2024 Managed Care Plan Transition

Monday, July 10th

1-2pm PT

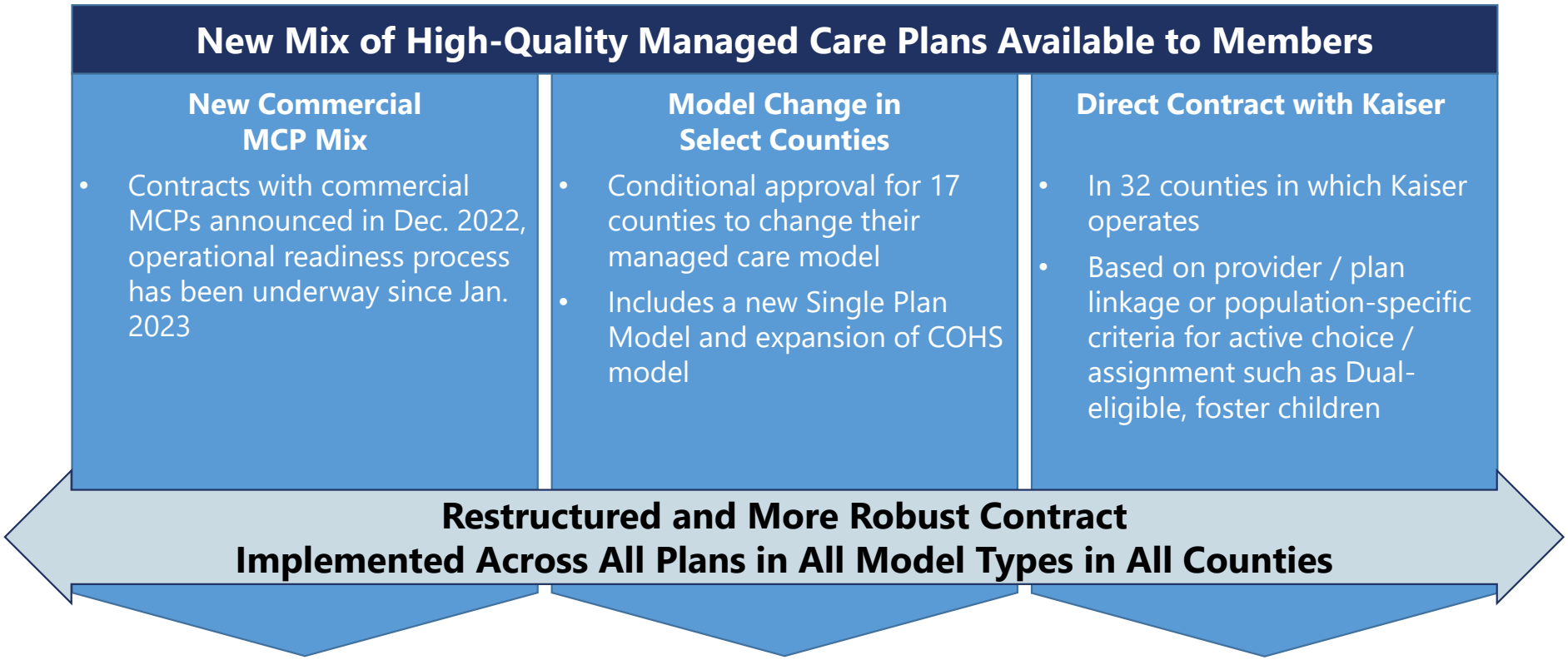
DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Today's Agenda

- **Welcome**
- **2024 Managed Care Plan (MCP) Transition Overview**
- **2024 MCP Transition Policies**
  - Member Enrollment and Noticing
  - Continuity of Care
  - ECM & Community Supports Transitions
  - Protections for American Indian and Alaska Native Members
  - Forthcoming Content
- **Q&A**

2024 Managed Care Plan (MCP) Transition Overview

DHCS is Transforming Medi-Cal Managed Care Through Multiple Channels



2024 Medi-Cal Managed Care Plans

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL MANAGED CARE PLANS BY COUNTY (AS OF 2023 AND 2024)

The following table lists Medi-Cal managed care plans[i] (MCPs) by county, as of January 1, 2023, and as they will be effective January 1, 2024. The changes are the result of an agreement among DHCS and MCPs in December 2022 to transform Medi-Cal into a more equitable health system that will result in better health outcomes for Californians. The table also reflects changes based on the County Plan Model changes that were approved in April 2022 and Assembly Bill 2724 enacted June 30, 2022 which added Section 14197.11 to the Welfare and Institutions Code. Starting in 2024, all MCPs will operate under the new restructured and rigorous contract that requires high-quality, equitable and comprehensive coverage.

