connect
Cards	Two cards	One card
Covered Services	<ul style="list-style-type: none"> • Medicare Covered Services • CalOptima Medi-Cal wraparound services 	Medicare, Medi-Cal covered services including: <ul style="list-style-type: none"> • Integrated MLTSS • Vision • Transportation to medical appointments or the gym • Health and Fitness Benefits • Worldwide Emergency/Urgent coverage
Provider Access	Member discretion; potential duplication of service	Choose and access providers through network or via continuity of care provisions
Care Coordination	No coordination	Highly coordinated
Threshold Languages	None	English, Spanish, Vietnamese, Farsi, Korean, Arabic, and Chinese

Benefits and Coverage

- Fully Integrated Medicare and Medi-Cal
- All Medicare (parts A & B) benefits are covered
 - \$0 copayment
- All Medi-Cal benefits are covered, including
 - Community-Based Adult Services (CBAS)
 - Multi-Purpose Senior Services Program (MSSP)
 - Long-term care
 - \$0 copayment
- Coordination of behavioral health services
- Prescription drugs, including Medi-Cal approved over-the-counter medications
 - Copayments may apply for Part D prescription drugs

Benefits and Coverage (cont.)

- Pharmacy out-of-pocket expense (2019):
 - Members pay the following copayments depending on their assigned Low Income Cost Sharing Level (LICS Level) status.

Out-of-Pocket Total	Generic Prescriptions	Brand Name Prescriptions
Until \$3,820 (in total drug cost)	\$0.00 per prescription	\$0.00 per prescription
Until \$5,100 (in out of pocket cost)	\$0.00 per prescription	\$0.00 or \$3.80 or \$8.50 per prescription
After \$5,100 (in out of pocket cost)	\$0.00 per prescription	\$0.00 per prescription

Benefits and Coverage (cont.)

Supplemental Vision Benefits

Eye exams	\$0	Supplemental <ul style="list-style-type: none">▪ Routine eye exam (for up to 1 every year).
Glasses or contact lenses	\$0	Supplemental <ul style="list-style-type: none">▪ Up to one (1) pair of eyeglasses (lenses and frames) every two years; or▪ Up to one (1) pair of contact lenses every two years▪ Plan pays up to \$150 above the Medi-Cal limit every two years for contact lenses and eyeglasses (frames and lenses).

Supplemental Transportation Benefits

Transportation	\$0	Supplemental <ul style="list-style-type: none">▪ Unlimited for medical appointments▪ Unlimited transportation to gym
----------------	-----	---

Benefits and Coverage (cont.)

Health and Fitness Benefits

Health Club Membership/Fitness	\$0	The fitness benefit includes a membership to a contracted gym. Members may elect to receive up to two (2) home fitness kits in place of a gym membership.
Contracted Facilities*	\$0	<ul style="list-style-type: none">▪ 24 Hour Fitness▪ 24 Hour Fitness –Sport▪ LA Fitness▪ Curves▪ Nifty after Fifty▪ Gold’s Gym▪ YMCA▪ Anytime Fitness▪ Fitness 19

*Sample of available facilities

Benefits and Coverage (cont.)

Worldwide Emergency/Urgent Coverage

Worldwide Emergency/ Urgent Coverage	Up to \$25,000 benefit for emergency, urgent care received outside the United States. Services are covered worldwide under the same conditions of medical necessity and appropriateness that would have applied if the same services were provided within the United States.
---	--

Benefits and Coverage (cont.)

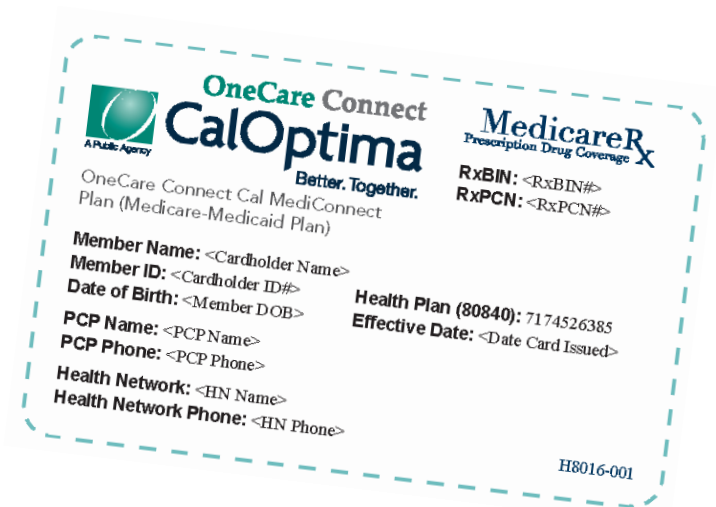
- Referral or authorization not required for:
 - Emergency and post-stabilization services, including emergency behavioral health care
 - Urgent care
 - Crisis stabilization, including mental health
 - Family planning services
 - Preventive services
 - Communicable disease services, including STI and HIV testing
 - Post-stabilization care services
 - Out-of-area renal dialysis services
 - Inpatient psychiatric services
 - Medicare-covered glaucoma screening
 - Medicare-covered barium enemas
 - Medicare-covered rectal exams
 - Medicare-covered EKG following welcome visit

