



OneCare Connect
CalOptima
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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

Member Rights

Learning Objectives

After completing this module, you will:

- Understand CalOptima's commitment to member rights.
- Know about the rights of OneCare Connect members.
- Know how the member is informed of their rights with consideration to cultural, functional status and language needs.
- Understand CalOptima's commitment to improving members' health care experience.
 - Getting the right service at the right time in the right place
 - Focusing on members' individual needs

Course Content

- Program and Eligibility Requirements
- Commitment to Member Rights
- Member Rights
- Continuity of Care
- Member Handbook
- Member Accommodations
- Cal MediConnect Ombudsman
- 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 Plan

- 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
 - Residing in Orange County
 - Enrolled in Medicare Parts A, B, D
 - Receiving full Medi-Cal benefits (\$0 Share of Cost)
 - Share of Cost exception: Members who reside in a nursing homes, are enrolled in the Multipurpose Senior Services Program (MSSP) or have In-Home Supportive Services (IHSS).

Excluded are people under 21, with other health insurance, 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 a veteran's home.

Commitment to Member Rights

- CalOptima is dedicated to helping members remain as independent as possible.
- CalOptima staff ensures that participants are involved in planning for their care and treatment.
- Members can find a list of their rights on the CalOptima website — www.caloptima.org

Member Rights

- All members have the right to select and delegate health care decisions to an authorized representative.
- All CalOptima members have the right to:
 - Be treated with dignity and respect
 - Protection against discrimination
 - Information and assistance
 - A choice of providers
 - Access to emergency services
 - Health information kept private
 - Decide the composition of and their level of involvement in the Interdisciplinary Care Team (ICT) and Interdisciplinary Care Plan (ICP)

Member Rights (cont.)

- All CalOptima members have the right to:
 - File a complaint
 - Leave the program
 - Be fully involved in maintaining their health and making decisions about their health care, including the right to refuse treatment if desired.
 - Be appropriately informed and supported in their decisions.
 - Have all plan options, rules and benefits fully explained.
 - Through use of a qualified interpreter, if needed.
 - Participate in all aspects of care and to exercise all rights of appeal.

Member Rights (cont.)

- All CalOptima members have the right to:
 - Receive a comprehensive health risk assessment (HRA) upon date of coverage in a plan and to participate in the development and implementation of an ICP. Includes:
 - Considerations of social, functional, medical, behavioral, wellness and prevention domains
 - Evaluation of their strengths and weaknesses
 - A plan for managing and coordinating care
 - Request a reassessment by the ICT and be fully involved in any such reassessment.
 - Receive complete and accurate information about their health and functional status from the interdisciplinary care team.

Member Rights (cont.)

- All CalOptima members have the right to:
 - Be given information on all program services and health care options, including available treatment options and alternatives.
 - Have information presented in a culturally appropriate manner, taking into consideration the member's condition and ability to understand.
 - A member who is unable to participate fully in treatment decisions has the right to designate a representative and/or to have translation services available.
 - Before enrollment
 - At enrollment
 - At the time a member's needs necessitate the disclosure and delivery of such information in order to allow the member to make an informed choice
 - Be encouraged to involve caregivers or family members in treatment discussions and decisions.

Member Rights (cont.)

- All CalOptima members have the right to:
 - Receive reasonable advance notice, in writing, of any transfer to another treatment setting and the justification for the transfer.
 - Be afforded the opportunity to file an appeal if services are denied that he or she thinks are medically indicated, and to be able to ultimately take that appeal to an independent external system of review.
 - Receive their Medicare and Medi-Cal appeals rights in a format and language understandable and accessible to them.
 - Receive medical and non-medical care from a team that meets the beneficiary's needs, in a manner that is sensitive to the member's **language and culture**, and in an appropriate care setting, including the home and community.
 - Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

Member Rights (cont.)

- All CalOptima members have the right to:
 - Exercise his or her rights and that the exercise of those rights does not adversely affect the way the plan and its providers or the DHCS treat the member.
 - Be protected from liability for payment of any fees that are the obligation of the plan.
 - The unconditional and exclusive right to hire, fire and supervise his or her IHSS provider.

Member Rights (cont.)

- Members have the right to know their rights and responsibilities.
- Resources are available to the member:
 - In the Member Handbook (annual notifications)
 - On CalOptima's member and provider websites
 - In CalOptima's provider manual
 - In CalOptima's member newsletters
- Members receive a statement of their rights upon enrollment and annually thereafter.
- There is no negative consequence to exercising a right.
- CalOptima staff, contractors, providers and vendors **must** uphold these rights; violations are subject to corrective actions.

Member Rights (cont.)

- CalOptima does not discriminate due to:

Race	Ethnicity	National Origin
Religion	Gender	Age
Sexual orientation	Medical condition	Claims experience
Medical history	Mental or physical disability	Health status
Genetic information	Evidence of insurability	Geographic location in the service area

OneCare Connect Program Rights

OneCare Connect members have specific rights about:

- Information
- Privacy
- Voicing complaints
- Enrollment/disenrollment
- Receiving emergency services

Member choice is key

- Primary care physician
- Composition and involvement of Interdisciplinary Care Team (ICT)
- Choice of family members, friends or other persons to help with decisions

Members can leave OneCare Connect at any time

OneCare Connect Program

- Additional rights under OneCare Connect:
 - Members can choose their network and doctor
 - CalOptima's Health networks or the Community Network
 - Primary care and specialist providers
 - Option to change providers every 30 days
 - Timely access to covered services and medications
 - Can expect reasonable accommodations
 - Will not be balance billed (charged for more than what Medicare or Medi-Cal has paid)

OneCare Connect Program (cont.)