County *County Plan Model Type*	2023 MCP(s)	2024 MCP(s)
Alameda *Two-Plan model (2023)* *Single Plan model (2024)*	**Anthem Blue Cross Partnership Plan**	**Alameda Alliance for Health**
	Alameda Alliance for Health	**Kaiser Permanente**[ii]
Alpine *Regional model (2023)* *Two-Plan model (2024)*	**Anthem Blue Cross Partnership Plan**	**Anthem Blue Cross Partnership Plan**[iii]
	California Health & Wellness	**Health Plan of San Joaquin**

- **The full list of Medi-Cal MCPs by county for 2023 and 2024 is available on the DHCS website** at: MCP County Table (ca.gov)
- All MCPs are undergoing operational readiness reviews and participation by county is subject to readiness determinations

MCP Transition Principles

DHCS is applying the following principles to guide the planning, implementation and oversight of the 2024 transition:

- Plan for a smooth and effective transition
- Minimize service interruptions for all members, especially for vulnerable groups most at risk for harm from interruptions in care
- Provide outreach, education and clear communications to members, providers, managed care plans (MCPs) and other stakeholders
- Proactively monitor MCPs' implementation of transition responsibilities

2024 MCP Transition Policy Guide:
Expectations Specific to the 2024 MCP Transition

Purpose

- The Policy Guide includes **guidance related to the January 1, 2024, transition of Medi-Cal MCPs**
- The Policy Guide functions as a **requirements document** for MCPs' transition activity, **incorporating links to existing, applicable All Plan Letters (APLs), as well as new MCP requirements**
- The Policy Guide affords DHCS a nimble approach to **respond to feasibility challenges and issues impacting members, providers, and MCPs**

Target Audience

- **MCP staff impacted by the January 1, 2024, transition, either as an exiting MCP or a new MCP** will be the primary user of this Policy Guide

Policy Content

- **The Policy Guide contains or will contain requirements related to the following transition topics:**
  - ✓ Member Enrollment and Noticing - *Released June 23rd*
  - ✓ Continuity of Care – *Released June 23rd*
  - ✓ Transition Policies for Enhanced Care Management and Community Supports - *Released June 30th*
  - Data Transfer - *Forthcoming*
  - Monitoring and Oversight - *Forthcoming*
  - Education and Communication - *Forthcoming*

DHCS released Version 1 of the 2024 MCP Transition Policy Guide on June 23, 2023.
The Policy Guide will be updated on a rolling basis as additional policies are finalized.

MCP Transition Policy Guide Outline

DHCS anticipates including the below topics in the Policy Guide, with ongoing iteration through 2023.

- Table of Contents
- Updates from Prior Version
- Introduction
  - Context
  - Purpose, Scope, Audience
- Key Definitions
- Protections for American Indian and Alaska Native Members
- Member Enrollment and Noticing
  - Transition Noticing and Enrollment Policies for Members of Exiting MCPs and New Medi-Cal Members in Q4 2023
  - Enrollment Freeze for Exiting MCPs in Q4 2023
  - Other Kaiser Direct Contract Enrollment and Noticing Policies
- Continuity of Care
  - Context
  - Special Populations
  - Continuity of Care for Providers
  - Continuity of Care for Covered Services
  - Continuity of Care Coordination and Management Information
  - Additional Continuity of Care Protections for All Transitioning Members
- Transition Policy for Enhanced Care Management
- Transition Policy for Community Supports
- Glossary
- Appendix: County-Level MCP Transitions
- Incentive Program Transition Policies
- Data Transfer:
  - From Exiting MCPs to DHCS
  - From DHCS to Receiving MCPs
  - Plan-to-plan
- Transition Monitoring and related Reporting Requirements
- Education and Communication

Included in V1 and V2 published in late June 2023. Available at https://www.dhcs.ca.gov/Documents/Managed_Care_Plan_Transition_Policy_Guide.pdf

Forthcoming - To be released in Q3 2023

2024 MCP Transition All Plan Letter

The purpose of the MCP Transition APL (23-018) is to provide guidance to all Medi-Cal MCPs regarding the 2024 MCP Transition effective January 1, 2024.

- The APL establishes the Policy Guide as the DHCS authority, along with applicable Contracts and any APLs or guidance documents incorporated in the Policy Guide by reference, regarding the 2024 MCP Transition.
- If the requirements contained in the APL or the Policy Guide, including any updates or revisions to the APL or the Policy Guide, necessitate a change in an MCP's contractually required policies and procedures, the MCP must submit its updated P&Ps to its DHCS Managed Care Operations Division Contract Manager.

MCP Transition APL 23-018 was released on June 23, 2023.

2024 MCP Transition Policies

Member Enrollment and Noticing

DHCS

Member Noticing for Transitioning Members

- Members of exiting MCPs will receive a:
  - 90-day notice from their exiting MCP
  - 60-day and 30-day notices from Medi-Cal Health Care Options (HCO), DHCS's enrollment broker
  - A choice packet will be sent with the 60-day notice when appropriate
  - Welcome packet from their new MCP in early January 2024
- These notices will include a QR code for an online Notice of Additional Information that will provide more details, which members can request to receive in print or alternative format
- The notices received stakeholder feedback and were reviewed by the Center for Health Literacy

Member Enrollment Process for Counties with an Exiting MCP

In "Choice" Counties (GMC, Two Plan and Regional Models):