Additional OneCare Connect Services

- Education on available clinical and essential services
- Person-to-person medication therapy management visits
- Case management and disease management interventions
- Model of Care — focused on the needs of the member
 - **Personal Care Coordinator (PCC)** — specialized staff assigned to assist with completion of HRAs and serve as point of contact for members
 - **Health Risk Assessment (HRA)** — member’s health status information used to improve the care process and offer providers actionable information
 - **Interdisciplinary Care Team (ICT)** — team in which all participants coordinate their effort to benefit the member
 - **Individual Care Plan (ICP)** — an “actionable” plan of care developed by the ICT and delivered to the member with a focus on cultural differences, language, alternative formats and health literacy

Member ID Cards

- Members receive a OneCare Connect ID card upon enrollment.
- Member can request a replacement card from Customer Service.
- The ID card has important phone numbers.
- Customer Service can provide needed telephone numbers (e.g., PCP office, behavioral health triage).



Member Communications

- Written materials, including ICP materials, available according to member needs and preferences:
 - Five threshold languages
 - English, Spanish, Vietnamese, Korean, Farsi, Arabic and Chinese
 - Alternative formats
 - Large print format, Braille and audio CD
- Phone and in-person interactions
 - Preferred language or interpreter services
 - Accommodations for the deaf or hard-of-hearing (TDD/TTY and/or California Relay Service)
 - American Sign Language

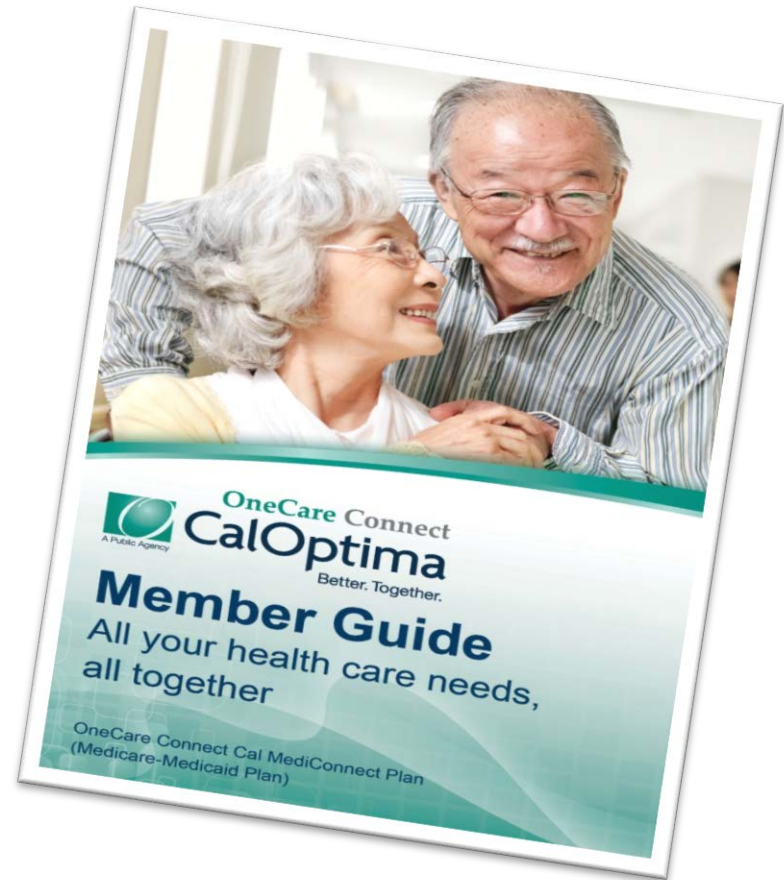
Member Website

- 24/7 access at www.caloptima.org
- Member handbook
- Approved drug list
- Provider and Pharmacy directory
- Member rights
- Grievance form
- Health education



