



Policy: MA.6026
Title: **Coordination of Care, Medi-Cal Covered Services for OneCare**
Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 01/29/2024

Effective Date: 01/01/2006

Revised Date: 01/01/2024

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

I. PURPOSE

This policy defines the process by which CalOptima Health and a Health Network shall coordinate Medi-Cal Covered Services for its Members.

II. POLICY

- A. CalOptima Health and a Health Network shall coordinate requests for Medi-Cal Covered Services, in accordance with this policy, including but not limited to: Long Term Services and Supports (LTSS), Medi-Cal Dental Benefits, and Community Supports
- B. CalOptima Health and a Health Network shall notify its Contracted Providers of the process by which a Member may access Medi-Cal Covered Services.
- C. CalOptima Health shall process requests and claims for Medi-Cal Covered Services in accordance with CalOptima Health Policies MA.3101: Claims Processing and MA.3103: Claims Coordination of Benefits.
- D. CalOptima Health and a Health Network shall ensure that a Member exhausts Medicare benefits prior to referring the Member for Medi-Cal Covered Services.
- E. The OneCare Provider Directory shall identify OneCare Providers that participate in Medicare and Medi-Cal programs, to facilitate Member access to network Providers.
- F. OneCare Contracted Providers shall provide Covered Services to OneCare Members, regardless of Provider Medi-Cal participation status.
- G. A OneCare Contracted Provider who accepts a Member as a patient shall accept payment from CalOptima Health, or a Health Network, for OneCare Covered Services as payment in full, in accordance with the Contracted Provider's Contract for Health Care Services.

- H. Enhanced Case Management (ECM): Provided to Members who meet DHCS Population of Focus criteria for Members. ECM coordinates care for the highest risk Members with complex medical and social needs, including across the physical and behavioral health delivery system. If the Member's Medi-Cal is also assigned to CalOptima Health or a Health Network, ECM-like services would be provided through OneCare.
- I. CalOptima Health or a Health Network will provide continuity of care, in accordance with CalOptima Health Policy GG.1356: CalAIM Enhanced Care Management Administration and MA.6021a: Continuity of Care for New Members for a Member who is already receiving Enhanced Care Management (ECM) services when possible until the member graduates from ECM.
- J. CalOptima Health shall ensure that Health Networks, Contracted Providers, and office staff are provided instruction on how to assist Members with special needs and coordinate Medicare and Medi-Cal Covered Services through various methods, which include, but are not limited to:
 - 1. Face-to-face meetings;
 - 2. Joint operations meetings;
 - 3. Provider manual; and
 - 4. CalOptima Health's Website.

III. PROCEDURE

- A. CalOptima Health and a Health Network shall instruct its Contracted Providers to obtain basic information from a Member prior to rendering Covered Services, including access to the Member's OneCare identification (ID) card.
- B. CalOptima Health and a Health Network shall verify a Member's enrollment status and eligibility for requested services.
- C. CalOptima Health, a Health Networks, and Providers shall facilitate timely access to services by coordinating a Member's preventive, acute, specialist, and ancillary referrals in accordance with CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.
- D. CalOptima Health, and a Health Network shall process a request for Medi-Cal Covered Services, and assist in coordinating care as follows:
 - 1. For Medi-Cal Covered Services available in network, the Health Network shall refer the Member to a CalOptima Health Contracted Provider.
 - 2. For Covered Services not available in network, the Health Network shall refer the Member to a Medi-Cal registered Provider.
 - 3. For Medi-Cal Covered Services that are carved-out from the contract, CalOptima Health and a the Health Network shall refer the Member to the appropriate fee-for-service Medi-Cal Provider.

- E. If a Member exhausts their Mental Health Covered Services under Medicare, and is eligible for Mental Health Service under the Medi-Cal benefit, the Member's Health Network shall refer the Member to the County of Orange Health Care Agency Behavioral Health Plan, in accordance with CalOptima Health Policy GG.1103: Specialty Mental Health Services.
- F. If a Member exhausts Covered Services for Skilled Nursing Facility (SNF) under Medicare, or no longer meets Medical Necessity for continued stay, the Member shall remain in the facility under the Medi-Cal benefit as long as they continue to meet the Medi-Cal Medical Necessity.
 - 1. The Member's Health Network shall coordinate the transfer of the Member's care to OneCare, in accordance with CalOptima Health Policy GG.1822: Process for Transitioning CalOptima Health Members between Levels of Care.
- G. If the requested service does not meet criteria for coverage under OneCare, but meets criteria for coverage under CalOptima Health's Medi-Cal program, the CalOptima Community Network (CCN) or a Health Network shall forward the request to CalOptima Health.
- H. CalOptima Health or a Health Network shall not issue a denial notice for Medi-Cal Covered Services.
- I. CalOptima Health or a Health Network shall issue the Information Letter to the Member upon determination that Medicare does not cover the requested service.
- J. CalOptima Health shall reimburse a claim for Medi-Cal or shared-risk pool Covered Services rendered to a Member, in accordance with CalOptima Health Policy MA.3101: Claims Processing.