- **Members enrolled in an MCP that will continue to operate in 2024** will remain in their MCP unless they opt to change MCPs, as they are allowed to do today
- **Mandatory managed care members enrolled in an exiting MCP will need to enroll in a new MCP:**
  - Dual-eligible members in Medi-Cal Matching Plan counties will be automatically enrolled in a Medi-Cal MCP that matches their Medicare Advantage plan, where relevant
  - Other exiting MCP members will receive a choice packet with their 60-day notice.
  - ***Default Assignment:*** If a member does not make an active choice, they will be enrolled in a MCP based on the following assignment hierarchy: (1) provider linkage, (2) plan linkage, and (3) family linkage. Absent a member meeting any of the "linkage" criteria, their default MCP will be based on the Auto-Assignment Incentive Program algorithm, which includes quality and other adjustments to an annually defined ratio for auto-assignment among MCPs in each county

In COHS Expansion and Single Plan Counties:

- **Members enrolled in a continuing MCP** (i.e., Alameda Alliance for Health, Contra Costa Health Plan, Kaiser) will remain in their MCP
- **Members enrolled in an exiting MCP** will be automatically enrolled into the COHS, Single Plan or – where relevant – Kaiser
  - Kaiser will receive default assignment for exiting MCP members in COHS and Single Plan counties where it participates on the basis of plan / family linkage and Medi-Cal Matching Plan policy (where relevant)

New Enrollment Freeze for Exiting MCPs

- DHCS will stop **new** enrollment into exiting MCPs (both for active choice and default assignment) three months prior to January 1, 2024
- Exiting MCPs will retain their existing membership though December 31, 2023
- New Medi-Cal members in late 2023 in counties with an exiting MCP will be offered or – in COHS, Single Plan or Medi-Cal Matching Plan counties – automatically enrolled into MCPs that will be operating in the county in 2024
  - If the new member chooses or is assigned to a 2024 MCP that is not yet operating in the county as a prime MCP, they will access care through the fee-for-service delivery system until the MCP is available in January 2024

Kaiser Direct Contract

- In 2024, Kaiser is expanding its Medi-Cal prime plan participation through a direct contract with DHCS
- **Eligible members* may actively choose** to enroll in Kaiser in any county in which Kaiser operates, including GMC, Regional, Two Plan, COHS and Single Plan counties
- **Members already in a Kaiser subcontract** to another MCP as of September 2023, will stay with Kaiser and receive 90-, 60-, and 30-day notices from Kaiser notifying them of their transition
- **Medi-Cal Matching Plan** policy will apply to Kaiser; Kaiser Medicare Advantage members in relevant counties will be automatically assigned or transitioned to the Kaiser Medi-Cal MCP
- **Default Assignment:** New members who do not make an active choice or are in a COHS or Single Plan county where Kaiser participates may be default enrolled into Kaiser, on the basis of:
  - ***Plan / family linkage:*** Members who have a history of enrollment with Kaiser or a family member enrolled in Kaiser may be default assigned to Kaiser in any county where it operates
  - ***Auto-assignment:*** New members in certain counties may be assigned to Kaiser as part of the Auto-Assignment Incentive Program, up to a specific limit set annually based on Kaiser's growth targets and capacity. Auto-assignment is not limited to the Kaiser eligible population groups

* Members are eligible to actively choose Kaiser if they: (1) have previously enrolled with Kaiser at any point during CY 2023 or have existing Kaiser membership; (2) have family linkage to Kaiser; (3) are dually-eligible for Medi-Cal and Medicare; or (4) are a foster care child or youth.

Continuity of Care

Continuity of Care Policy Design Principles

The 2024 CoC Policies outlined in the 2024 Medi-Cal Managed Care Plan Transition Policy Guide released on June 23, 2023 aim to **minimize**:

- Service interruptions for all members required to transition MCPs on January 1, 2024, especially for groups most at risk for harm from disruptions in care (i.e., special populations)
- Member, provider, and MCP confusion
- Administrative burden while ensuring operational feasibility for DHCS and MCPs

The 2024 CoC policy for members required to transition MCPs largely aligns with current CoC policy,* with some additional protections.

*APL 22-032

Continuity of Care Policy Levers

All members required to transition MCPs January 1, 2024, are eligible for CoC protections using the following policy levers.

- CoC for Providers – The member can keep their provider even if the provider is out of network for the Receiving MCP.
- CoC for Covered Services – The member can continue an active course of treatment and the Receiving MCP must honor prior authorizations from the member's Previous MCP.
- CoC Coordination/Care Management Information – Previous MCP and Receiving MCP work together to transfer additional supportive information (e.g., care plans).
- Additional Continuity of Care Protections for All Transitioning Members - All transitioning members are eligible for additional protections related to Durable Medical Equipment (DME) rentals and medical supplies, non-emergency medical transportation (NEMT) and non-medical transportation (NMT), and scheduled specialist appointments

These levers are currently deployed in policies through the Knox Keene Act,* the 2023 APL on CoC, and the Policy Guides for ECM and Community Supports.

*Knox Keene CoC policy provides protection for some members who will transition to new MCPs in 2024: Members with an acute condition, serious chronic condition, pregnancy and postpartum, care of child between birth and 36 months, terminal illness, and authorized surgery or procedures documented as part of treatment plan to occur within 180 days.
For purposes of the 2024 CoC Policy discussion, the reference to Knox Keene is synonymous with Health and Safety Code 1373.96.

