

2023 Plan Closures and Transitions

Blue Shield of California Coordinated Choice Plan (HMO) and
Blue Shield of California Promise Cal MediConnect Plans

September 29, 2022



Promise Health Plan

Agenda

- Overview
 - What is changing and why
 - What is a Dual Eligible Special Needs Plan (D-SNP)
- Member transition
 - From/to plan types
 - Member transition navigation & support
- Provider impact
 - Calendar & next steps
 - Serving EAE D-SNP members
 - Provider reimbursement
 - Resources & support
- Q&A

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- A PDF of this presentation and a link to the recording will be emailed to you within five working days.

Today's presenter



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Medicare Duals Eligible

Overview

What is changing?

- Both the Blue Shield Coordinated Choice Plan and Blue Shield Promise Cal MediConnect (CMC) Plans are ending effective December 31, 2022.
 - Cal MediConnect plans will continue to enroll new members through November 30, 2022.
 - All active members in both plans will be automatically transitioned into existing Blue Shield or Blue Shield Promise plans for January 1, 2023.
- Effective January 1, 2023, Dual Eligible Special Needs Plans (D-SNPs) will be categorized as:
 - Exclusively Aligned Enrollment (EAE)
 - Non-Exclusively Aligned Enrollment (Non-EAE)

Why are these plans ending?

- DHCS* and CMS believe offering **aligned D-SNP and Medi-Cal plan coverage** through the same parent organization is more scalable and beneficial for dual eligible beneficiaries.

Blue Shield of California Coordinated Choice Plan

- Special needs plan (SNP) look-alike, is not a true D-SNP.
- Look-alike plans are not subject to the same requirements set forth by state and federal regulators to coordinate a member's Medicare and Medi-Cal benefits.
- They do not provide the same level of care coordination support or member experience as a true D-SNP.

Blue Shield of California Promise CMC Plans

- Offered as part of the demonstration project that is ending statewide on 12/31/2022.
- CMC plans integrated all Medicare and Medi-Cal benefits and services into a single plan offering.

What is a Dual Eligible Special Needs Plan (D-SNP)?

Dual Eligible Special Needs Plans (D-SNPs) are a special type of Medicare Advantage plan that provides health benefits for people who are “dual eligible,” meaning they qualify for both Medicare and Medi-Cal.

D-SNP characteristics:

- No charge for premiums or co-pays, 20% coinsurance
- Healthcare coordination and management assistance
- Supplemental benefits beyond what is covered by Medicare or Medi-Cal
- Requires a Model of Care (MOC) approved by NCQA* and CMS
 - The MOC documents how the D-SNP will manage care for an enrollee, especially those who are most vulnerable
 - The MOC is unique to each plan offering a D-SNP
 - Providers caring for a plan’s D-SNP members **MUST** complete the Blue Shield Model of Care training upon contracting, and annually thereafter



Dual eligible beneficiaries

Dual eligible beneficiaries (duals) are individuals with both Medicare and Medi-Cal coverage.

- There are different levels of dual eligibility, based on the scope of Medi-Cal coverage.

Full duals

- Medicare coverage plus access to full Medi-Cal benefits, services, and financial assistance.

Partial duals

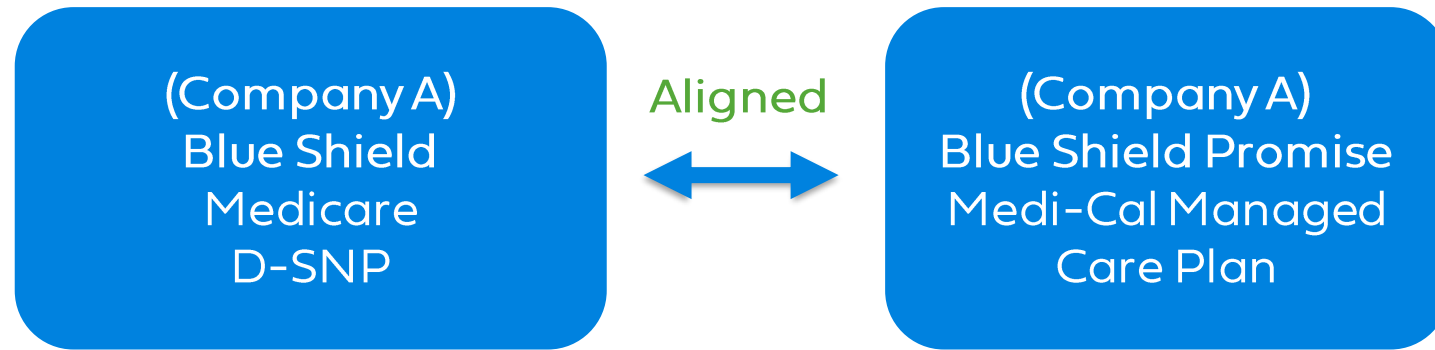
- Medicare coverage but receives only Medi-Cal financial assistance, with no access to Medi-Cal benefits or services.

