



CA 2024 D-SNP and Aligned Enrollment Expansion Program Overview

PROVIDER WEBINAR

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Hello everyone.

Welcome to the CA 2024 D-SNP and Aligned Enrollment Expansion Program Overview webinar.

The webinar will summarize the overview of the program changes for 2024 and how those changes will have impacts on the providers' operations.

My name is Henry Lee – I am a project manager in CA Medicare Ops and Compliance team, and I will be walking you through the contents of the webinar.

Regulatory Changes and Our Goal

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Before we get into any details of the changes, let's quickly cover the "why" behind the regulatory changes

DHCS Policy on New D-SNPs and Service Areas

Beginning in 2023, as a part of CalAIM effort, DHCS has implemented policies to promote integrated care for beneficiaries dually eligible for Medicare and Medi-Cal. Under this effort, DHCS limited new Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) and expanded county service areas to only those D-SNPs with an ongoing affiliation with Medi-Cal managed care plans.



“A seamless and streamlined health care system”

Replacing Cal Medi-Connect, Exclusive Aligned Enrollment was put into effect January 1, 2023, in the seven counties:

Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.



The 7 Exclusive Aligned Enrollment counties for 2023 are expanding to a total of 12 counties in 2024 (5 addition):

+ Fresno, Kings, Madera, Sacramento, and Tulare

As many of you are already aware, DHCS has initiated California Advancing and Innovating Medi-Cal, also known as Cal-AIM, in 2021 to provide enhanced health care experience to the existing and future Medi-Cal members.

In its core, the Cal-AIM drives to provide “a seamless and streamlined health care system” to CA population.

The key takeaway on the regulatory changes is that DHCS is transitioning to have Medicare and Medi-Cal benefits for dually eligible beneficiaries managed by the same organization, to promote integrated care.

And what it means for us is that the counties where we currently have D-SNP plans provided by Wellcare/Wellcare by Health Net will be either expanding or changing for 2024.

D-SNP Integration and Aligned Enrollment

Vision:

Be the DSNP Plan of choice in CA by having a best-in-class operating model for dual eligible members to support a seamless member experience in accessing care at the right place, at the right time, with the right provider.

Objectives:

Minimize impact to Members & Providers

Maximize Retention and New Member Acquisition

Innovative Member, Provider and Producer Communication Strategies

Comprehensive Model of Care (MoC) Updates

Maximize and Build Integrated Efficiencies in Plan Operations (CCC, Appeals, Grievances, Claims, etc.)

And based on the regulatory changes effective for 2024, here is a breakdown of how we will continue to apply our DSNP Integration Vision using the following Objectives

#1 will always be to Minimize impact to Members & Providers

We will build competitive products to Maximize Retention and support New Member Acquisition

As we did last year, execute an Innovative Member, Provider and Producer Communication Strategy

2024 brings significant Model of Care (MoC) changes to implement and finally Maximize and Build Integrated Efficiencies in Plan Operations (CCC, Appeals, Grievances, Claims, etc.) using those pillars we just talked about.

CA Medicare and D-SNP Current State

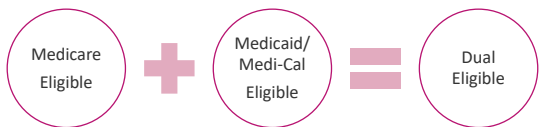
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Now let's look at where we stand today

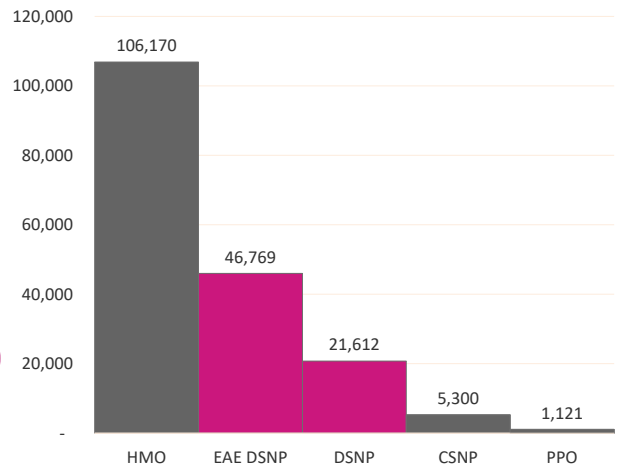
CA Medicare Market Current State

JUNE 1st 2023 EFFECTIVES

639 r rrrts Hfqtwsrfsx jswt qj i s %
 R jimfw %si %z qj s j k y R jin H f c
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Centene in CA - ~180,000 Members