Special Populations

All members required to transition MCPs January 1, 2024, have Continuity of Care protections, but some members – *Special Populations* will have enhanced protections to minimize the risk of harm.

- Special Populations are generally individuals living with complex or chronic conditions. Transitioning members will be identified using DHCS or Previous MCP data, including program enrollment, pharmacy claims, DME claims, screening and diagnostic codes, procedure codes, or aid codes. The Receiving MCP will receive these data in advance of the 2024 Transition.[1]
  - Data guidance, including member identification and transfer responsibility, will be issued in a forthcoming Policy Guide release.
- MCPs will be required to take proactive steps to implement CoC or members of "Special Populations" through MCP outreach to members' providers and data transfer between MCPs.
- DHCS will monitor CoC for Special Populations as part of the monitoring that will happen for all members experiencing a Transition.

1. See Appendix for full list of Special Populations

Continuity of Care for Providers

All members required to transition MCPs will be eligible to keep their Out-of-Network (OON) providers for 12 months when transitioning to the Receiving MCP. Additional enhanced protections will apply to Special Populations.

» CoC Policy for Providers for <u>all members</u> required to transition MCPs, including Special Populations

- Members of Previous MCPs may continue seeing their OON Medi-Cal providers[1] for 12 months[2] following the member's Transition if certain requirements are met:
  - Member and provider have a pre-existing relationship
  - Provider is willing to accept the Receiving MCP's contract rates or Medi-Cal FFS rates
  - Provider meets professional standards and there are no quality-of-care issues
  - Provider is CA State Plan approved

» Enhanced Protection for <u>Special Populations</u>

- MCPs contact providers treating Special Populations to initiate the process for entering a CoC agreement.
- Extended CoC period for certain populations[3]

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[1]Eligible providers include those providing the following services: primary care, specialists, select ancillary Providers (Dialysis centers, Physical therapists, occupational therapists, respiratory therapists, mental health providers, behavioral health treatment (BHT) providers, speech therapy providers, doulas, and community health workers), Enhanced Care Management providers, Community Supports providers, skilled nursing facilities, ICF-DD facilities, and Community-Based Adult Services providers. Excluded providers providing the following services: transportation and all other ancillary services, including radiology, and laboratory providers, and Non-enrolled Medi-Cal Providers.
[2]With some exceptions to this timeframe per Knox Keene. See Appendix.
[3]In alignment with Knox Keene. See Appendix.

Continuity of Care for Covered Services

The policy for continuing active courses of treatment outside of Knox Keene is new, as is the expectation for MCP outreach to providers treating Special Populations. The policy for continuing authorizations is not new.

Anticipated policy change noted in red, pending final STCs from CMS

» CoC Policy for Services for <u>all members</u> required to transition MCPs, including Special Populations

- Members keep their existing authorizations for Covered Services for ~~90 days~~ six months following the member's Transition to the Receiving MCP from the Previous MCP.
- Members can continue their "active course of treatment" without authorization for ~~90 days~~ six months. Any active course of treatment is expected to be documented prior to January 1, 2024.
- Active Course of Treatment defined as: a course of treatment in which a patient is actively seeing a provider and following the prescribed or ordered course of treatment as outlined by the provider for a particular medical condition.*

» Enhanced Protection for <u>Special Populations</u>

- Following the Transition, members keep their existing authorizations for ~~90 days~~ six months and until the Receiving Plan assesses clinical necessity for ongoing services.
- During the six-month CoC for Services period, the Receiving MCP must examine utilization data of Special Populations to identify any Active Course of Treatment that requires authorization and must contact those providers to establish any necessary Prior Authorizations.

» Enhanced Protection for <u>Special Population Members Accessing the Transplant Benefit</u>

- The Receiving MCP must start reassessments for clinical necessity no sooner than six months after the transition date (beginning July 1, 2024). The reassessment applies to adults, and children for transplants performed to treat conditions that are not medically eligible for the California Children's Services (CCS) Program.

* CMS proposed Medicare CoC ruling released for public comment on 12/28/22 with a proposed effective date of 7/1/2023

Continuity of Care Coordination and Care Management Information

Care coordination and care management information will travel with Members to the Receiving MCP. This is not a current expectation under the 2023 CoC Policy.

- This proposed policy applies only to Special Populations.
- Proposed CoC Policy:
  - Previous MCP provides contact information for plan-level contact and care managers to Receiving MCP
  - If a Member changes care managers,[1] the Receiving MCP contacts the Member's Previous MCP and/or care manager to obtain supportive information including, but not limited to:
    - Results of member assessments, member care plans, and ad hoc communication and coordination between incoming and outgoing care managers.
  - Information transfer must be complete before January 1, 2024, or within 15 calendar days of the Member changing to a new Care Manager, whichever is later.

[1] MCPs serving Medi-Cal Members in 2024 and beyond are expected to contract with all Enhanced Care Management (ECM) Providers, and thus, Members enrolled in ECM are not expected to change their care manager.

