

INTRODUCTION

Dual eligible patients – those with both Medicare and Medi-Cal – are among the poorest and sickest insured patients in the country. They are more likely to have poor health outcomes and high health care costs.

While individual physicians may do an excellent job coordinating care for their dual eligible patients, many dual eligibles do not get the help and support they need. Some physicians and their staff have the training, skills, and capacity to help deal with multiple specialists, behavioral health providers, and community-based resources dual eligible patients need to have a good quality of life. But many physicians feel overwhelmed – as can the patients themselves and their caregivers.

Coordinating these services can also place a high burden on physician offices. Cal MediConnect can help connect patients to services and support their physicians.

The Coordinated Care Initiative (CCI) is a program designed to help provide extra support for low-income seniors and people with disabilities in California, including those who are dually eligible for Medicare and Medi-Cal.

Currently, the CCI is available in seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. The CCI grew out of research and pilots conducted in California and other states showing that dual eligible individuals can benefit from better coordination of care.

CAL MEDICONNECT

People eligible for both Medicare and Medi-Cal can now enroll into a Cal MediConnect plan. These plans provide all Medicare and Medi-Cal benefits, plus additional care coordination, vision benefits, and some extra services.

Through a Cal MediConnect plan, physicians can participate in an interdisciplinary care team for their patients. This can help doctors ensure their patients get all the care and supports they need to live safely in their homes and avoid unnecessary hospitalizations or stays in a nursing facility.

Participation in Cal MediConnect is voluntary. People can choose to join Cal MediConnect or they can continue receiving Medicare services as they do today. They can choose to disenroll at any time.

ORIGINAL MEDICARE & MEDI-CAL MANAGED CARE

California also requires most dual eligibles who do not enroll in a Cal MediConnect plan to enroll in a Medi-Cal managed care plan. These Medi-Cal plans are assuming the role previously performed by the state in the administration of Medi-Cal benefits, including long-term services and supports and Medicare copays. Consequently, the Medi-Cal plan will be responsible for any reimbursement physicians previously received from the state for Medicare cost sharing. Physicians do not need to be contracted with the Medi-Cal plan's network to submit a bill for any Medicare cost sharing the plan owes under state law. Usually, because of state law, the Medi-Cal plan will not be required to pay anything. Also, the Medi-Cal plan will not assign a primary care physician to the patient.

Cal MediConnect health plans can support physicians in coordinating care for patients, including long-term services and supports. Through a Cal MediConnect plan, physicians can participate in an interdisciplinary care team for their patients. This can help doctors ensure their patients get all the care and supports they need to live safely in their homes and avoid unnecessary hospitalizations or stays in a nursing facility.

To ensure that Cal MediConnect plans provide this type of care coordination, the federal and state governments created oversight teams that are closely watching the plans to ensure they are fulfilling their contractual obligations. Care coordination tools such as the Health Risk Assessment and the Individualized Care Plan are a way that the oversight teams, as well as physicians and patients, can hold plans accountable for giving patients the care and support they need.

PATIENTS WHO JOIN CAL MEDICONNECT PLANS

If your patient joins a Cal MediConnect plan, you eventually will have to be in that plan's network in order to continue seeing the patient. If you are not currently in the network, there is a continuity of care period when you can continue to see an existing patient for up to 12 months if you and the plan can work out terms, including payment terms. Payment would be based on 80% of the Medicare fee schedule plus any copays that Medi-Cal is required to pay.

The continuity of care provision is in addition to the generally applicable right patients have to request completion of covered services for certain conditions once they join a managed care plan.

PATIENTS CONTINUING IN ORIGINAL MEDICARE (FEE-FOR-SERVICE) OR MEDICARE ADVANTAGE

If dual eligible patients are not enrolled in a Cal MediConnect plan, their Medicare coverage will remain the same as it is today. Patients must join a Medi-Cal plan for their Medi-Cal benefits (i.e., long-term care, Medicare copays) but will not receive physician services through their Medi-Cal plan. They should not be assigned a primary care physician by their Medi-Cal plan. Their Medi-Cal plan does not authorize physician services.

Their physicians should bill for Medicare services exactly as in the past. Even if the patients are enrolled in a Medi-Cal plan, the physician should bill for Medicare services – which include physician and hospital services – exactly as in the past. There is no change in what Medicare will pay for billed charges, which is generally 80% of the Medicare fee schedule.

It should be noted that no change is made in the rules governing the billing of the 20% copay for dual eligible patients. It continues to be **unlawful to bill dual eligible patients.**

In most cases, providers will need to send their “crossover claims” for that 20% copay to the patient's Medi-Cal plan, which will pay the physician any amount owed under state Medi-Cal law. In some cases, Medicare will send these crossover claims directly to the Medi-Cal plans.

As a reminder, state law significantly limits Medi-Cal's reimbursement on Medicare claims, and there are few types of services where Medi-Cal owes any reimbursement on Medicare claims.

Physicians do not need to be part of the Medi-Cal plan's network or have a contract with the Medi-Cal plan to have these crossover claims processed and paid if the plan owes anything under state law.