

PROVIDER *Update*



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What You Need to Know for Your Dual Eligible and Cal MediConnect Patients

Prepare for your new D-SNP and Exclusive Aligned Enrollment D-SNP and Cal MediConnect patients

As a reminder, effective January 1, 2023, Cal MediConnect plans (Medicare-Medicaid plans) and Dual-Eligible Special Needs Plan (D-SNP) look-alike (LAL) plans are ending. Here is what you need to know.

Your eligibility files will be updated in time

Medicare eligibility files will be updated in the following areas:

- Header Record – Filler
- Detail Record – Other Health Coverage (OHC) Policy ID and Filler
- COB Record – OHC element to show the Medi-Cal plan data when the member is on the Health Net Medi-Cal plan.
- Trailer Record – Filler

Get familiar with the plans your members are transitioning to

Refer to the Member Plan Crosswalk on the D-SNP Resource for Providers page at healthnet.com/providers/DSNP.

Medi-Cal eligibility verification for D-SNP Members for Care Coordination

Members enrolled in the Wellcare by Health Net EAE D-SNP will also be enrolled in a Health Net Medi-Cal plan.

Health Net has D-SNP plans in other counties as well. However, Health Net may not have a Medi-Cal plan in the applicable county. To coordinate care and benefits, physicians and other providers need to verify the Medi-Cal plan the member is enrolled in.

To check Medi-Cal eligibility, use the Department of Health Care Services online Automated Eligibility Verification tool (AEVS). Instructions to access and interpret results can be found in the provider operations manual > Eligibility > Dual-Eligible Medicare Beneficiaries > Medi-Cal Automated Eligibility Verification.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFP
 - Ambetter HMO
 - Ambetter EPO
 - Ambetter HSP
- Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
- Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
- Cal MediConnect (Los Angeles/San Diego)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Medicare (individual & employer group) (Wellcare By Health Net) – 800-929-9224

Cal MediConnect

Los Angeles County – 855-464-3571

San Diego County – 855-464-3572

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

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Model of Care and care coordination?

Health Net and our contracted physicians and other providers continue to be responsible for coordinating care for members. The member is not responsible for care coordination. Be on the lookout for the updated Model of Care training coming soon in early 2023.

Remember D-SNP members cannot be balance billed

The most important thing to remember is that the D-SNP member cannot be balance billed for any services. Otherwise, below are some scenarios you might have questions about.

Scenario	Solution
When the participating physician group is at risk to pay for Medicare but not for Medi-Cal:	Complete payment based on your Division of Financial Responsibility (DOFR) and submit the non-covered portion to Health Net using the information provided on the Medicare eligibility files.
When the Plan is at risk to pay for both Medicare and Medi-Cal:	• The Medi-Cal/coordination of benefits (COB) will automatically be processed. • Evidence of payment (EOP)/Remittance Advice (RA) for the Medicare payment will advise of the automatic coordination. • The second EOP/RA will be sent after the Medi-Cal payment is processed.

What's different with continuity of care?

Durable Medical Equipment, medical supplies and practitioner continuity of care requirements

D-SNP's must make sure members have access to medically necessary Medicare-covered Durable Medical Equipment (DME) and medical supplies.

- **Members joining a D-SNP with existing DME rentals** must be allowed to keep their existing rental equipment until the D-SNP can evaluate the member, replacement equipment is in the possession of the member, and ready for use.
- **Members joining a D-SNP that have an open authorization** to receive Medicare covered medical supplies may continue to use their existing provider for 90 days, and/or until the D-SNP can reassess the member, and, if medically necessary, authorize supplies and have an in-network provider deliver the medically necessary supplies.

Primary care and specialty providers continuity of care requirements

Upon member request, or request by another authorized person, D-SNPs must offer continuity of care with out-of-network Medicare providers to all members **if all of the following** circumstances exist:

- A member has an existing relationship with a primary or specialty care physician or other provider;
- The physician or other provider is willing to accept, at a minimum, payment from the D-SNP based on the current Medicare fee schedule, as applicable; and
- The physician or other provider does not have any documented quality of care concerns that would cause the D-SNP to exclude the physician or other provider from its network.

For the most up to date information, refer to the DHCS CalAIM Dual Eligible Special Needs Plans Policy Guide at <https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>.

Attention Hospitals and Skilled Nursing Facilities!

Contracted hospitals and skilled nursing facilities (SNFs) must use one of the following methods, in a timely manner, to inform the member's D-SNP and the Medi-Cal plan of any hospital or SNF admission, transfer or discharge. Hospitals and SNFs must use either:

- A secure email or data exchange through a Health Information Organization or,
- An electronic process approved by Department of Health Care Services (DHCS).

This information must be shared to the extent allowed, under applicable federal and state law and regulations, and not be inconsistent with the member's expressed privacy preferences.

Additional guidance from DHCS on this regulatory requirement is pending.

What you need to know about Cal MediConnect

The Cal MediConnect contract is terminating January 1, 2023. Here is what you need to know about claims, encounter submissions and continuation of care.

How long do I have to submit Cal MediConnect claims?

Health Net honors Cal MediConnect claims related to covered services and prescriptions provided during the 12-month term (January 1 through December 31) even if received after the close of the contract year.

Deadline for encounter data submissions for Cal MediConnect patients

Considering the termination of the Cal MediConnect contract, in an effort for Health Net to timely submit encounter data to the Centers for Medicare and Medicaid Services (CMS), physicians and other providers are encouraged to submit encounter data for 2021 or 2022 dates of service no later than **May 31, 2023**.

Is your patient still under care?

If your patient is	And in a PPS1 hospital	Then, until January 1, 2023	And after, January 1, 2023
Hospitalized	Yes	Health Net and its providers are responsible for all inpatient hospital services until the patient is discharged.	Original Medicare or the patient's new health plan will assume payment responsibility for all other covered services as of January 1, 2023.
Hospitalized	No	Health Net and its providers are responsible for the covered charges through January 1, 2023.	Patient's new health plan will assume payment responsibility for all other covered services as of January 1, 2023.
In a skilled nursing facility (SNF)	N/A	Health Net and its participating providers are financially liable for care through January 1, 2023.	Patients continuing in a SNF may receive coverage through either original Medicare or another Medicare Advantage plan.

¹ PPS = prospective payment system.

Additional information

For additional information, refer to the Medicare D-SNP Provider Resource Guide on healthnet.com/providers/DSNP under Trainings and Webinars or contact providerservices@healthnet.com within 60 days, by phone or through the Health Net provider website as listed in the right-hand column on page 1.