*<https://www.dhcs.ca.gov/provgovpart/Pages/Medicare-Advantage-Information-for-Dual-Eligible-Beneficiaries.aspx#:~:text=An%20estimated%2043%20percent%20of,some%20type%20of%20Medicare%20Advantage.>

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In CA, there are approx. 1.4 Million Dual Eligibles. Meaning they are enrolled in both Medicare and Medicaid or Medi-Cal we call it in CA

As of mid June this year we had roughly 180K Medicare lives in CA. Out of those, about 46K are in our Aligned DSNP program in Los Angeles, Riverside, San Bern and San Diego Counties which means they are ALSO on our HN Medi-Cal Plan

We have just over 21,000 DSNP members in other counties in CA.

This means for Centene in CA, almost 38% of our Medicare members are in a DSNP program

2024 Exclusive Aligned Enrollment (EAE) and Matching Plan Policy Overview

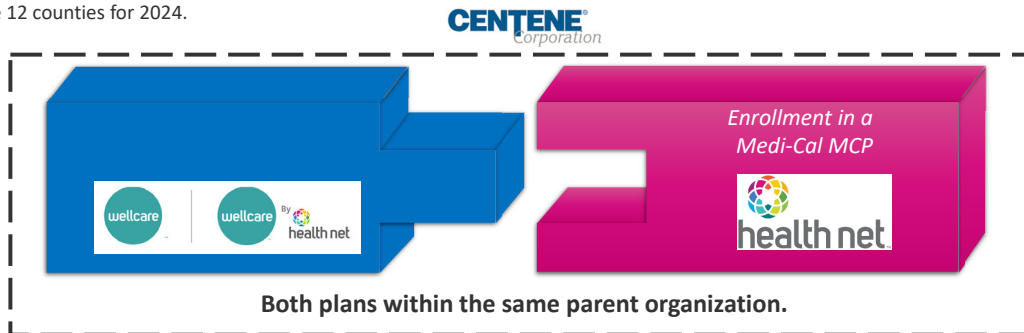
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Now we will dive into the details of what the Exclusive Aligned Enrollment and Matching Plan policies, and how our D-SNP plans will be changing

2024 Exclusive Aligned Enrollment (EAE) County Policy Overview

What is Exclusively Aligned Enrollment?

Exclusively Aligned Enrollment is when a beneficiary is enrolled in a D-SNP plan and affiliated Medi-Cal Managed Care Plan (MCP) by the same parent company in the same geographic area. State limits the new enrollment into the D-SNP plan only to the full benefit dually eligible individuals who can receive care coordination from D-SNP and Medi-Cal by the same parent company. This is effective in the 12 counties for 2024.



Aligned enrollment occurs at the County level where the Centers for Medicare and Medicaid Services (CMS) D-SNP contractor, or its parent organization, also holds a “Prime” Medi-Cal Contract with DHCS or is a “Delegate” of a Prime Plan such as CalViva Health in Fresno, Kings and Madera Counties. These can be different legal entities.

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As part of the DHCS CalAIM Program, the Exclusive Aligned Enrollment program replaced the Cal Medi Connect program as of 1/1/2023.

To remind everyone, Exclusive Aligned Enrollment occurs in specific counties when a Full Dual Eligible Beneficiary has a Medicare Advantage Dual Special Needs Plan and a Medi-cal Manged Care Plan with the same parent organization.

We can provide Medicare Advantage D-SNP and Medi-Cal Managed Care Plan under Centene as a parent company. As in the case of Fresno, Kings, and Madera counties, we are the D-SNP contractor and a “delegate” of a Medi-Cal Contractor for CalViva Health plan. This partnership enables us to provide a seamless coordination of cares for the D-SNP members although CalViva Health plan is a separate entity. More details will be shared in the later slides.