- Additional rights under OneCare Connect:
 - Opportunity to attend new member orientations and receive key materials in one of the seven threshold languages (English, Spanish, Vietnamese, Farsi, Korean, Arabic and Chinese)
 - 24-hour access to interpreter services at key points of contact
 - Informational materials for members with sensory impairments
 - Referrals to culturally and linguistically appropriate services and supports

Member Handbook Information

Required Information	
Customer Service hours of operation, including TTY and 24-hour telephone numbers; California Relay Service	Procedures for PCPs, referrals, authorizations, medical records, after-hour, urgent and emergency services, HRAs
Copy and use of member identification card	Member rights and responsibilities
Notifications of covered services/locations	Complaints, grievances and appeals
Supplemental benefits	Prescription drugs
Out-of-area coverage	Interpreter and Cultural & Linguistic services
Covered and non-covered services	Quality assurance programs
Enrollment	Disenrollment
Member financial obligations	CalOptima contractual rights
Transportation services	CMS-required information
Advance directives	Glossary of terms

Knowledge Check

1. CalOptima does not discriminate against enrollees due to:
 - a) Claims experience or health status
 - b) Medical history and genetic information
 - c) Evidence of insurability and disability
 - d) All of the above

2. Members have the right to know their rights and responsibilities, as stated in:
 - a) The Member Handbook
 - b) CalOptima's member and provider websites
 - c) CalOptima's member and provider newsletters (annually)
 - d) CalOptima's provider manual
 - e) All of the above

Knowledge Check (cont.)

3. OneCare Connect members have the right to leave the program
 - a) True
 - b) False

4. A OneCare Connect member has the right to:
 - a) Request information and materials in an alternative format (alternate language, large font format, Braille, etc.)
 - b) 24-hour access to interpreter services at key points of contact
 - c) To attend new member orientations and receive key materials in one of the seven threshold languages
 - d) All of the above

Knowledge Check Answers

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

Continuity of Care

Definition:

- Continuity of Care for services and medicines means that the member can continue receiving any current **medically necessary services or prescriptions*** for a period of time after enrolling in OneCare Connect 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: Covered Services

- Medicare and Medi-Cal services
 - Medical
 - Psychosocial
 - Mental and behavioral health
 - Long-Term Services and Supports (LTSS)

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
 - CalOptima OneCare Connect Customer Service Department
 - 24 hours a day, 7 days a week.
 - Toll-Free: **855-705-8823**
 - TTY: **711** or **800-735-2929**

Member Accommodations

- Request for an alternative format (alternate language, large font format, Braille, etc.) is retained in enrollment file.
- An alternative format is used for annual mailing of Evidence of Coverage.
- Advised of their rights in all interactions.
- Notified of Centers for Medicaid & Medicare Services (CMS) or State of California changes via approved notices.

Member Rights: Training Frequency

- CalOptima is committed to supporting the rights of members.
- All employees, providers, contractors and vendors who directly interact with members receive training on member rights.
 - Upon hire or contract
 - And annually

Member Rights: Monitoring

CalOptima monitors compliance with member rights:

- Periodic audits
- Review of member grievances
- Actions for failures:
 - Staff retraining and /or disciplinary actions
 - Provider or vendor retraining, corrective action plan, and/or revocation of delegation
 - Contractor retraining and/or reassignment/ termination of contract

Cal MediConnect Ombudsman

- Cal MediConnect Ombudsman

- A state-supported member resource for Cal MediConnect

- Help with:

- Provider, health plan, coverage denial, or payment for a medical decision
 - Continuity of care
 - Filing an appeal

- Contact Information

- Monday through Friday from 9 a.m. to 5 p.m.

- Cal MediConnect: **855-501-3077** (TTY 855-847-7914)

- www.healthconsumer.org

Available Resources

- CalOptima Customer Service:
 - Toll-Free: **855-705-8823**
 - TTY: 711 or 800-735-2929
 - 24 hours a day, 7 days a week
- California Department of Public Health (CDPH):
 - General Information: **916-558-1784**
 - For relay services for the hearing or speech impaired, call:
MCI from TTY 800-735-2929 or MCI from voice telephone 800-735-2922
 - Sprint from TTY 888-877-5378 or Sprint from voice telephone 888-877-5379
- Office of Civil Rights:
 - General Information: **800-368-1019**

Knowledge Check

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

2. The Cal MediConnect Ombudsman is a resource available from the state of California for OneCare Connect members to contact when they wish more information or help with the program.
 - a) True
 - b) False

Knowledge Check Answers

1. e) a and b only
2. a) True

Authorities

- DHCS/CMS/CalOptima Cal Med-Connect 3-way Contract
- CMS/DHCS — California Duals Demonstration Memorandum of Understanding
- Title 42, Code of Federal Regulations
- Medicare Managed Care Manual
- National Committee for Quality Assurance (NCQA), Standards and Guidelines for the Accreditation of MCOs, Member Rights and Responsibilities 1–2
- Code of Federal Regulations (CFR), Title 42, Subpart C — Enrollee Rights and Protections

References

- OneCare Connect Member Handbook
- CalOptima Policy CMC.4001: Member Rights and Responsibilities
- CalOptima Policy CMC.4002: Cultural and Linguistic Services
- CalOptima Policy CMC.4003: Member Enrollment
- 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 (EOC)
- CalOptima Policy CMC.4009: Member Orientation

References (Cont.)

- 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.6026 Care Coordination for OneCare Connect
- CalOptima Policy CMC.6021a: Continuity of Care for New Members
- CalOptima Policy MA. 9212: Access by Member's Authorized Representative
- 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



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Medi-Cal

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