Non-duals

- Medicare but no Medi-Cal coverage.

What is an Exclusively Aligned Enrollment (EAE) D-SNP?

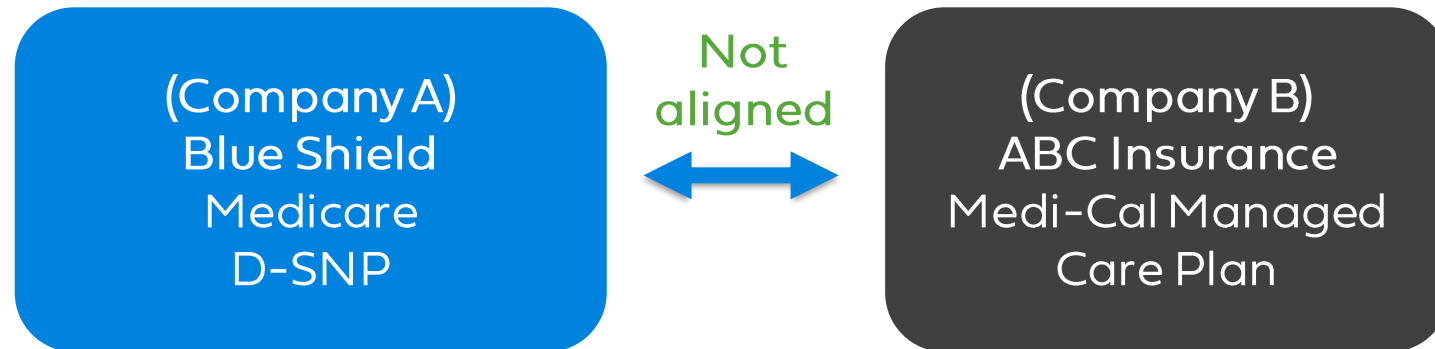
- An EAE D-SNP has an affiliated Medi-Cal plan offered within the same service area.
 - Example: Blue Shield is the D-SNP carrier that manages a full dual eligible member's Medicare coverage and Blue Shield Promise manages the member's Medi-Cal coverage.



- For 2023, Blue Shield EAE-D-SNPs will be offered in Los Angeles and San Diego through the Blue Shield TotalDual Plan (HMO D-SNP) with matching Medi-Cal coverage through Blue Shield Promise.

What is a Non-Exclusively Aligned Enrollment (EAE) D-SNP?

- In a Non-EAE D-SNP, the D-SNP does not have an affiliated Medi-Cal plan offered within the same service area.
 - Example: Blue Shield is the D-SNP carrier that manages a full dual eligible member's Medicare coverage, but a different carrier manages the member's Medi-Cal coverage because Blue Shield Promise does not have an affiliated Medi-Cal Plan in that member's county.



Member transition



Coordinated Choice member transition

Blue Shield Coordinated Choice members will be automatically enrolled into existing Blue Shield D-SNPs and Medicare Advantage Prescription Drug (MAPD) plans based on dual eligibility status and county where they reside.

Dual eligibility status

Full

Medicare coverage plus access to full Medi-Cal benefits, services, and financial assistance.

Partial

Medicare coverage but receives only Medi-Cal financial assistance, with no access to Medi-Cal benefits or services.

Non

Medicare but no Medi-Cal coverage.