2024 Exclusive Aligned Enrollment (EAE) – How it Works

DEPENDENT ON PARENT ORGANIZATION MEDICAID/MEDI-CAL BY SERVICE AREA

Health Net Medi-Cal Footprint in 2024:

Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne, Fresno*, Kings*, Madera*, Imperial****



12 Exclusive Aligned Enrollment (EAE) Counties 2024

Los Angeles, Orange***, Riverside***, San Bernardino***, San Diego***, Santa Clara, San Mateo, Fresno*, Kings*, Madera*, Sacramento**, Tulare**



* Partnership with CalViva Health where Health Net is a Contracted Administrator

** as of 3/13/23 new EAE County added by DHCS

*** These will be "do not sell" DSNP plans for 2024 for Wellcare

**** Partnership with Imperial Valley Health Plan

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Now that we have the final results of the State Medicaid contracting or Medi-Cal RFP for the next 5 years, we can assess the impact of 2 key State driven, enrollment policies. The first is the Exclusive Aligned Enrollment.

In 2024, we will have a Health Net Medi-Cal plan in Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne, Fresno*, Kings*, Madera* and Imperial

This means for 2024, we can take advantage of the Exclusive aligned enrolment policy in Los Angeles, Sacramento, and Tulare and in Fresno, Kings, Madera with our partner Cal Viva Health, which will talk more in later slides.

Here, when a dual eligible member choses to enroll in the Aligned D-SNP plan, the State passively enrolls the member into the matching Medi-Cal plan and they then are aligned. In these counties, ONLY EAE or aligned DSNPs can grow or enroll new members.

2024 Matching Plan County Policy Overview

What is Matching Plan policy?

It is similar to the Exclusively Aligned Enrollment policy – Dual eligible beneficiaries who are enrolled in a Medicare Advantage (MA) plan must be enrolled in a matching Medi-Cal managed care plan (MCP) if one is available. This means that if a member joins a Medicare Advantage plan and there is a Medi-Cal plan that matches with that plan, the member will be enrolled in that Medi-Cal plan. For 2024, there are 15 Matching Plan counties.

Primary Plan & Delegate Plan?

Primary Plan: MCPs with direct contracts with DHCS to provide Medi-Cal services

Delegate Plan: Subcontractors with MCPs that provide Medi-Cal services.



KEY CONCEPT TO REMEMBER

- Medicare plan choice determines Medi-Cal plan enrollment
- Aligned enrollment occurs at the Medi-Cal prime level

For more information on the Matching Plan policy scenarios, visit the DHCS website:
<https://www.dhcs.ca.gov/provgovpart/Documents/2023-Matching-Plan-Policy-Scenarios.pdf>

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Now moving on to the Matching Plan policy and its overview.

DHCS also has a matching plan Policy which is very similar. In these counties, ANY full dual eligible member who enrolls into a Medicare advantage plan will be matched to the Medi-Cal plan if one exists.

For 2024, there are 15 matching plan counties.

Key concept to remember is that the Medicare plan choice will determine the Medi-Cal plan enrollment. Meaning, if a full benefit dual eligible is currently enrolled in a Medi-Cal MCP that matches their MA but wants to change their Medi-Cal MCP to one that does not match their MA, the enrollment is not allowed. In the matching plan county, the beneficiary must change their MA plan first if they want to change their Medi-Cal MCP.

I also want to cover the concept of the primary plan and delegate plan. The primary plan is the Medi-Cal managed care plan who has a direct contract with DHCS. They can either fulfill the Medi-Cal services on their own or subcontract to a subdelegated organization to carry out the Medi-Cal services, which is also known as the Delegate plan. The delegate plan will fulfill the Medi-Cal services as a subcontractor for the Primary plan.

