



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: November 24, 2014

ALL PLAN LETTER 14-015

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS OPERATING IN
COORDINATED CARE INITIATIVE COUNTIES

SUBJECT: PRIMARY CARE PROVIDER ASSIGNMENT IN MEDI-CAL MANAGED
CARE FOR DUAL-ELIGIBLE BENEFICIARIES

PURPOSE:

The purpose of this Medi-Cal Managed Care All Plan Letter (APL) is to advise Medi-Cal managed care health plans (MCPs) operating in the seven Coordinated Care Initiative (CCI) counties of the Primary Care Provider (PCP) assignment requirements for those beneficiaries eligible for both Medi-Cal and Medicare (Duals).

BACKGROUND:

In January 2012, Governor Brown announced his intent to enhance health outcomes and beneficiary satisfaction for low-income Seniors and Persons with Disabilities (SPDs) by shifting service delivery away from institutional care to home and community-based settings. To implement this goal, the Legislature passed and Governor Brown signed Senate Bill (SB) 1008 (Chapter 33, Statutes of 2012), SB 1036 (Chapter 45, Statutes of 2012) and SB 94 (Chapter 37, Statutes of 2013) which authorized the implementation of CCI. Welfare & Institutions Code Section (§) 14182.17(h) authorizes the issuance of this APL.

The three major components of the CCI are:

1. A three-year Duals Demonstration Project (Cal MediConnect) for full-benefit Duals that combines the full continuum of acute, primary, institutional, and home and community-based services into a single benefit package, delivered through an organized service delivery system;
2. Mandatory Medi-Cal managed care enrollment for Duals; and
3. The inclusion of Long-Term Services and Supports as a Medi-Cal managed care benefit for SPD beneficiaries who are eligible for Medi-Cal only, and for SPD Duals.

The seven CCI counties participating in Cal MediConnect are Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, and San Mateo.

Cal MediConnect is a voluntary program; however, those Duals that opt-out of Cal MediConnect must still enroll in an MCP for their Medi-Cal benefits (including Duals who are enrolled in a Medicare Advantage [MA] plan). Full-benefit Duals enrolled in an MCP for their Medi-Cal benefits, and who opt-out of Cal MediConnect, or are not eligible for Cal MediConnect, will continue to receive their Medicare services either through Medicare fee-for-service or an MA plan. According to Welfare & Institutions Code (W&I Code) Section (§) 14182.17 (d)(3), MCPs are prohibited from assigning Duals, who opt-out of Cal MediConnect, to a Medi-Cal PCP, except in limited circumstances and for limited reasons. The Department of Health Care Services (DHCS) per this statute is required to:

(3) Ensure that the managed care health plans arrange for primary care by doing all of the following:

(A) Except for beneficiaries enrolled in the demonstration project pursuant to Section 14132.275, forgo interference with a beneficiary's choice of primary care physician under Medicare, and not assign a full-benefit dual eligible beneficiary to a primary care physician unless it is determined through the risk stratification and assessment process that assignment is necessary, in order to properly coordinate the care of the beneficiary or upon the beneficiary's request.

Moreover, Welfare & Institutions Code § 14182.17(d)(3)(B) states that the MCP shall "assign a primary care physician to a partial-benefit dual eligible beneficiary receiving primary or specialty care through the Medi-Cal managed care plan."

POLICY AND REQUIREMENTS:

For the purposes of this APL, a PCP is defined as a physician or non-physician medical practitioner under a supervision of a physician, who is responsible for supervising, coordinating, and providing initial and primary care to patients, initiating referrals, and maintaining the continuity of patient care. A specialist is considered a PCP if the specialist is serving as a beneficiary's primary care provider.

Pursuant to W&I Code § 14182.17 (d)(3), MCPs shall generally not assign a full-benefit Dual a PCP. MCPs may only assign a full-benefit Dual, who is enrolled in an MCP for Medi-Cal benefits and who opts-out of Cal MediConnect, a Medi-Cal PCP if the Dual:

- 1) Requests a Medi-Cal PCP; or
- 2) Is determined through the risk stratification and health risk assessment process to necessitate assignment of a PCP in order to properly coordinate the care of

the full-benefit Dual. The full-benefit Dual may change their MCP-assigned PCP at any time and/or may choose a Medicare PCP and forego the MCP-assigned PCP selected for them.

Pursuant to W&I Code § 14182.17(d)(3)(B), MCPs shall assign a partial-benefit Dual a Medi-Cal PCP if the partial-benefit Dual:

- 1) Receives primary or specialty care through the MCP.

MCPs may assign a partial-benefit Dual a Medi-Cal PCP only if the partial-benefit Dual:

- 1) Requests a Medi-Cal PCP; or
- 2) Is determined through the risk stratification and health risk assessment process (should an MCP choose to conduct one) which includes the evaluation of claims data, to not have a Medicare PCP. DHCS will provide historical Medicare claims data to the MCP and the MCP will analyze the data and determine if there is an existing Medicare PCP. The MCP will analyze the data and determine if there is an existing Medicare PCP and if the partial-benefit Dual has received primary or specialty care through Medicare Parts A or B in the last 12 months. Any partial-benefit Dual who is found to not have claims experience with a Medicare primary or specialty care physician in the last 12 months will be considered to not have a Medicare PCP, and the MCP may assign this partial-benefit Dual a Medi-Cal PCP. The partial-benefit Dual may change their MCP-assigned PCP at any time and/or may choose a Medicare PCP, if the Dual has Medicare Part B, and forego the MCP-assigned PCP selected for them.

Other than those instances when a full-benefit or partial-benefit Dual requests a Medi-Cal PCP, or a partial-benefit Dual is receiving primary or specialty care through an MCP, MCPs may only assign a Medi-Cal PCP if it is determined through the risk stratification and health risk assessment process that assignment is necessary. MCP assignment of Medi-Cal PCPs for Duals should be a rare practice.

In instances when a Dual has an existing Medicare PCP and requests or is assigned a Medi-Cal PCP, the Medi-Cal PCP will not be required to provide authorization for any service. Both the beneficiary and their existing Medicare PCP will be clearly informed by the MCP of the Medi-Cal PCP's coordination-only role. MCPs are responsible for informing Duals of their right to request a Medi-Cal PCP for Medi-Cal coordination purposes, to change the Medi-Cal PCP at any time, and that Duals, who have Medicare Part B, are not required to use the MCP-assigned Medi-Cal PCP.

In the instances where an MCP is assigning a Dual to a Medi-Cal PCP, the MCP shall ensure that the PCP meets the health, cultural, language, and accessibility needs of the Dual. In addition, the Medi-Cal PCP must be geographically accessible. The MCP

must inform the Dual of the Medi-Cal PCP assignment and explain the Medi-Cal PCP's role using a format and language that ensures effective communication and provides a record of the assignment.

MCPs may continue with their existing policies regarding Medi-Cal PCP assignment for the 30 days following the issuance of this APL.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, including disability accessibility laws, and other contract requirements as well as DHCS guidance, including APLs.

If you have any questions regarding this APL, please contact Sarah Brooks at sarah.brooks@dhcs.ca.gov or (916) 552-9373.

Sincerely,

Original Signed by Sarah C. Brooks

Sarah C. Brooks, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services