IV. ATTACHMENT(S)

- A. Information Letter to the Member (H5433_UM17_8)

V. REFERENCE(S)

- A. CalOptima Health Contract for Health Care Services
- B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan (D-SNP) Policy Guide, Contract Year 2023, November 2023
- E. Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plans Policy Guide Contract Year 2024 December 2023
- F. Department of Health Care Services (DHCS) CalAIM Enhanced Care Management Policy Guide, Updated May, 2022
- G. CalOptima Health Health Network Service Agreement
- H. CalOptima Health Policy GG.1103: Specialty Mental Health Services
- I. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- J. CalOptima Health Policy GG.1356 CalAIM Enhanced Care Management Administration
- K. CalOptima Health Policy GG.1822: Process for Transitioning CalOptima Health Members between Levels of Care
- L. CalOptima Health Policy MA.6021a Continuity of Care for New Members
- M. CalOptima Health Policy MA.3101: Claims Processing
- N. CalOptima Health Policy MA.3103: Claims Coordination of Benefits

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
06/24/2021	Department of Health Care Services (DHCS)	Approved as Submitted
11/02/2022	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2006	MA.6026	Coordination of Care, Medi-Cal Covered Services	OneCare
Revised	09/01/2008	MA.6026	Coordination of Care, Medi-Cal Covered Services	OneCare
Revised	10/01/2012	MA.6026	Coordination of Care, Medi-Cal Covered Services	OneCare
Revised	07/01/2016	MA.6026	Coordination of Care, Medi-Cal Covered Services	OneCare
Revised	10/01/2016	MA.6026	Coordination of Care, Medi-Cal Covered Services	OneCare
Revised	12/01/2017	MA.6026	Coordination of Care, Medi-Cal Covered Services for OneCare	OneCare
Revised	08/01/2018	MA.6026	Coordination of Care, Medi-Cal Covered Services for OneCare	OneCare
Revised	03/01/2020	MA.6026	Coordination of Care, Medi-Cal Covered Services for OneCare	OneCare
Revised	12/31/2022	MA.6026	Coordination of Care, Medi-Cal Covered Services for OneCare	OneCare
Revised	01/01/2024	MA.6026	Coordination of Care, Medi-Cal Covered Services for OneCare	OneCare

IX. GLOSSARY

Term	Definition
Community Supports	Substitute services or settings to those required under the California Medicaid State Plan that CalOptima Health may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan.
Contracted Provider	A Provider who is obligated by written contract to provide Covered Services to Members on behalf of CalOptima Health, its contracted Health Networks
Covered Services	Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.
Enhanced Care Management (ECM)	A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.
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.
Long Term Services and Supports (LTSS)	A wide variety of services and supports that help Members meet their daily needs for assistance and improve the quality of their lives. LTSS are provided over an extended period, predominantly in homes and communities, but also in facility-based settings such as nursing facilities. LTSS includes all of the following: <ol style="list-style-type: none"> 1. Community-Based Adult Services (CBAS); 2. Multipurpose Senior Services Program (MSSP) services; 3. Skilled Nursing Facility services and subacute care services; and 4. In-Home Supportive Services (IHSS).
Medi-Cal Covered Services	For the purposes of this policy, refer to services provided in the Fee-For-Service Medi-Cal program.
Medical Necessity or Medically Necessary	The services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.
Member	An enrollee-beneficiary of the CalOptima Health OneCare program.
Mental Health Services	Covered Services that include: <ol style="list-style-type: none"> 1. Rehabilitative services, including medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and health facility psychiatric services; 2. Psychiatric inpatient hospital services that are designed to both reduce or control a Member's psychotic or neurotic symptoms that necessitated hospitalization and improve the Member's level of functioning; 3. Targeted case management; 4. Psychiatrist services; and 5. Psychologist services.

Term	Definition
Skilled Nursing Facility (SNF)	A facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.