

The **Coordinated Care Initiative (CCI)** is an effort by California and the federal government to integrate the delivery of medical, behavioral, and long-term services and supports for persons eligible for both Medicare and Medi-Cal (i.e., dual eligibles). Most dual eligibles in the eight CCI counties (Orange, Los Angeles, San Diego, San Bernardino, Riverside, Alameda, Santa Clara, and San Mateo) will be eligible to enroll in a new type of coordinated care plan, called a Cal MediConnect plan. These plans will be responsible for administering Medicare and Medi-Cal benefits.

Participation in Cal MediConnect is voluntary, so people can choose to join or choose to opt out and receive Medicare services as they do today. If someone is eligible for Cal MediConnect and they don't make an affirmative choice to join or not join, they will be automatically enrolled into Cal MediConnect on their coverage date, usually the first day of their birth month. They can choose to disenroll in any month.

## Continuity of Care Protections

Dual eligible enrollees in a Cal MediConnect plan will eventually be required to receive all covered services from physicians and other providers who are part of the plan's network. However, enrollees in a Cal MediConnect plan will have continuity of care rights – the right to temporarily continue seeing an existing physician outside the Cal MediConnect network for a specified period following enrollment.

In addition to the generally applicable ability to request completion of covered services for certain conditions<sup>1</sup>, enrollees may be able to continue to receive Medicare covered services from an existing primary or specialty care physician with whom they have an existing relationship for up to six months, and Medi-Cal covered services for up to 12 months.

## Conditions for Continuity of Care

All of the following conditions must be met in order for a Cal MediConnect enrollee to receive this continuity of care from an out-of-network physician:

- The enrollee, their authorized representative or their physician may request the continuity of care from the Cal MediConnect plan.
- The plan must validate that the enrollee had a preexisting relationship with the physician(s) prior to enrollment in Cal MediConnect. To demonstrate this relationship with a primary care physician, the enrollee must have seen the physician at least once in the 12 months preceding

<sup>1</sup>Acute or serious chronic conditions, pregnancy, terminal illness, care of newborn child from birth to 36 months, or performance of surgery or other procedure authorized by the plan as part of a documented course of treatment. (California Health and Safety Code, Section 1373.96)

enrollment. To demonstrate a preexisting relationship with a specialist, the enrollee must have seen the physician at least twice in this 12-month period. Plans must review Medicare claims data to validate this relationship before requesting evidence from the enrollee or physician.


- The out-of-network physician must be willing to accept the Cal MediConnect plan rate or the applicable Medicare or Medi-Cal rate, whichever is higher, and agree to receive payment from the plan. This is typically 80 percent of the Medicare fee schedule, plus any copayments owed under state law.
- The physician must enter into some type of simple agreement with the health plan and agree to follow the plan's utilization management rules.
- The physician is not excluded from the plan's network due to quality of care issues or failure to meet federal or state requirements.

## Steps for Processing Continuity of Care Requests

Cal MediConnect plans must attempt to determine if there are continuity of care needs during the Health Risk Assessment process that takes place soon after enrollment. Alternatively, enrollees, their authorized representatives or their physicians can make requests using the following steps:

1. The enrollee advises the physician that s/he has enrolled in a Cal MediConnect plan, and determines whether or not the physician is part of the plan's network. OR: The physician upon checking the enrollee's eligibility advises the enrollee that s/he is enrolled in a Cal MediConnect plan, and informs the enrollee whether or not the physician is part of the plan's network.
2. If the physician is not part of the plan's network, the enrollee, their representative or the physician contacts the Cal MediConnect plan and tells the plan that they want to continue treatment based on the preexisting relationship.
  - Plans must allow continuity of care requests by phone.
  - It is the plan's responsibility to first attempt to validate the preexisting relationship through Medicare claims data before requesting evidence from the enrollee or provider.
3. The Cal MediConnect plan works with the physician and makes a good faith effort to determine:
  - Whether the physician will accept the higher of the Medicare or plan rate for services, and
  - Whether there are quality issues that would prevent the physician from being eligible to participate with the plan for this enrollee.

