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
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

• 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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Director
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-SNP)s 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.

* Department of Health Care Services (DHCS)
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

* National Committee for Quality Assurance (NCQA)
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.

<table>
<thead>
<tr>
<th>Dual eligibility status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>Medicare coverage plus access to full Medi-Cal benefits, services, and financial assistance.</td>
</tr>
<tr>
<td>Partial</td>
<td>Medicare coverage but receives only Medi-Cal financial assistance, with no access to Medi-Cal benefits or services.</td>
</tr>
<tr>
<td>Non</td>
<td>Medicare but no Medi-Cal coverage.</td>
</tr>
</tbody>
</table>
## Coordinated Choice member crosswalk

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

<table>
<thead>
<tr>
<th>Counties</th>
<th>Members</th>
<th>2023 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles (HMO-MMP) H0148-002</td>
<td>All</td>
<td>Blue Shield TotalDual (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise</td>
</tr>
<tr>
<td>San Diego (HMO-MMP) H0148-001</td>
<td>All</td>
<td>Blue Shield TotalDual (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise</td>
</tr>
</tbody>
</table>
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.

* Members can enroll in a different Blue Shield/Blue Shield Promise plan than the one assigned through their broker or by calling Medicare Direct Sales at 800-488-8000 (TTY: 711) 8 a.m to 8 p.m., seven days a week.
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.
  • 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.

*The member experience will remain mostly the same for individuals enrolled in Non-EAE D-SNP plans.*
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.

* The member experience will not change for individuals enrolled in Non-EAE D-SNP plans.
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.

* 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.

* 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

<table>
<thead>
<tr>
<th>Support</th>
<th>Detail</th>
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| **DHCS resources** | • [Integrated care for dual eligible beneficiaries](#)  
• [Outreach information about Medicare Medi-Cal plans](#)  
• [What are the Medi-Cal benefits](#) |
| **Provider Customer Services**  
• Blue Shield  
• Blue Shield Promise | Support for Blue Shield and Blue Shield Promise providers.  
• (800) 541-6652  
• (800) 468-9935  
• Live chat from Provider Connection [Contact us](#) page – login required. |
| **Model of care** | • Page contains information and training related to MCO. |
| **Provider Information & Enrollment** | For provider network inquiries and applications, contract questions, credentials, etc.  
• (800) 258-3091/[BSCPProviderInfo@blueshieldca.com](mailto:BSCPProviderInfo@blueshieldca.com)  
• Can also email the credentialing department at [bscinitialapp@blueshieldca.com](mailto: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.  
• [Blue Shield](#)-specific guide  
• [Blue Shield Promise](#)-specific guide  
  • No login required. Also located in the [News & Education](#) section. |
| **Check member eligibility/view Member ID** | • 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** | • 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** | • [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** | • Log in to [Provider Connection](#) and click Claim status. Enter the required information to see claim information including EOBs. |
| **Blue Shield/Blue Shield Promise contact us** | • 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.