

# Palliative Care Services

## CalOptima Health Community Network D-SNP Program



CalOptima Health is contracted with a palliative care provider to offer services for our CalOptima Health Community Network (CHCN) OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, members. To qualify, CHCN OneCare members must meet all the general eligibility criteria and at least one of the four disease-specific criteria below to receive covered services for palliative care.



### General eligibility criteria:

*(Must meet all five requirements)*

- 1 The member is likely to or has started to use the hospital or emergency department to manage their advanced disease. This refers to unanticipated decompensation and does not include elective procedures.
- 2 The member has an advanced illness, with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment.
- 3 The member's death within a year would not be unexpected based on clinical status.
- 4 The member has either received appropriate patient-desired medical therapy or is an individual for whom patient-desired medical therapy is no longer effective. The member is not in reversible acute decompensation.
- 5 The member and, if applicable, their family or designated support person, agrees to:
  - a. Attempt, as medically/clinically appropriate, in-home, residential-based or outpatient disease management/palliative care instead of first going to the emergency department
  - b. Participate in advance care planning discussions



### Disease-Specific Criteria:

*(Must meet at least one of the following disease conditions):*

- 1 Congestive heart failure (CHF)
- 2 Chronic obstructive pulmonary disease (COPD)
- 3 Advanced cancer
- 4 Liver disease

*Each disease-specific condition has additional requirements (see page 2)*

Health care providers can refer and submit an authorization request for patients they feel meet the general requirements and would benefit from this service. Please follow the standard authorization process or submit a request via the CalOptima Health Provider Portal, along with the appropriate clinical documentation.

For questions, please contact  
Provider Relations at **714-246-2600** or  
[providerservicesinbox@caloptima.org](mailto:providerservicesinbox@caloptima.org).



**OneCare**  
CalOptima Health

## Frequently Asked Questions

### 1. Who is eligible?

**A:** CHCN OneCare members who meet all five general eligibility criteria and at least one of the disease-specific criteria (see page 1).

### 2. What do the disease-specific criteria entail?

**A:** There are four disease-specific conditions:

#### **CHF: Must meet (a) and (b)**

- a. The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned or meets criteria for the New York Heart Association's (NYHA) heart failure classification III or higher
- b. The member has an ejection fraction of less than 30% for systolic failure or significant comorbidities

#### **COPD: Must meet (a) or (b)**

- a. The member has a forced expiratory volume (FEV-1) less than 35% of the predicted value and a 24-hour oxygen requirement of less than three liters per minute.
- b. The member has a 24-hour oxygen requirement of greater than or equal to three liters per minute.

#### **Advanced Cancer: Must meet (a) and (b)**

- a. The member has stage III or IV solid organ cancer, lymphoma or leukemia
- b. The member has a Karnofsky Performance Scale score less than or equal to 70 or has failure of two lines of standard of care therapy (chemotherapy or radiation therapy)

#### **Liver Disease: Must meet (a) and (b) combined or (c) alone**

- a. The member has evidence of irreversible liver damage, serum albumin less than 3.0 and international normalized ratio greater than 1.3
- b. The member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome or recurrent esophageal varices
- c. The member has evidence of irreversible liver damage and has a Model for End-Stage Liver Disease (MELD) score greater than 19.3

*If the member continues to meet the above minimum palliative care eligibility criteria, they may continue to access both palliative care and curative care until the condition improves, stabilizes or results in death.*

### 3. What can providers do to refer members to palliative care services?

**A:** Providers must assess if the OneCare member meets the general eligibility criteria and disease conditions and would benefit from palliative care services. Once a provider has determined that the OneCare member meets all requirements, submit an authorization request by fax or via the CalOptima Health Provider Portal. Submit all clinical documentation indicating the member has met the criteria above, along with the authorization request.

### 4. How long are palliative care services available?

**A:** Palliative care services are available as long as medically necessary. The first authorization is up to 90 days. Additional authorizations must be submitted with clinical documentation if members require continued services.

### 5. How can I get access to the CalOptima Health Provider Portal?

**A:** Please visit [www.caloptima.org/en/ForProviders/ProviderPortal](http://www.caloptima.org/en/ForProviders/ProviderPortal).