Coordinated Choice member crosswalk

Counties	Members	2023 Plan
Santa Clara and Fresno	All members	Blue Shield Inspire (HMO) H0504-047
Merced, San Joaquin, and Stanislaus	Full dual members	Blue Shield Inspire (HMO D-SNP) H5928-054
	Non and partial dual members	Blue Shield Inspire (HMO) H0504-047
Riverside and San Bernardino	All members	Blue Shield 65 Plus Choice Plan (HMO) H0504-040
Los Angeles	Full dual members	Blue Shield TotalDual (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise
	Non and partial dual members	Blue Shield Inspire (HMO) H0504-043
Orange	All members	Blue Shield Inspire (HMO) H0504-043
San Diego	Full dual members	Blue Shield TotalDual (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise
	Non and partial dual members	Blue Shield Advantage Optimum Plan 1 (HMO) H5928-010

Cal MediConnect member transition

Blue Shield Promise CMC members will be automatically enrolled into the Blue Shield TotalDual EAE D-SNP and have their Medi-Cal coverage aligned to match Blue Shield Promise Medi-Cal plans in Los Angeles and San Diego counties.

CMC member crosswalk

Counties	Members	2023 Plan
Los Angeles (HMO-MMP) H0148-002	All	Blue Shield TotalDual (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise
San Diego (HMO-MMP) H0148-001	All	Blue Shield TotalDual (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise



Member impact

- Approximately 25,000 Blue Shield and Blue Shield Promise members will be impacted by the Coordinated Choice and Cal MediConnect transitions.
- **Our #1 priority: Ensure these members – and you – experience a smooth transition. Here's how:**



Enrollment*

No application or choice form – members are transitioned automatically.



Doctors

Provider networks will be similar. Most members will keep their current doctors.



ID cards

All transitioning members will receive their new ID card before 1/1/23.



Benefits

Members will move to plans with similar or better benefits.



Continuing care

Open authorizations and prescriptions will be transferred to the member's new plan.

Primary Care Physician (PCP) assignment

- PCP assignment will follow the member.
 - Members will be able to retain their doctor if there is a Medicare contract in place for that practitioner in the group.
 - If a PCP isn't available in the member's current IPA*/medical group and is available in a different one, the member will be assigned there.
 - If a PCP is not available at all, the member will be assigned to a new provider in their current IPA/medical group.
 - If neither the PCP nor the IPA is available, the member will be assigned to a new provider in a new IPA/medical group.

* Independent Physician Association (IPA)



Continuity of care (COC)

- **If a member is currently receiving medical and/or behavioral health services* from a specific provider and wants to continue, they can for up to 12 months if that provider is contracted directly with Blue Shield and/or, is listed on [medicare.gov](https://www.medicare.gov).**
 - Requirements:
 - Member has seen the provider at least once during the prior 12 months for a non-emergency visit.
 - Provider does not have documented quality of care concerns.
 - Provider accepts payment from the plan at the plan's rate (a minimum of Medicare fee schedule).
 - Note: Member cannot be balance billed.
- **To request COC, members or their authorized representatives should contact their plan's Customer Care team.**
 - Blue Shield will notify the provider and member/authorized representative within seven (7) calendar days when:
 - COC request is approved or denied – member can appeal a denial.
 - COC arrangement is complete, after 12 months, and member is being transitioned to an in-network provider.

* For behavioral health services:

- COC applies to most recent provider.
- IPA is responsible for COC if at risk. When the IPA is not at risk, Blue Shield is responsible for COC.

EAE D-SNP from the member's perspective*

In 2023, approximately 20,000 members will be enrolled in our EAE D-SNP with matching Medi-Cal.



Single ID card

Have a single ID card with only the D-SNP member ID displayed.



Materials

Receive a single set of integrated welcome and annual materials.



Benefits

D-SNP coverage is primary, but member can access both D-SNP & Medi-Cal benefits.



Network

D-SNP provider is primary, but member can access both D-SNP and Medi-Cal networks.



Customer service

Single phone number and team for D-SNP and Medi-Cal.



Member portal

D-SNP primary but member can access both D-SNP and Medi-Cal portals.



