



Policy: GG.1318
Title: **Coordination of Care for Hemophilia Members**
Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 12/14/2023

Effective Date: 01/01/2006

Revised Date: **01/01/2024**

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This Policy defines the case management guidelines for coordination of care by CalOptima Health and its Health Networks for Members diagnosed with Hemophilia.

II. POLICY

- A. CalOptima Health is responsible for providing Care Management and Coordination to a CalOptima Health Direct Member who is diagnosed with Hemophilia, in accordance with the provisions of this Policy.
- B. If a Health Network Member, Member, is diagnosed with Hemophilia, CalOptima Health shall transition such Member to CalOptima Health Direct, in accordance with CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
- C. A CalOptima Health Direct Member who is diagnosed with Hemophilia shall receive care from a Federal Hemophilia Treatment Center, in accordance with the provisions of this Policy.
- D. A CalOptima Health Direct Member who is diagnosed with Hemophilia shall receive Hemophilia factor from a Pharmacy that is registered as a covered entity in the 340B Drug Pricing Program.

III. PROCEDURE

- A. A Provider is responsible for diagnosing a Member with Hemophilia.
- B. Upon receipt of notice of a Member who is diagnosed with Hemophilia, a Health Network shall:
 - 1. Notify CalOptima Health's Case Management Department via secure email within five (5) business days after identification of such Member; and
 - 2. Provide Care Management and Coordination to the Member until the Member is effectively transitioned to CalOptima Health Direct.

- C. Upon receipt of a written notice from a Health Network as set forth in Section III.B. of this Policy:
1. CalOptima Health's Case Management Department shall open a case for oversight until the Member transitions to CalOptima Health Direct;
 2. CalOptima Health's Case Manager shall submit a Change of Network Request (CONR) to CalOptima Health's Medi-Cal Enrollment and Reconciliation Department inbox to request Health Network assignment to CalOptima Health Direct (COD);
 3. CalOptima Health's Medi-Cal Enrollment and Reconciliation Department shall transition the Member to CalOptima Health Direct as set forth in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct; and
 4. CalOptima Health shall notify the Member of the transition to CalOptima Health Direct within five (5) business days after receipt of notice from the Health Network.
- D. CalOptima Health shall provide Care Management and Coordination to a Member and is diagnosed with Hemophilia as follows:
1. CalOptima Health's Case Management Department shall contact the Member by telephone within ten (10) business days after transition to CalOptima Health Direct to identify any questions or concerns that the Member may have.
 2. CalOptima Health's Case Management Department shall verify that the Member is connected to the Center for Comprehensive Care and Diagnosis of Inherited Blood Disorders, the Orange County Federal Hemophilia Treatment Center.
 3. A CalOptima Health Case Manager shall:
 - a. Follow the Member's progress during any hospital admission and coordinate with the facility case manager to ensure that all discharge needs are met;
 - b. Provide ongoing communication with the Member after discharge from any hospital admission, as the severity and complexity of the case requires, to identify any issues and to assist in coordinating follow-up care;
 - c. Continue to coordinate with the Federal Hemophilia Treatment Center and provide authorizations as needed for follow-up care; and
 - d. Close the case according to case closure criteria.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct
- C. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide.

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/10/2014	Department of Health Care Services (DHCS)	Approved as Submitted
04/14/2014	Department of Health Care Services (DHCS)	Approved as Submitted
03/29/2016	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
10/03/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2006	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	01/01/2014	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	01/01/2016	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	03/01/2017	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	04/01/2018	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	10/03/2019	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	08/01/2020	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	09/01/2021	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	11/01/2022	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal
Revised	01/01/2024	GG.1318	Coordination of Care for Hemophilia Members	Medi-Cal

IX. GLOSSARY

Term	Definition
340B Drug Pricing Program	Program established pursuant to section 340B of the Public Health Service Act, which limits the cost of covered outpatient drugs to covered entities as defined by 340B(a)(4) of the Public Health Service Act.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Care Management and Coordination	A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet the comprehensive medical, behavioral health and psychosocial needs of an individual and the individual's family, while promoting quality and cost-effective outcomes.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima Health's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Enhanced Care Management and Community Supports as part of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative (as set forth in the CalAIM 1115 Demonstration & 1915(b) Waiver, DHCS All Plan Letter (APL) 21-012: Enhanced Care Management Requirements and APL 21-017: Community Supports Requirements, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 5.51, beginning with section 14184.100), or other services as authorized by the CalOptima Health Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.
Federal Hemophilia Treatment Center	A provider that is part of a regional network of comprehensive hemophilia diagnostic treatment centers established and contracted through the Special Projects of Regional and National Significance (SPRANS) under 42 U.S.C., Section 701(a)(2).
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Hemophilia	Hemophilia A, B, C, or Von Willebrand disease. Hemophilia does not include any other acquired factor deficiencies including, but not limited to, defibrination syndrome, acquired coagulation factor deficiency, and hemorrhagic disorder due to intrinsic circulating anticoagulants.

Term	Definition
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in a CalOptima Health program.