Stakeholder Update on the Coordinated Care Initiative

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Today’s Agenda

• Cal MediConnect Continuity of Care Policy Update

• Stakeholder Feedback & Comment
Cal MediConnect Continuity of Care

- Physician Services:
  - Continuity period is 6 months for Medicare Services, 12 months for Medi-Cal
  - Payment is at least 80% of Medicare fee schedule plus any copays that Medi-Cal is required to pay
  - Beneficiary and physician must have preexisting relationship: one visit in 12 months prior to enrollment for primary care, and two visits for specialists
Proposed Updates to Continuity of Care

• Requesting Continuity of Care
  – Providers can now request Continuity of Care
    • Can help provide protections for beneficiaries lacking capacity
  – Continuity of Care can be requested by phone
    • Plans cannot request unnecessary information, or require beneficiaries to request through forms
  – Request must be processed within 3 days if there is risk of harm to the beneficiary
  – Plans must actively try to determine continuity of care needs as part of HRA process
Updates to Continuity of Care

• Retroactive Continuity of Care
  – Providers or beneficiary can now request continuity of care after service delivery
  – Request must come within 30 calendar days of first service following enrollment
  – Allows patients to see providers while plan processes request
Updates to Continuity of Care

• Beneficiaries must be notified that Continuity of Care is time-limited
  – Notification must include duration of continuity of care, process for transition following that period, and the beneficiary’s right to choose different in-network providers
  – Within 7 calendar days of request approval, and 30-days prior to end of continuity of care period
Updates to Continuity of Care

• Covered providers
  – Does not include providers of DME, transportation or ancillary services
  – Residents of NFs receive automatic NF continuity of care

• Providers must comply with plan utilization management policies
Questions

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