Care management

Seamless coordination of D-SNP and Medi-Cal benefits & services.



Appeals & grievances

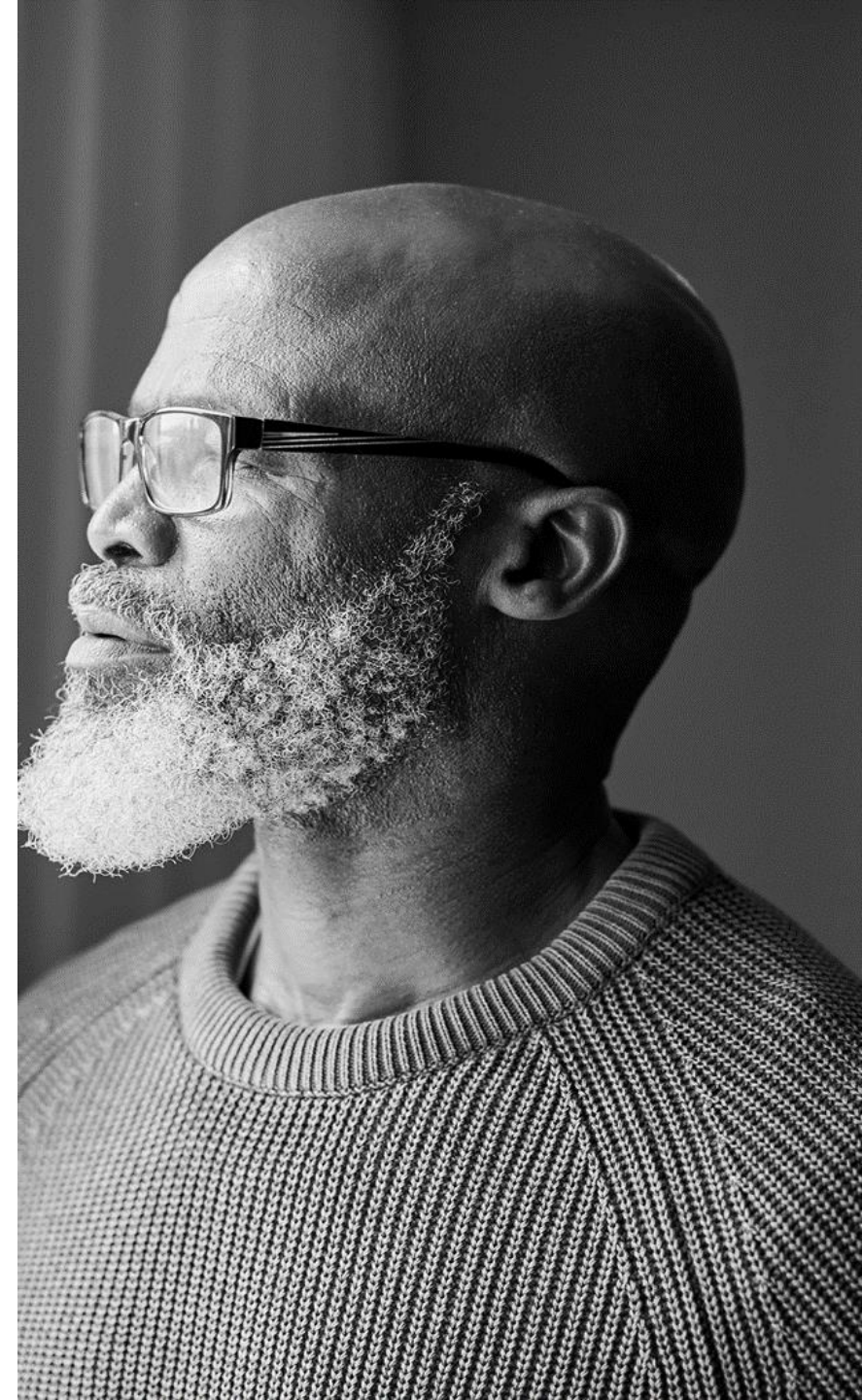
Unified D-SNP and Medi-Cal AGD review and notifications.

How will Blue Shield Promise communicate about this transition to members?

