
Frequently Asked Questions

The following questions are asked by physicians and their staff, medical groups/associations, and other providers. This FAQ is intended to help support your outreach with similar audiences. Please email us at info@calduals.org with questions or requests for outreach support. For more information, you and providers can visit www.calduals.org/providers and refer to the CCI Physician Toolkit.

Billing Questions

1. *Regarding billing for patients who are not part of Cal MediConnect. What if Medi-Cal does not pay the 20%?*
There is no change in what Original Medicare will pay for billed charges—generally 80% of the Medicare fee schedule. It's important to note that no change has been made in the rules governing the billing of the 20% co-pay for dual eligible patients. **It continues to be unlawful to bill dual eligible patients.** Instead, the claim for the 20% co-pay should be sent to the patient's Medi-Cal plan—this is known as a “crossover claim.” Medicare Providers do not need to be contracted with the Medi-Cal plan in order to bill for the 20%.
 - Please see the “How to Submit Crossover Claims,” “Payment” and “Providing Fee-For-Service” pages in the CCI Physician Toolkit for more information.

Contracting Questions

2. *If I have a contract with a Cal MediConnect plan for other products (PPO, EPO, HMO, etc.), can I still see Cal MediConnect members?*
Yes, you may see those members for a limited amount of time under the Continuity of Care provision. However, you must enter into a Cal MediConnect contract with the plan or their delegated entity in order to continue seeing Cal MediConnect members beyond the time limited period of Continuity of Care.
 - Please see the “Contracting” and “Continuity of Physician Care” pages in the CCI Physician Toolkit for more information.
3. *Do I have to be part of an IPA or a medical group to be part of Cal MediConnect?*
Cal MediConnect plans have expanded their networks and do contract directly with some providers. With that said, for physician services, many health plans work through medical groups and IPAs. Please contact provider services at the plans that you're interested in working with for more detailed information.
 - Please see the “Contracting” page in the CCI Physician Toolkit for more information.
4. *How many Cal MediConnect plans can I contract with?*
You may contract with as many Cal MediConnect plans as you would like. Call the provider services department of the respective plan/s you're interested in joining.
 - Please see the “Contracting” page in the CCI Physician Toolkit for more information.
5. *How can I participate as a provider in Cal MediConnect?*
If you are part of an IPA or medical group, you may already be part of the Cal MediConnect network. Check with your IPA or medical group to get more information. If you don't belong to a medical group or IPA, you should contact the provider services department for any Cal MediConnect plans you're interested in contracting with.
 - Please see the “Contracting” page in the CCI Physician Toolkit for more information.

6. *Many providers have questions and complaints about contracting with plans and reimbursement rates.*
These are plan-specific questions and we refer people to the Cal MediConnect plans or their delegated entity they're contracted with. In cases where the provider is only participating in Medicare fee-for-service, we refer them to the Cal MediConnect plans' provider services departments in their county. We encourage you to speak with your leadership on how to answer these types of questions.

Miscellaneous Questions

7. *How can providers request continuity of care?*
The first step is to contact the Cal MediConnect plan in question and let them know that you want to request continuity of care for a patient. As an out-of-network physician, you must be willing to accept payment from the Cal MediConnect plan, which is the applicable Medicare or Medi-Cal rate or plan's rate, whichever is higher. This is typically 80% of the Medicare fee schedule plus any co-payments owed under state law. You must also have a prior relationship with the patient.
- Please see the "Continuity of Physician Care" page in the CCI Physician Toolkit for more information.
8. *How long does it take the plan to get an authorization for service approved?*
This can vary from plan to plan, but all plans are subject to state and federal regulations regarding minimum authorization timeframes. Please contact the plan in question for more detailed information.
9. *Will the Cal MediConnect member's Care Coordinator be able to work with me and my staff?*
Yes. As the Cal MediConnect member's provider, you will be part of their Interdisciplinary Care Team (ICT). The member's Care Coordinator, also part of the ICT, will facilitate communications between you and other providers, help share information with your patients' caregivers, help arrange follow-up appointments, help your patients manage their medications and prescriptions, and connect your patients with important community-based services. Each Cal MediConnect will also conduct a Health Risk Assessment (HRA) as your patients enter the program. The Care Coordinator will facilitate you receiving the HRA data.
- Please see the "Care Coordination" page in the CCI Physician Toolkit for more information.
10. *How can I ensure that my Cal MediConnect member is assigned to my office and not another provider?*
When the member enrolls in the Cal MediConnect program, he/she must be assigned to their existing PCP as long as the PCP is in the network of the plan, unless the member requests another provider. Plans that are contracted with delegated entities are required to assign the Cal MediConnect member to their PCP's delegated entity.
11. *What have been the savings to the State with this program?*
Cal MediConnect is a multi-year program, so the exact state savings are not yet available. More information will be available in the near future. [Survey data](#) show beneficiaries have positive experiences with CCI.