

Policy Title: Coordination of Medicare and Medi-Cal Services (SNP)		POLICY #: 70.2.70 Line of business: ALL		
Department Head: Sr. Director, UM			Date: 3/21	
Medical Services/P&T Committee: (If Applicable) PHP CMO			Date:	3/21

PURPOSE

To describe the administrative functions involved in providing Medicare and Medi-Cal benefits and to provide dual-eligible SNP members with information on both sets of benefits.

POLICY

Blue Shield of California Promise Health Plan (Blue Shield Program) ensures appropriate coordination between Medicare and Medi-Cal benefits and services for dual-eligible members.

PROCEDURE

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

- Giving prospective members information about benefits they are eligible to receive from both programs
- Using a process to identify changes in member's Medi-Cal eligibility
- Informing members about maintaining their Medi-Cal eligibility
- Providing information to members about benefits they are eligible to receive from both programs.
- Giving members access to staff who can advise them on using both Medicare and Medi-Cal
- Coordinating adjudication of Medicare and Medi-Cal claims for which the organization is contractually responsible
- Giving members clear explanations of benefits and of any communications they receive regarding claims or cost sharing from Medicare, Medi-Cal or providers
- Giving members clear explanation of their rights to pursue grievances and appeals under Medicare Advantage and under the State Medi-Cal program.

A. Informing Prospective Members

- a. Blue Shield Promise Health Plan provides marketing materials specifically designed for dual-eligible members, with combined information about Medicare and Medi-Cal benefits
- b. Blue Shield Promise provides members and prospective members with written materials or contact them in person or by telephone

- c. 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
- d. Materials will cover the details of member's specific benefit plans, including cost sharing, if any.

B. Monitoring Medi-Cal Eligibility

- a. Blue Shield Promise Health Plan receives information on changes on Medi-Cal eligibility from the monthly reports on all Medi-Cal eligible members
- b. Blue Shield Promise monitors both kinds of change of losing or gaining eligibility
- c. Members are referred to state personnel to maintain Medi-Cal eligibility
- d. Assistance is provided for members who have lost their eligibility, including during the Medi-Cal reapplication process.

C. Providing Coordinated Information

- a. Description of Medicare and Medi-Cal benefits cover the details of each member's specific benefit package, including cost sharing
- b. Contact information will be provided, such as Member Services, whom the member can call, as an alternative to written documents.
- c. A designated representative from Blue Shield Promise can respond to questions about Medicare benefits, including questions regarding cost of share, and can refer members to the appropriate state personnel for Medi-Cal questions.

D. Providing Information Regarding Adjudication of Claims and Explanation of Benefits; Grievance and Appeal Procedures:

- a. Blue Shield Promise helps members understand the state's adjudication of claims submitted by members
- b. If Medicare and Medi-Cal each pay part of the same claim, Blue Shield Promise makes the results from both programs easily understood for members
- c. Blue Shield Promise provides information about the appeal rights.

E. Coordinating Benefits for Chronic and Institutionalized SNPs

- a. Blue Shield Promise Health Plan coordinates Medicare and Medi-Cal benefits for chronic and institutionalized SNP members by:
- b. Using a process to identify changes in member's Medi-Cal eligibility
- c. Informing members about maintaining Medi-Cal eligibility
- d. Giving information to members about benefits they are eligible to receive for both Medicare and Medi-Cal
- e. Giving members access to staff who can advise them on use both Medicare and Medi-Cal

F. Coordinating Services

- a. Blue Shield Promise helps members access network providers that participate in both Medicare and Medi-Cal programs or providers that accepted Medi-Cal benefits
- b. Blue Shield Promise educates providers about coordinating Medicare and Medi-Cal benefits for which members are eligible and about the member's special needs
- c. Blue Shield Promise educates members about both kinds of benefits for which they are eligible
- d. Blue Shield Promise helps members obtain services funded by either program when assistance is needed.



e. Blue Shield Promise assesses adequacy of the network for providing member access at least semi-annually.

G. Providing Access

Blue Shield Promise Health Plan publish provider directory for members so that:

- a. All members have access to providers that accept Medicare for services paid only be Medicare;
- b. Dual-eligible members have access to providers who accept Medi-Cal for services paid only by Medi-Cal;
- c. Blue Shield Promise requires that physicians in the network do one of the following:
- d. Accept both Medicare and Medi-Cal payment and do not bill patients more than the co-payment required by the state, or
- e. If only accepting Medicare, do not balance-bill dual eligible members for copayments paid by Medi-Cal

H. Educating Providers and Members

- a. Blue Shield Promise Health Plan provides materials to members and providers that explain full range of benefits and services for which they are eligible, including responsibility for cost sharing, if any, and the right to reimbursement by both programs.
- b. Blue Shield Promise uses briefing materials, interactive web information or personal contact.
- c. Blue Shield Promise informs the provider who is responsible for coordinating services covered by both Medicare and Medi-Cal

I. Arranging for Services

- a. Blue Shield Promise Health Plan has contracted with network of physicians and facilities that are delegated with functions for providing care and services to dual-eligible members.
- b. Policies and procedures are in place that delineate the scope of responsibilities of the delegated groups in providing services to the members.

J. Assessing Adequacy of Network

- a. Blue Shield Promise regularly monitors indicators of access and adds providers to serve its membership across kinds of coverage, geography, cultural and linguistic and health needs.
- b. Blue Shield Promise assesses adequacy of the network for providing member access at least semi-annually.

REFERENCES

