



A Public Agency

OneCare (HMO SNP)  
**CalOptima**  
Better. Together.

# OneCare Model of Care

**Training Program**

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# Overview

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- The Centers for Medicare and Medicaid Services (CMS) requires all Medicare Advantage Special needs Plans (MA-SNP) to have a Model of Care (MOC).
- CMS requires all employed, contracted personnel and providers of the SNP to be trained on the MOC.
- The SNP Model of Care is the architecture for care management policy, procedures and operational systems.
- This course describes the OneCare MOC and how OneCare and its contracted network of providers work together to ensure the success of the MOC.

# Learning Objectives

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- Describe the components of the OneCare MOC.
- Explain the goals of the OneCare MOC.
- Identify the roles of the different levels of OneCare staff in the implementation of the MOC.
- Explain the specialized programs that OneCare has to meet the special needs of the members.
- Describe the essential role of the contracted network of providers.
- Describe how OneCare measures the performance of the MOC.

# What is OneCare?

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- OneCare is CalOptima's Medicare Advantage Special Needs Plan (MA-SNP).
- OneCare serves people eligible for both Medicare and Med-Cal (Medicaid) benefits residing in Orange County.

# SNP Model of Care

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- The SNP Model of Care is the architecture for care management policy, procedures and operational systems.

# Elements of OneCare Model of Care (MOC)

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- Measurable Goals
- Staff Structure and Case Management Roles
- OneCare Interdisciplinary Care Team (IDT)
- Provider Network Having Special Expertise
- Use of Clinical Guidelines
- Training on the Model of Care
- Health Risk Assessment (HRA)
- Individualized Care Plan (ICP)
- Communication Network
- Performance and Health Outcome Measurements

# OneCare MOC Measurable Goals

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- Improve access to medical, mental health 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 beneficiary health outcomes.

# Staff Structure and Roles

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- OneCare staff is organized to align with essential care management roles:
  - Administrative staff
  - Service delivery staff
  - Oversight staff

# Administrative Roles

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- OneCare administrative roles:
  - Enrollment
  - Eligibility
  - Claims
  - Grievances and provider complaints
  - Plan information communication
  - Collect, analyze and report on performance and health outcome data

# Service Delivery Roles

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- OneCare Service Delivery Roles:
  - Advocate, inform and educate beneficiaries.
  - Identify and facilitate access to community resources.
  - Care coordination
  - Educate members on health risks and management of illnesses.
  - Empower members to be advocates of their healthcare.
  - Maintain and share records and reports
  - Assure HIPAA compliance

# Oversight Roles

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- Monitor MOC implementation.
- Evaluate effectiveness of the MOC.
- Assure licensure and competency.
- Assure statutory/regulatory compliance.
- Monitor contractual and delegated services.
- Monitor interdisciplinary care team.
- Assure timely and appropriate delivery of services.
- Assure providers use clinical practice guidelines.
- Assure seamless transitions and timely follow-up.

# Health Risk Assessment (HRA)

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- OneCare conducts initial (90 days) and annual health risk assessments for EACH beneficiary.
- OneCare has a standardized health risk assessment tool.
- HRA evaluates the medical, psychosocial, cognitive, and functional needs with medical and mental health history.
- The results are used to develop the members' individualized care plan.
- The HRA may be face-to-face, telephonic, electronic or paper-based.

# Individualized Care Plan (ICP)

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- An interdisciplinary care team develops the ICP for each OneCare member.
- Members and/or caregivers are involved and must sign off on the ICP.
- The ICP is reviewed and revised annually or when health status changes.
- An individualized care plan includes goals and objectives, specific services and benefits and measures outcomes.
- The ICP is communicated to beneficiary, caregivers and providers.
- The ICP is maintained to assure access by all care providers.
- Records are per HIPPA and professional standards.

# Role of the Interdisciplinary Care Team (IDT)

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- Analyze and incorporate the results of the initial and annual health risk assessment into the care plan.
- Collaborate to develop and annually update the member's ICP.
- Manage the medical, cognitive, psychosocial and functional needs of each member.
- Communicate the ICP to all caregivers for care coordination.

# Composition of the Interdisciplinary Care Team (IDT)

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IDT **MUST** include:

- Medical expert
- Mental health and/or behavioral health expert
- Social services expert

IDT **MAY** also include:

- Pharmacist
- Case management
- Restorative therapist
- Nutritionist
- Specialist
- Pastoral specialist
- Health educator
- Disease management

# Most Vulnerable Beneficiaries

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- OneCare has identified the following special populations:
  - Frail/disabled members
  - Members with chronic conditions
  - Members with psychosocial needs
  - Institutionalized members
  - Members at end of life

# OneCare Provider Network

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- OneCare contracts with board-certified providers.
- OneCare monitors network providers to assure they use nationally-recognized clinical practice guidelines when available.
- OneCare assures that network providers are licensed and competent through a formal credentialing review.
- OneCare has a broad network of specialists that includes palliative care, pain management, chiropractors and psychiatrists.

# OneCare Specialty Provider Network Programs

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- OneCare behavioral health program
- Specialty services program that includes dialysis, transportation, DME and home health
- Psychosocial programs, including homeless and recuperative programs
- Specialty referral program that refers to Adult Day Health Care (ADHC), housing, Meals on Wheels and personal finance counseling
- Chronic conditions program
- Community-based support programs involving Aging and Disability Resource Center (ADRC), Multi-Purpose Senior Services Program (MSSP), Office on Aging (OOA), Dayle MacIntosh Center (Independent Living)

# OneCare Clinical Guidelines

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- OneCare supports the physician management of chronic conditions by dissemination of best practices, evidence-based guidelines and provider tool kits to promote education and adherence.

# Communication Processes and Systems

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- OneCare has an integrated system of communication with its members and providers
- Communication is both regular and ad hoc
- Member newsletters
- Committees, including Utilization Management Committee (UMC), Clinical Quality Improvement Committee (CQIC), Member and Provider Advisory Committees (MAC/PAC)

# Performance Measurement

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- OneCare uses standardized quality improvement measures to measure performance and health outcomes such as:
  - HEDIS
  - Chronic condition management measures
  - Utilization management measures
  - Member satisfaction (surveys)
  - Provider satisfaction (surveys)
  - Ongoing monitoring of complaints and grievance summaries
  - Tracking and assessment completion of Model of Care training

# Measurement of Effectiveness

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- OneCare measures the effectiveness of the MOC by collecting and reporting data on:
  - Improvement in access to care
  - Improvement in beneficiary health status
  - Staff implementation of model of care
  - Comprehensive health risk assessment
  - Implementation of individualized care plan
  - Provider network of specialized expertise
  - Use of evidence-based practices
  - Use of the communication system

# Summary

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

# CalOptima's Mission

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

# Model of Care (MOC) Assessment

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- Please click on the link below to access the MOC Assessment. The questions are based on the information provided in this presentation. There are a total of ten questions.

**[2012 OneCare MOC Assessment](#)**