Additional Member Services

- New member orientation on essential services and benefits in threshold languages
- Periodic member newsletters that highlight available program and community services



OneCare Connect Customer Service

- Customer service representatives help members with:
 - Answering questions regarding enrollment and opting out or disenrolling
 - Choosing a PCP and health network and supplying information about the provider networks
 - Benefits and coverage questions
 - Continuity of care questions and concerns
 - Member rights
 - Obtaining replacement ID Cards
 - Identifying and reporting abuse and neglect
 - Filing a grievance or an appeal
 - Diverse language needs to access interpreter, including sign language interpreter services, or printed materials in alternate formats

OneCare Connect Enrollment

- Voluntary Enrollment
 - Began in July 1, 2015
 - Medicare Advantage, other D-Special Needs Plan and PACE members may choose to enroll
 - Members disenrolled may choose to enroll at a later date
- Passive Enrollment
 - Began August 1, 2015 and concluded on July 1, 2016
 - All OneCare members eligible for OneCare Connect were passively enrolled in OneCare Connect on January 1, 2016
- Voluntary enrollment is currently accepted

Cancellation and Disenrollment Process

- Enrollment Cancellation Process
 - Prior to their enrollment effective date or within 7 days from the mailing of the Verification letter, whichever is longer, members can cancel their enrollment request.
 - Once CalOptima submits the cancellation request to Medicare, the member will be automatically reinstated with their previous plan with no break in coverage.
- Disenrollment Process
 - Once enrolled, members can request "disenrollment" from the plan at any time
 - Disenrollment will be effective on the first of the following month from the date the request is received.
- OneCare Connect staff can help with the cancellation or disenrollment process.

PCP and Provider Network

- OneCare Connect staff assist with provider selection.
 - Help with choosing a PCP and a health network
 - Provide information about provider networks:
 - Identity and locations
 - Qualifications
 - Availability for new patients
 - Member needs and preferences
- Information on provider selection included in the member welcome packet.
- Member may change their PCP and health network monthly.

Knowledge Check

1. A member's care team includes:
 - a) OneCare Connect nurses, social workers and support staff
 - b) Primary care provider (PCP)
 - c) The member's priest or minister
 - d) a and b
 - e) a, b and c

2. OneCare Connect Customer Service Representatives help members with:
 - a) Choosing a Primary Care Physician
 - b) Continuity of care requests
 - c) Obtaining replacement ID Cards
 - d) Filing a grievance or an appeal (covered in separate training)
 - e) All of the above

Knowledge Check (cont.)

3. CalOptima makes health education materials available in alternate formats if the member requests them.
 - a) True
 - b) False

4. OneCare Connect benefits include only Medicare part A and B.
 - a) True
 - b) False

Knowledge Check Answers

1. d) a and b
2. e) All of the above
3. a) True
4. b) False

(includes all Medicare (parts A, B and D) benefits, Medi-Cal benefits and OneCare Connect supplemental benefits)

Continuity of Care

Definition:

- Continuity of Care for services and medicines means the member can continue receiving any current medically necessary services or prescriptions* if certain criteria are met.
- Newly enrolled members are informed of their right to request to continue services with their previous health care provider for a period of time.
- Members are to contact their Health Network or Customer Service to initiate the request.

*Continuity of care for prescriptions only applies to prescriptions covered by Medi-Cal.

Continuity of Care Provision

Medicare Services: Up to 12 Months	Medi-Cal Services: Up to 12 Months
<p>Evidence of an existing relationship during the prior 12 months</p> <ul style="list-style-type: none"> • Saw PCP at least once • Saw specialist at least twice 	<p>Provider has no quality of care issues and agrees to plan utilization management policies</p>
<p>Provider accepts rates</p>	<p>Request from member, Medi-Cal Authorized Representative or provider</p>
<p>DME, transportation and ancillary providers excluded (but continuity of service applies)</p>	<p>Medications:</p> <ul style="list-style-type: none"> • One transition fill up to a 30-day supply within the first 90 days of enrollment • Refills after first transition fill require Prior Authorization • Continued use of any (single source) drugs that are part of prescribed therapy immediately prior to enrollment
<p>Exceptions:</p> <ul style="list-style-type: none"> • May be extended for serious chronic conditions, terminal illness or pregnancy • LTC for life of demonstration • LTC transition fill for medications 	