If agreement is reached between the Cal MediConnect Plan and the physician, the enrollee can continue receiving Medicare services from the physician for up to six months. At the option of the Cal MediConnect plan, this six-month period may be extended.



A plan must begin to evaluate a continuity of care request within five working days, and complete the evaluation within: 30 calendar days from receiving the request for general requests; 15 calendar days if the enrollee’s medical condition requires more immediate attention such as upcoming appointments or other pressing care needs; or 3 calendar days if there is risk of harm to the enrollee.

A request evaluation is completed when:

- The enrollee is advised of the right to continued access, or
- The enrollee is advised the plan and physician are unable to agree on a rate, or
- The plan has documented that there are quality of care issues with the physician, or
- The plan does not receive a response to its good faith effort to contact the physician for 30 calendar days.

Enrollees must be notified that the request evaluation has been completed within 7 calendar days of the request approval or denial. The plan must also notify the enrollee 30 calendar days before the continuity of care period expires.

### Retroactive Continuity of Care

Enrollees are able to receive retroactive continuity of care – meaning they can see providers while the plan processes a request. All physician continuity of care requirements continue to apply, including a validated preexisting relationship between the enrollee and physician. Plans will retroactively approve and reimburse physicians for continuity of care for services that were already provided if requirements are met.

The enrollee, authorized representative or physician providing continuity of care must request the continuity of care within 30 calendar days of the first service provided after the enrollee joins the Cal MediConnect plan. The physician can continue to treat the patient for those 30 days and will be reimbursed if all continuity of care requirements are met.

Once the plan and physician have agreed to terms, the physician must agree to follow the Cal MediConnect plan’s utilization management requirements.

### Out-of-Network Referrals

An out-of-network physician providing Medicare services under the extended continuity of care provisions applicable to Cal MediConnect enrollees cannot refer the enrollee to another out-of-network provider without prior authorization from the Cal MediConnect plan.

There may be some instances when the dual eligible enrollee must receive services outside the network if adequate coverage for a specific specialty is unavailable in the Cal MediConnect plan. The Cal MediConnect plan will make that determination.

## Multiple Continuity of Care Periods

If a Cal MediConnect enrollee changes enrollment to another Cal MediConnect plan, the 6- or 12-month continuity of care period may start over one time. If the enrollee changes plans a second time (or more), the continuity of care period does not start over. If an enrollee returns to fee-for-service Medicare and later re-enrolls in a Cal MediConnect plan, the continuity of care period does not start over.

## Continuity of Care for Other Providers and Services

### ***Nursing Facilities***

Cal MediConnect enrollees residing in nursing homes will not have to change nursing homes even if their nursing home is not in the health plan's contracted network unless there are quality concerns during the period of the demonstration.

### ***Other Providers & Services***

Cal MediConnect enrollees:

- Will not have to change their In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), or Multipurpose Senior Services Program (MSSP) providers.
- Will receive existing Medicare Part D prescription drug continuity of care, including a supply of up to 30 days of any existing Medicare Part D prescription. After that, enrollees must either switch to drugs on the Cal MediConnect plan's formulary, which may require switching to a different brand name or generic prescription, or obtain an exception from the plan.
- Must use in-network providers for other non-physician services such as suppliers of transportation, durable medical equipment, and medical supplies. Enrollees will also have to switch to home health or physical therapy providers who are in their plan's network upon enrollment.

To request authorization for services for your patients, please contact the appropriate Cal MediConnect plan.

## Contracting with Cal MediConnect Plans

To find out more about how to join the network of Cal MediConnect plans in your county, please contact the plans. You can find their contact information on the "Contracting with Cal MediConnect Plans" fact sheet.

Please note that most health plans contract with IPAs and medical groups. In these instances, physicians may have to join the health plan network by contracting with those groups. Each plan can provide a list of its Cal MediConnect contracted IPAs and medical groups.

For more information, please see our [fact sheet on contracting with Cal MediConnect plans](#).