Enhanced Care Management and Community Supports

DHCS

Enhanced Care Management Transition Policy for the 2024 MCP Transition

DHCS is committed to ensuring that Medi-Cal Members are authorized to receive ECM and Community Supports do not experience disruptions to authorizations, provider relationships or services due to the MCP Transition on January 1, 2024.

Enhanced Care Management:

- The Transition Policy for ECM **builds on and is aligned with the ECM Policy Guide and the Continuity of Care provisions contained therein**, as well as the Continuity of Care section in this Policy Guide.
- Members authorized for ECM, regardless of whether they are actively receiving ECM, are considered a **Special Population**. As such, the Receiving MCP **must honor all of the Previous MCPs' authorizations for ECM.**
- To ensure no interruption for Transitioning Members receiving ECM, DHCS will **require mandatory overlap of the Previous MCP's and Receiving MCP's ECM Providers to the maximum extent possible.**

Community Supports Transition Policy for the 2024 MCP Transition

Community Supports:

- The Transition Policy for Community Supports **builds on and is aligned with the Medi-Cal Community Supports, or In Lieu of Services, Policy Guide and the Continuity of Care provisions contained therein**, as well as the Continuity of Care section in this Policy Guide
- When both MCPs **offer the same Community Support**, the Receiving MCP must **honor the Community Support that was authorized by the Previous MCP** in alignment with DHCS Community Supports Policy Guide. If the Previous MCPs authorization **exceeds the State-defined Community Support** (e.g., due to member need), the Receiving MCP is **strongly encouraged to honor the greater Community Support** which has already been authorized
- If the Receiving MCP **does not offer a Community Support offered by the Previous MCP**, DHCS **strongly encourages the Receiving MCP to honor the Previous MCP's authorization for the Community Support** for those members determined eligible at the time of the Transition. If the Receiving MCP does not continue the Previous MCP's authorization for a member's Community Support, the Receiving MCP must assess the member's needs that are addressed by the Community Support and coordinate care to the necessary services, including ECM, to ensure an appropriate transition of care and to prevent the need for higher acuity services.

Protections for American Indian and Alaska Native Members

DHCS

Protections for American Indian and Alaska Native Members

The 2024 MCP Transition does not change existing protections for the American Indian and Alaska Native (AI/AN) population voluntarily enrolled in managed care.

- Under both Federal and State Medi-Cal policy, MCPs must provide for AI/AN members enrolled in managed care to receive services from an Indian Health Care Provider (IHCP) of their choice regardless of whether the IHCP is a Network or Out-of-Network (OON) provider.
- All of these protections remain in effect for AI/AN members in managed care, regardless of whether or not they are required to transition to a new MCP on January 1, 2024.
- AI/AN members of MCPs who are accessing care from non-IHCPs are subject to the same Continuity of Care protections as all MCP members. Members of MCPs who are not AI/AN and who are accessing care from IHCPs are also subject to the same Continuity of Care protections as all MCP members.

Please reference All Plan Letters 09-009, 17-020, and 21-008 and their associated attachments.

Forthcoming MCP Transition Policies

DHCS

Forthcoming MCP Transition Policies (Q3)

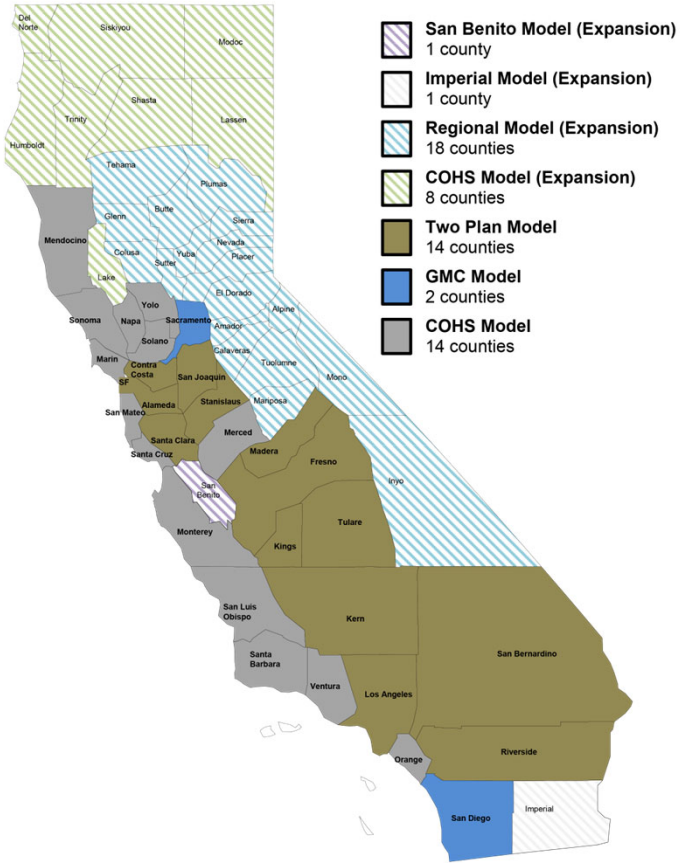
1. DATA TRANSFER
2. OVERSIGHT & MONITORING
3. EDUCATION & COMMUNICATIONS

Questions?

