

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 people eligible for both Medicare and Medi-Cal (i.e., dual eligibles). Most dual eligibles in the seven CCI counties (Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara) 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 conditions¹, 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 pre-existing 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 enrollment. To demonstrate a pre-existing 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.

¹ 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)

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 pre-existing relationship.

- Plans must allow continuity of care requests by phone.
- It is the plan's responsibility to first attempt to validate the pre-existing 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 discretion of the Cal MediConnect plan, this six-month period may be extended.