

**Orange County Health Authority OneCare, H5433  
Dual Eligible (Medicaid Subset - \$0 Cost Share) Special Needs Plan**

**Model of Care Score: 98.75%**

**3-Year Approval**

**January 1, 2012 – December 31, 2014**

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**Target Population**

OneCare is a Medicare Advantage Prescription Drug plan which operates exclusively as a “Zero Cost Share, Medicaid Subset Dual Special Needs Plan.” OneCare members qualify for Medicare by age (turning 65) or by disability (24 months of SSDI, ESRD, or ALS.) Nearly one third of OneCare members are under 65. OneCare members qualify for Medicaid by standards established by the State of California, which include a review of income, assets and in some cases, medical condition. As of March 2011, OneCare had 11,481 members of which 55% were female and 45% were male. The threshold languages spoken by the majority of OneCare members are English, Spanish and Vietnamese. OneCare members represent over twenty ethnic groups with the majority of members being White, Asian/Pacific Islander, Alaskan native, American Indian, Black and Hispanic.

**Provider Network**

The OneCare provider network is comprised of providers with extensive experience in caring for Medicare and Medicaid populations; the majority of providers participate in CalOptima’s Medicaid program and are experienced with the needs of a dual-eligible population. They also have expertise in care of the frail elderly, those with complex medical conditions such as ESRD, behavioral and substance use and persons with disabilities. The facilities and providers in the OneCare network include primary care providers (PCPs), specialty care providers, nursing staff, allied health providers, mental/behavioral health providers, pharmacies and laboratories. OneCare has an integrated system of communication that allows communication between the interdisciplinary care team (ICT), the member, the plan, the physician group and the PCP.

**Care Management and Coordination**

OneCare utilizes a plan-developed health risk assessment (HRA) tool to conduct an initial (within 90 days of enrollment) and annual assessment of OneCare members. The plan uses the HRA questions to assess the health and social risks of each member by assessing responses to health status, hospital and ER utilization, number of medications, ESRD on dialysis, chronic and severe medical conditions and more. The medical management system automatically scores the HRA and groups the members into high, moderate and low risk levels based on a risk algorithm. The OneCare Clinical Team then reviews and analyzes the report on a daily basis; this team consists of the medical director, director of case management, clinical manager, director of medical data management, director of pharmacy, social worker, manager of performance measurement and the case manager. The PCP reviews and discusses the HRA with the member during the initial and annual visits.

A PCP or case manager develops the individualized care plan (ICP) in collaboration with the member, caregiver or authorized representative in person, or by written or telephonic communication. The ICP components include prioritized goals, barriers to meeting goals, self-management plan, time frame for reevaluation, assessment of progress, and planning for continuity of care. The PCP or case manager reviews and updates the ICP annually and as the member's health status changes in collaboration with the member and participants of the ICT.

There are three levels of ICTs that reflect the health risk status of members. The participants of the ICT include the member, if feasible, as well as the medical director, PCP, specialists, case management team, behavioral health specialists and social workers. The ICT meetings occur via telephone or face-to-face. The PCP or case manager encourages to the member to participate in the ICT meetings, either by phone or in person, if feasible. The frequency of meetings is determined by the member's stratification, ranging from annual meetings to a frequency individualized to suit the member's needs.

This MOC summary is intended to provide a broad overview of the SNP's MOC. Although the full extent of any MOC cannot be conveyed in a short summary, this summary provides the reader with a general overview of how the SNP addresses member needs.

For more information about this health plan refer to the Special Needs Plan's website at: [www.caloptima.org/onecare](http://www.caloptima.org/onecare).