- New member welcome materials
- Annual notice of change (ANOC)
- Notices of non-renewal
- Outbound call campaigns
- New plan value proposition
- FAQ
- Blue Shield member website: [TotalDualPlan transition](#)

For additional support:

Members can call their plan's Customer Care phone number located on the back of their **current Member ID** card to speak with a Blue Shield customer care representative about the transition.



Provider impact

Key dates for 1/1/23 go-live

Mid-Late June 2022

Providers received informational communications on plans ending and next steps. These were NOT termination notices.

Late July 2022

CMC members received retention marketing mailer notifying them of transition. Transition page also posted on CMC website.

Sept 30, 2022

CMC & Coordinated Choice members receive ANOC and 90-day plan non-renewal notice.

Oct 2022

CMC & Coordinated Choice members receive notices about provider or medical group changes.

Oct 17, 2022

CMC Network providers receive termination notices.

Nov 15, 2022

CMC members receive a 45-day plan non-renewal notice.

Nov 30, 2022

Last day for CMC members with a 12/1 effective date to enroll.

Dec 31, 2022

Last day CMC & Coordinated Choice plans are effective.

Jan 1, 2023

Enrollees effective in their new plans beginning at midnight.

Serving EAE D-SNP members*



Single ID card

Members provide a single ID card for Medicare and Medi-Cal with a single member ID.



Benefits

DSNP coverage primary, but members have access to D-SNP & Medi-Cal benefits.



Network

D-SNP included as part of Blue Shield's Medicare network.



Care management

D-SNP Model of Care and HRA processes take precedent for D-SNP & Medi-Cal.



Pharmacy

Medicare Rx benefits through D-SNP but members also have access to Medi-Cal Rx.



Authorizations

Submit Medicare D-SNP authorizations using D-SNP member ID.



Claims

Submit Medicare D-SNP claims using D-SNP member ID.



Appeals & grievances / PDR

Unified D-SNP and Medi-Cal AGD review and notifications.



Provider services

(800) 541-6652




Provider Connection

Online access to all the same portal functionality for D-SNP and Medi-Cal.

EAE D-SNP member ID card*


- EAE D-SNP members in Los Angeles and San Diego counties will receive new ID cards prior to the January 1, 2023, effective date, beginning in November.
 - CMC members moving into the Blue Shield TotalDual Plan will be assigned new member IDs.
 - Blue Shield Coordinated Choice members will keep existing member IDs.

 Member Name: Member Name Member ID#: XEE-12345678 Care Coordinator Phone: (888) 548-5765 PCP: <PCP Name> PCP Ph: <PCP Phone> <PCP Group>	MedicareRx Prescription Drug Coverage RxBIN: 004336 RxPCN: 77993322 MEMBER CANNOT BE CHARGED PCP/SPC/ER \$0/\$0/\$0 H5928-005	In an emergency, call 911 or go to the nearest ER. Customer Care: (800) 452-4413 (TTY: 711) Pharmacy Help Desk: (888) 970-0933 Transportation: (855) 200-7544 NurseHelp 24/7: (877) 304-0504 Send Medical Claims To: Blue Shield of California P.O. Box 272640, Chico, CA 95927-2640 Send Rx Claims To: Blue Shield of California P.O. Box 52066, Phoenix, AZ 85072-2066 Providers: Please file all claims with your local BCBS licensee in whose service areas the member received services. Blue Shield of California is an independent member of the Blue Shield Association.
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* To view a digital copy of the member's ID card, log in to [Provider Connection](#) and click *Check eligibility*. Enter the required information to see the member's eligibility and their member ID card.

Non-EAE D-SNP and MAPD member ID card*

- Transitioning Coordinated Choice members and current Non-EAE D-SNP will also receive new member ID cards prior to the January 1, 2023, effective date.