Continuity of Care: Prescriptions*

- It is important for new members to be able to take their medications, especially maintenance drugs for chronic conditions.
 - Members may continue the use of any single-source drugs that are part of a prescribed therapy immediately prior to the date of enrollment, whether or not the drug is covered, until the prescribed therapy is no longer prescribed by the contracting physician.
- Covered pharmacy benefits are addressed through a transition fill requirement, which is separate from continuity of care.

*Continuity of care for prescriptions only applies to prescriptions covered by Medi-Cal.

Continuity of Care: Requests

Members, their authorized representative or their provider may submit continuity of care requests to:

- Their assigned health network
- OneCare Connect Customer Service department
 - 24 hours a day, 7 days a week.
 - Local: **714-246-8823**
 - Toll-Free: **855-705-8823**
 - TDD/TTY: **800-735-2929**

Knowledge Check

1. Continuity of care protections apply to these providers:
 - a) Medical services
 - b) Mental and behavioral services
 - c) Transportation
 - d) Other ancillary services
 - e) a and b only
 - f) a, b, c and d

2. Services that may require extension of continuity of care include:
 - a) Pending surgeries
 - b) Inpatient admissions
 - c) Pregnancies, consultations and ongoing treatment/procedures
 - d) Acute respiratory infections
 - e) a, b and c
 - f) a, b, c and d

Knowledge Check Answers

1. e) a and b only
2. f) a, b, c and d

CalOptima Resources

To schedule a language or American Sign Language interpreter:

- Contact the member's assigned health network, if the member is in a health network
- Call Customer Service
 - **714-246-8823** or toll-free at **855-705-8823**
 - TTD/TTY users can call toll-free at **800-735-2929**
 - 24 hours a day, 7 days a week
- To request printed member or health education materials in alternate formats, contact CalOptima's Customer Service

Other Resources

Community Resources:

- Cal MediConnect Ombudsman
 - State-supported member resource for Cal MediConnect
 - Help with a provider, health plan, coverage denial or payment
 - Continuity of care
 - Filing an appeal
 - Contact Information
 - Monday through Friday from 9:00 a.m. to 5:00 p.m.
 - Cal MediConnect: 855-501-3077 (TTY 855-847-7914)
 - Medi-Cal: 888-452-8609
- Aging and Disability Resource Connection of Orange County (ADRCOC) at 800-510-2020 or visit www.adrcoc.org

Authorities

- DHCS/CMS/CalOptima Cal Medi-Connect 3-way Contract
- California Code of Regulations
- CMS Guidelines
- CMS – California Memorandum of Understanding
- Dual Plan Letter (DPL) 15.003
- H8016-2018 Model of Care, Orange County Health Authority

References

- CalOptima Policy CMC.4002: Cultural and Linguistic Services
- CalOptima Policy CMC.4003: Member Enrollment (Voluntary)
- CalOptima Policy CMC.4004: Member Disenrollment
- CalOptima Policy CMC.4005: Election Periods and Effective Dates
- CalOptima Policy CMC.4007: Member Disclosures
- CalOptima Policy CMC.4008: Member Handbook/Evidence of Coverage
- CalOptima Policy CMC.4009: Member Orientation
- CalOptima Policy CMC.4010: Health Network and PCP Selection, Assignment, and Notification
- CalOptima Policy CMC.4011: Notice of Change in Location and Availability of Covered Services
- CalOptima Policy CMC.6021a: Continuity of Care for New Members
- CalOptima Policy CMC.6026: Coordination of Care for OneCare Connect
- CalOptima Policy CMC.1003: CalOptima OneCare Connect Staff Education and Training
- CalOptima Policy EE.1103: Provider Education and Training

CalOptima's Mission

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



A Public Agency

CalOptima

Better. Together.



A Public Agency

Medi-Cal

CalOptima

Better. Together.



A Public Agency

OneCare (HMO SNP)

CalOptima

Better. Together.



A Public Agency

OneCare Connect

CalOptima

Better. Together.



A Public Agency

PACE

CalOptima

Better. Together.