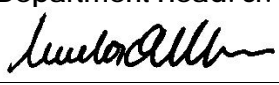
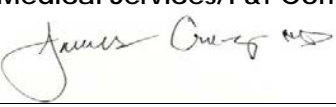


<b>Policy Title: Coordination of Medicare and Medi-Cal Services</b>		<b>POLICY #: 50.2.24</b>	
		<b>Line of business: Medicare Adv</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 6/09	<b>Effective Date</b> 5/19	<b>Revision Date</b> 12/18
<b>Department Head: Sr. Director, UM</b> 			<b>Date: 3/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable)</b> 			<b>Date: 3/21</b>

**PURPOSE**

To provide a process of coordinating Medicare and Medi-Cal benefits and services for Blue Shield of California Promise's (Blue Shield Promise) dual-eligible Special Needs Patients (SNP).

To assist dual-eligible members obtain services they are eligible to receive regardless of payer, by coordinating Medicare and Medi-Cal coverage.

To clarify reimbursement responsibilities to Medicare providers for the cost of services provided to Duals population, including Medicare deductibles and coinsurance.

**DEFINITION:**

Deductibles – Medicare beneficiary's financial obligation before Medicare will begin reimbursement for services.

Coinsurance – an amount a Medicare beneficiary may be required to pay after payment of deductibles for the beneficiary's share of cost for Medicare services.

**POLICY**

Blue Shield Promise Health Plan shall assist SNP members obtain services they are eligible to receive regardless of payer, by coordinating Medicare and Medi-Cal coverage.

Blue Shield Promise shall reimburse Medicare providers for Medi-Cal services that are not covered by Medicare and for all applicable Medicare deductibles and insurance, as long as collectively they do not exceed the maximum allowable Medi-Cal fee-for-service (FFS) reimbursement rates.

- Medicare network providers shall be paid by Blue Shield Promise according to reimbursement methodology stipulated in their contractual arrangement.
- Out-of-network Medicare providers shall be reimbursed directly by Blue Shield Promise.

Under no circumstances shall a Medi-Cal provider submit claims or demand reimbursement from a Medi-Cal beneficiary for services included in the Medi-Cal Managed Care Program's scope of benefits, as well as any applicable Medicare deductibles and coinsurance.

**PROCEDURE**

Coordination of Medicare and Medi-Cal services is done by:

- I. **Coordinating benefits for dual-eligible members**
  - i. Giving prospective members information about benefits they are eligible to receive from both programs.
  - ii. Informing members about maintaining their Medi-Cal eligibility
  - iii. Providing information to members about benefits they are eligible to receive from both programs.
  - iv. Giving members access to staff who can advise them on using both Medicare and Medi-Cal
  - v. Giving members clear explanations of benefits and of any communications they receive regarding claims or cost sharing from Medicare, Medi-Cal or providers
  - vi. Giving members clear explanations of their rights to pursue grievances and appeals under Medicare Advantage and under the State Medi-Cal program.
    - a. Informing prospective members
      - i. Blue Shield Promise Health Plan provides marketing materials specifically designed for dual-eligible prospective members, with combined information about Medicare and Medi-Cal benefits.
      - ii. Blue Shield Promise provides members and prospective members with written materials or contact them in person or by telephone.
      - iii. If conflicting requirements for Medicare and Medi-Cal information do not allow Blue Shield Promise Health Plan to integrate materials, then Blue Shield Promise will provide both sets of information.
      - iv. Materials will cover the details of member's specific benefit plans, including cost sharing, if any.
        - b. Monitoring Medi-Cal eligibility
          - i. Blue Shield Promise Health Plan receives information on changes on Medi-Cal eligibility from the monthly reports on all Medi-Cal eligible members
          - ii. Blue Shield Promise monitors both kinds of change of losing or gaining eligibility.
          - iii. Members are referred to Department of Health Care Services (DHCS) to maintain eligibility.
          - iv. Assistance is provided for members who have lost their eligibility, including during the re-application process.
        - c. Providing coordinated information
          - i. Description of Medicare and Medi-Cal benefits cover the details of each member's specific benefit package, including cost sharing.
          - ii. Contact information is provided, such as member services, which the member can call, as an alternative to written documents.
          - iii. A designed representative from Blue Shield of California Promise can respond to questions about Medicare benefits, including questions regarding cost of share, and can refer members to the appropriate personnel in the DHCS for Medi-Cal questions.
        - d. Providing information regarding adjudication of claims and explanations of benefits; Grievance and appeal procedures
          - i. Blue Shield Promise helps members understand the state's adjudication of claims submitted by members
          - ii. Blue Shield Promise provides information about the appeal rights
- II. **Administrative Coordination of Dual-Eligible Benefit Packages**
  - a. Blue Shield Promise coordinates Medicare and Medi-Cal benefits by:
    - i. Using a process to identify changes in Medi-Cal eligibility