	MedicareRx Prescription Drug Coverage
Member: MEMBER NAME LINE 1 MEMBER NAME LINE 2	PBP PLAN NAME LINE 2 LINE 3
Member ID: XEE 12345678	Health Plan: (80840)
Copayments: PCP/SPC/ER \$XX/\$XX/\$XX	Group #: E0001000
PCP: PCP NAME LINE 1 PCP NAME LINE 2	Effective Date: MM/DD/YYYY
PCP Ph: (555) 123-4567	RxBIN: 004336
IPA NAME LA/SD LINE 1 IPA NAME LA/SD LINE 2	RxPCN: 77993322
	CMS ID: H5928-PBP

blueshieldca.com/medicare	
Customer Care	(800) 452-4413 (TTY: 711)
Transportation	(877) 433-2178
NurseHelp 24/7	(877) 304-0504
Pharmacy Help Desk	(888) 970-0933
Behavioral Health	(800) 452-4413 (TTY: 711)
<small>This member has limited benefits outside of the plan service area and outside of California. Members: In an emergency, call 911 or go to the nearest ER. Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. CA Providers: Most claims should be filed with the member's IPA/Medical Group. Call Provider Customer Service to obtain medical and hospital admission prior authorization to avoid reduced or non-payment; Pharmacists call for prescription processing information. Visit Provider connection at: blueshieldca.com/provider Submit Medical Claims to: Blue Shield of California, P.O. Box 272640, Chico, CA 95927-2640 Submit Rx Claims to: Blue Shield of California, P.O. Box 52066, Phoenix, AZ 85072-2066 Blue Shield of California is an independent member of the Blue Shield Association.</small>	

* To view a digital copy of the member's ID card, log in to [Provider Connection](#) and click *Check eligibility*. Enter the required information to see the member's eligibility and their member ID card.

Provider reimbursement

- Blue Shield agreements with capitated IPAs and hospitals contain one (1) Division of Financially Responsibility (DOFR) matrix and one (1) rate for all Medicare products including Medicare Advantage (MA), D-SNP, or D-SNP look-alike plan.
- When Cal MediConnect transitions to D-SNP effective 1/01/2023, all members will be managed under the existing Medicare contract rates, DOFR, and terms in place between the provider group and Blue Shield.
- There is no difference in reimbursement rates for D-SNP and Medicare.
 - Providers who have questions about reimbursement rates should contact their Blue Shield Contract Manager or Provider Relations Representative.



Resources

Resources to support you

Support	Detail
DHCS resources	<ul style="list-style-type: none"> • Integrated care for dual eligible beneficiaries • Outreach information about Medicare Medi-Cal plans • What are the Medi-Cal benefits
Provider Customer Services <ul style="list-style-type: none"> • Blue Shield • Blue Shield Promise 	Support for Blue Shield and Blue Shield Promise providers. <ul style="list-style-type: none"> • (800) 541-6652 • (800) 468-9935 • Live chat from Provider Connection Contact us page – login required.
Model of care	<ul style="list-style-type: none"> • Page contains information and training related to MCO.
Provider Information & Enrollment	For provider network inquiries and applications, contract questions, credentials, etc. <ul style="list-style-type: none"> • (800) 258-3091 / BSCProviderInfo@blueshieldca.com. • Can also email the credentialing department at bscinitialapp@blueshieldca.com
Provider Connection Reference Guides	How to register, navigate, and use online tools. Note, there are small differences between the two plans regarding tools available on the website. <ul style="list-style-type: none"> • Blue Shield-specific guide • Blue Shield Promise-specific guide <ul style="list-style-type: none"> • No login required. Also located in the News & Education section.
Check member eligibility/view Member ID	<ul style="list-style-type: none"> • Log in to Provider Connection and click Check eligibility. Enter the required information to see the member’s eligibility and their member ID card.
AuthAccel Online Authorization System	<ul style="list-style-type: none"> • Access instructions – no log in required. Additionally, instructions are linked to each AuthAccel launch page. You must be logged in to view launch pages.
Prior authorization lists & forms – no login required	<ul style="list-style-type: none"> • Blue Shield authorization list • Blue Shield prior authorization forms • Blue Shield Promise prior authorization list • Blue Shield Promise prior authorization forms
Check claim/appeal status	<ul style="list-style-type: none"> • Log in to Provider Connection and click Claim status. Enter the required information to see claim information including EOBs.
BlueShield/BlueShield Promise contact us	<ul style="list-style-type: none"> • Phone, fax and email contacts for multiple provider support teams – no login required.



Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.