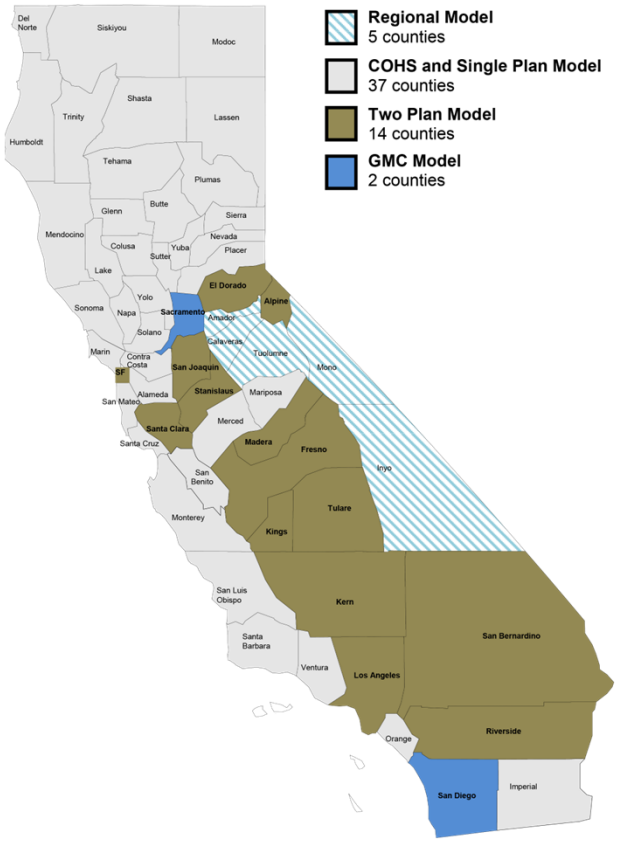
APPENDIX

Medi-Cal Managed Care Model Change

Current Models



2024 Models



Special Populations for Continuity of Care

Members Who Are:
• Adults and children determined eligible to receive Enhanced Care Management services • Adults and children determined eligible to receive Community Supports • Adults and children receiving Complex Care Management • Enrolled in 1915(c) waiver programs • Receiving in-home supportive services (IHSS) • Children and youth enrolled in California Children's Services (CCS)/CCS Whole Child Model • Children and youth receiving foster care, and former foster youth through age 2519 • In active treatment for the following chronic communicable diseases: HIV/AIDS, tuberculosis, hepatitis B and C • Taking immunosuppressive medications, immunomodulators, and biologics • Receiving treatment for end-stage renal disease (ESRD) • Living with an intellectual or developmental disability (I/DD) diagnosis • Living with a dementia diagnosis • In the transplant evaluation process, on any waitlist to receive a transplant, undergoing a transplant, or received a transplant in the previous 12 months (referred to as "members accessing the transplant benefit" hereafter) • Pregnant or postpartum (within 12 months of the end of a pregnancy or maternal mental health diagnosis) • Receiving specialty mental health services (adults, youth, and children) • Receiving treatment with pharmaceuticals whose removal risks serious withdrawal symptoms or mortality • Receiving hospice care • Receiving home health • Residing in Skilled Nursing Facilities (SNF) • Receiving hospital inpatient care • Post-discharge from inpatient hospital, SNF, ICF/DD, or sub-acute facility on or after December 1, 2023 • Newly prescribed DME (within three months prior to January 1, 2024) • Members receiving Community-Based Adult Services

Knox Keene Continuity of Care Policy

Knox Keene protections (HSC § 1373.96) apply to plan-to-plan transitions due to market exit, but *only* if the Member "raises their hand" and the MCP reaches an agreement with the provider.

- **Keep your provider:** An enrollee receiving covered services from a nonparticipating provider when starting coverage with a MCP may complete services from their provider if all the following requirements are met:
  - **If you have one of six conditions:** acute condition* (for the duration), serious chronic condition (up to 12 months), pregnancy and postpartum (up to 21 months),* care of child between birth and 36 months (up to 12 months), terminal illness (for the duration),* and authorized surgery or procedures documented as part of treatment plan to occur within 180 days.
  - **If you raise your hand**: The enrollee must request to complete services from their provider by contacting the Receiving MCP.
  - **If you have a pre-existing relationship:** The enrollee must be receiving covered services for one of the six conditions from the provider at the time of the change in coverage or provider contractual termination.
  - **If the MCP and Provider agree to terms:** The provider and MCP must agree on a rate, contractual terms, and conditions (similar to currently contracting providers who are not capitated in the same area), and the provider is not terminated for medical disciplinary, fraud, or other criminal activity.
  - **If you did not voluntarily choose to change health plans**: This protection does not apply to a newly covered enrollee who had the option to continue with his or her previous health plan or provider and instead voluntarily chose to change health plans.

*Members with this condition are eligible for extending the CoC period longer than 12 months after transitioning.

Continuity of Care for Providers – Enhanced Protections for Members Accessing the Transplant Benefit

Members accessing the transplant benefit are especially vulnerable and will benefit from additional protections designed to ensure zero disruption and seamless transition to Receiving MCPs.