- ii. Coordinating adjudication of Medicare and Medi-Cal claims for which the organization is contractually responsible
- b. Maintaining Medi-Cal eligibility
  - i. Blue Shield Promise uses the CCM Program to determine if the member has Medi-Cal and Medicare eligibility and identifies if the member has changes in the benefit coverage.
  - ii. Blue Shield Promise helps members or refer them to DHCS to maintain Medi-Cal eligibility and provides assistance in the members' reapplication process, for those who lost their eligibility.
- c. Coordinating adjudication of Medicare and Medi-Cal claims for which the organization is contractually responsible.
  - i. Blue Shield Promise Evidence of Coverage Manual explains how to call the Member Services for questions regarding claims, billing, or other questions.

### **III. Coordination with the State Department of Health Care Services for Dual-Eligible Benefit Packages**

Blue Shield Promise maintains a documented relationship with the DHCS to foster coordinated care, by having or working toward an agreement for administering any part of the Medi-Cal benefit package, the form of a memorandum of agreement (MOA), memorandum of understanding (MOU), or a contract

### **IV. Administrative Coordination of Chronic Condition and Institutional Benefit Packages – Not applicable to this policy**

### **V. Service Coordination**

Blue Shield Promise coordinates delivery of services covered by Medicare and Medi-Cal through the following:

- i. Helping members access network providers that participate in both the Medicare and Medi-Cal programs or providers that accept Medi-Cal patients
  - ii. Educating providers about coordinating Medicare and Medi-Cal benefits for which members are eligible and about members' special needs
  - iii. Helping members obtain services funded by either program when assistance is needed
  - iv. Assessing adequacy of the network for providing member access at least semiannually
- a. Providing Access
  - i. Blue Shield Promise ensures that dual-eligible members have access to providers that accept Medi-Cal for services paid only by Medi-Cal
  - ii. Blue Shield Promise requires that its network physicians do not bill patients more than the co-payment required by the State Department of Health Care Services, and if only accepting Medicare, dual-eligible members are not balance-billed for copayments paid by Medi-Cal
- b. Educating providers
  - i. Blue Shield Promise educates providers about dual-eligible member's covered benefits using the website, orientation packets, provider manuals, and newsletters.
- c. Coordinating services
  - i. Blue Shield Promise works with IPAs and Medical Groups, contracts with facilities, refers members to non-contracting providers in the provision of care and services to dual-eligible members
- d. Assessing adequacy of the network

- i. Blue Shield Promise regularly monitors indicators of access and adds providers to serve its membership across various kinds of coverage, geography, cultural, and linguistic and health needs, as needed.
- VI. Payments
  - a. Medicare costs are calculated as part of Blue Shield Promise Health Plan's capitated rate
  - b. Blue Shield Promise shall cover Medicare deductibles as long as the total cost for all services, deductibles, and coinsurance does not exceed the Medi-Cal FFS rate.

**REFERENCES**

SNP 6, NCOA SNP Standards  
MMCD, APL 13-3003