» Enhanced Protection for Special Population Members Accessing the Transplant Benefit

- DHCS will require mandatory overlap of the Previous MCP's and Receiving MCP's Center of Excellence (COE) Transplant Programs to the maximum extent possible to permit any member accessing the transplant benefit to continue with the same Transplant Programs

» If the Receiving MCP is unable to bring a Transplant Program in Network, the Receiving MCP must make a good faith effort to:

1. Enter into a CoC for Providers agreement with the hospital at which a Transplant Program is located and according to the following terms:
   a. Make explicit the existing statutory requirement that Receiving MCPs are to pay, and transplant providers are to accept, FFS rates[1]
   b. Permit the CoC for Providers agreement to continue for the duration of the member's access to the transplant benefit.
2. If the Receiving MCP is unable to enter into a CoC for Providers agreement, the Receiving MCP must:
   a. Arrange for the hospital at which the Transplant Program is located to continue to deliver services to a member as an OON provider, in accordance with the timelines outlined in the 2024 Medi-Cal Managed Care Transition Policy Guide
   b. Explain in writing to DHCS why the provider and the MCP could not execute a CoC for Provider agreement.
   Guidance regarding written explanations will be clarified in the forthcoming section, Transition Monitoring and Related Reporting Requirements, of the 2024 Medi-Cal Managed Care Plan Transition Policy Guide

1. (Section 14184.201(d)(2) of the Welfare and Institutions Code)

Additional Continuity of Care Protections – DME and Medical Supplies

DHCS specifies additional protections for all transitioning members related to Durable Medical Equipment (DME) rentals and medical supplies.

Anticipated policy change noted in red, pending final STCs from CMS

- Receiving MCPs must allow members to keep their existing DME rental and medical supplies from their existing DME providers without further authorization for ~~90 days~~ six months after the 2024 MCP Transition and until reassessment, and the new equipment of supplies are in possession of the member and ready for use.
  - After 6 months, the MCP may reassess the member's authorization require the member to switch to a network provider of DME. If the MCP does not complete a new assessment, the authorization remains in effect for the duration of the original treatment authorization.
- The policy applies to DME or medical supplies that have been arranged for but not yet delivered, in which case the Receiving MCP must allow for the delivery and permit the member to keep the equipment or supplies for a minimum of ~~90 days~~ six months and until reassessment.

Additional Continuity of Care Protections – NEMT and NMT

To provide a robust CoC Policy for the 2024 Transition, DHCS is specifying additional protections for all transitioning members related to non-emergency medical transportation (NEMT) and non-medical transportation (NMT).

Anticipated policy change noted in red, pending final STCs from CMS

- To guard against disruptions in members' access to the NEMT/NMT benefit, the Receiving MCP must:
  - Review data provided by the Previous MCP to identify members with scheduled NEMT/NMT services;
  - Confirm a network provider to deliver the scheduled NEMT/NMT services. If a network provider is not available, the Receiving MCP must make a good faith effort to allow the transitioning member to keep the scheduled transportation with OON provider;
  - Accept and process member requests for NEMT/NMT before January 1, 2024;
  - Honor all Prior Authorizations for NEMT/NMT approved by the Previous MCP, including the modality of transportation, for ~~90 days~~ six months and until the Receiving MCP is able to reassess the member's continued transportation need
- The Previous MCP must support continuation of NEMT/NMT services for transitioning members by:
  - Providing authorization data as described in the 2024 Medi-Cal Managed Care Plan Transition Policy Guide
  - Transmitting all NEMT/NMT schedule data and Physician Certification Statement (PCS) forms to the Receiving MCP on November 1, 2023 and refresh weekly starting in December 2023.

Additional Continuity of Care Protections – Scheduled Specialist Appointments

DHCS specifies additional protections for all transitioning members related to scheduled specialist appointments.

- A member with an initial scheduled appointment to see a specialist who is an OON provider for their Receiving Plan would not qualify for CoC for Providers because the member does not have a Pre-Existing Relationship with that specialist.
- In such cases, the member should contact the Receiving MCP and request a network specialist within the same timeframe as the scheduled appointment.
- DHCS encourages the Receiving MCP to arrange for the member to either keep the appointment with the OON specialist or schedule an appointment with a network provider on or before the scheduled appointment data with the OON provider.
- If the MCP is unable to arrange a specialist appointment with a network provider on or before the member's scheduled appointment data, the MCP is encouraged to make a good faith effort to allow the member to keep the appointment with the OON provider
- The Receiving MCP must ensure that the transitioning members who seek assistance before January 1, 2024 while not yet enrolled in the Receiving MCP are offered the same level of support they would receive upon enrollment

Member Enrollment and Noticing Scenario:
COHS Expansion County – Exiting MCP Member

- Tom is enrolled with Anthem Blue Cross Partnership Plan (Anthem) as of September 1, 2023.
- Tom lives in Butte county, which is transitioning to the COHS Medi-Cal managed care model. Effective January 1, 2024, Partnership Health Plan of California (PHC) will enter the market as a COHS, while Anthem Blue Cross Partnership Plan (Anthem) and California Health and Wellness (CHW) will exit.
- No later than October 1, 2023, Tom will receive notice from Anthem of their pending exit from the county effective January 1, 2024. No later than November 1 and December 1, 2023, Tom will receive "60-day" and "30-day" notices from Medi-Cal Health Care Options (HCO) informing him of his enrollment with PHC effective January 1, 2024.
- He will remain enrolled with Anthem for the remainder of 2023 and will not have the option to switch his enrollment to CHW for the remainder of 2023, due to the exiting MCP new enrollment freeze.

Scenario	October 2023	November 2023	December 2023	January 2024	
Tom Lives in a County with No Continuing MCPs	***No Later than Oct. 1*** *Tom receives notice from Anthem of their exit from Butte county effective Jan. 1, 2024*	***No Later than Nov. 1*** *Tom receives "60-day" notice from HCO indicating his enrollment with PHC effective Jan. 1, 2024*	***No Later than Dec. 1*** *Tom receives "30-day" notice from HCO indicating his enrollment with PHC effective Jan. 1, 2024*	***Jan. 1*** *Tom is enrolled into PHC*	***Early Jan.*** *Tom receives a welcome packet and ID card from PHC*

Member Enrollment and Noticing Scenario:
MCP Choice County – Exiting MCP Member

- Tom is enrolled with California Health & Wellness (CHW) as of September 1, 2023
- Tom lives in Alpine county. Effective January 1, 2024, Health Plan of San Joaquin d.b.a. Mountain Valley Health Plan (MVHP) will enter the market while California Health and Wellness (CHW) will exit. Anthem Blue Cross Partnership Plan (Anthem) will continue to operate in the county as it does today.
- No later than October 1, 2023, Tom will receive notice from CHW of their pending exit from the county effective January 1, 2024. No later than November 1, 2023, Tom will receive a "60-day" notice and choice packet from Medi-Cal Health Care Options (HCO). Tom has Anthem and MVHP to choose from for enrollment effective Jan. 1, 2024.
- He will remain enrolled with CHW for the remainder of 2023 unless he actively choose to switch enrollment to Anthem sooner consistent with his rights as a Medi-Cal member.

Tom maintains enrollment with CHW for the duration of 2023

Scenario	Oct. 2023	Nov – Dec. 2023		Jan. 2024	
Tom Chooses or is Default Assigned to Anthem	***No Later than Oct. 1*** *Tom receives notice from CHW of their exit from Alpine county effective Jan. 1, 2024*	***No Later than Nov. 1*** *Tom receives a "60-day" notice and choice packet from HCO. Tom can actively choose between Anthem or MVHP.*	***No Later than Dec. 1*** *Tom receives a "30-day" notice from HCO. Tom has until late December to select an MCP and he chooses Anthem / does not make an active MCP choice and is default assigned to Anthem.*	***Jan. 1*** *Tom is enrolled into Anthem*	***Early Jan.*** *Tom receives a welcome packet and ID card from Anthem*

***Note**: Tom could alternatively actively choose MVHP or be default assigned to MVHP if he does not make an active choice*

Member Enrollment and Noticing Scenario:
MCP Choice County – New Medi-Cal Member in Late 2023

- Maria is determined eligible for Medi-Cal managed care and receives her Benefits Identification Card (BIC) in early September 2023.
- Maria lives in Alpine county. Effective January 1, 2024, Health Plan of San Joaquin d.b.a. Mountain Valley Health Plan (MVHP) will enter the market while California Health and Wellness (CHW) will exit. Anthem Blue Cross Partnership Plan (Anthem) will continue to operate in the county as it does today.
- Maria receives a choice packet in early September and has Anthem and MVHP to choose from. CHW is excluded because they are exiting. If she selects MVHP or does not make an active choice and is default assigned to MVHP, she will be held in fee-for-service (FFS) prior to her enrollment with MVHP effective on Jan 1, 2024. If she chooses or is assigned to Anthem, she will be enrolled at the first of the following month, consistent with current processes.

Scenario	Sep. 2023	Oct. 2023		Nov. 2023	Dec. 2023	Jan. 2024	
Maria Chooses or is Default Assigned to Anthem (Continuing MCP)	***Early Sept.*** *Maria receives a choice packet that includes Anthem and MVHP. Maria actively selects Anthem **or** does not make an active choice within 30 days and is assigned to Anthem.*	***Oct. 1*** *Maria is enrolled into Anthem*	***Early Oct.*** *Maria receives a welcome packet and ID card from Anthem*				
Maria Chooses or is Default Assigned to MVHP (Entering MCP)	***Early Sept.*** *Maria receives a choice packet that includes Anthem and MVHP. Maria actively selects MVHP **or** does not make an active choice within 30 days and is assigned to MVHP.*	***Oct. 1 – Dec. 31*** *Maria remains in fee-for-service (FFS) until MVHP can take enrollment in Alpine County, when contract is effective Jan. 1, 2024*				***Jan. 1*** *Maria is enrolled into MVHP*	***Early Jan.*** *Maria receives a welcome packet and ID card from MVHP*