2024 Matching Plan County Policy – How it Works

DEPENDENT ON PARENT ORGANIZATION MEDICAID/MEDI-CAL CONTRACT SERVICE AREA

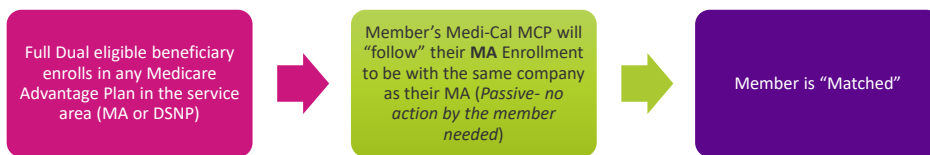
Health Net Medi-Cal Footprint in 2024:

Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne, Fresno*, Kings*, Madera*, Imperial**



15 Medi-Cal Matching Plan Policy Counties 2024

Alameda, Contra Costa, **Fresno**, Kern, **Kings**, **Los Angeles**, **Madera**, Riverside, **Sacramento**, San Bernardino, San Diego, San Francisco, Santa Clara, **Stanislaus**, **Tulare**



* Partnership with CalViva Health where Health Net is a Contracted Administrator

** Partnership with Community Health Plan of Imperial County (CHPIV)

So for us, we will benefit from this Matching Plan policy in these 6 counties for 2024: Fresno, Kings, Los Angeles, Madera, Sacramento, and Stanislaus

Health Net Medi-Cal 2023 & 2024-2029

2023

- **2023 Existing Health Net:** Fresno, Kern, Kings, Los Angeles, Madera, Sacramento, San Diego, San Joaquin, Stanislaus and Tulare Counties. Riverside & San Bernardino currently included under Molina partnership.
- **2023 Existing CA Health & Wellness:** Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne and Yuba Counties
- **2023 Existing CalViva Health:** Fresno, Kings, Madera

2024-2029

- **Health Net:** Amador, Calaveras, Inyo, Los Angeles (with delegation to Molina for 50% of membership), Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne
- **2024 CalViva Health:** Fresno, Kings, Madera (administered by Health Net)
- **2024 Community Health Plan of Imperial Valley:** Imperial (administered by Health Net)

Interested in the full award announcement:
<https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx>
<https://www.dhcs.ca.gov/CalAIM/Documents/MCP-County-Table-2023-2024-April-2023.pdf>

This is how the Health Net Medi-Cal footprint will change from 2023 to 2024 and beyond for the next 5 years in more detail.

Please take a close attention to the counties that you are in so that if you are in any of the counties that are either transitioning or expanding, you know what to expect for the future.

2024 D-SNP Program Changes

(EAE Expansions, Reductions, and Regulatory Requirements)

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Now we will dive into how these changes will impact your operations from the providers perspective.

2024 D-SNP Program Changes

- Contract changes for D-SNP members
 - Wellcare to Wellcare by Health Net transition
 - Transition to a single contract – H3561
- Impact of the Plan Expansion, Change to Non-EAE Plan, and Non-Renewal
 - Expansion – New Exclusively Aligned Enrollment (EAE) Counties/Plans
 - Change – Back to non-Exclusively Aligned Enrollment (EAE) D-SNP
 - Non-Renewal
- 2024 New/revised Care Coordination Policy and MOC requirements applicable to all D-SNP plans

Here is a quick summary of the D-SNP program changes for 2024 and impacts to the providers.

First, we will cover the contract changes that will be occurring for all the D-SNP members in 2024.

Next, we will review how the Exclusively Aligned counties will be changing, and how the 3 categories of change will impact the providers.

And lastly, we will wrap up with the new and revised care coordination policy and model of care requirements at the end.

Contract Changes for D-SNP Members

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Let's first look at the contract changes happening for the D-SNP members

What it Means to the Providers

WELLCARE TO WELLCARE BY HEALTH NET TRANSITION

Impacted counties/Contract & PBP

- Los Angeles – Wellcare Dual Align 001 (H5087-001)
- San Joaquin – Wellcare Dual Liberty (H5087-027)

WHAT IT MEANS TO THE PROVIDERS

- ✓ The members will receive the new health plan ID in 2024
- ✓ New web portal – Wellcare by Health Net Provider Portal
- ✓ Member will no longer access Wellcare provider network, but Wellcare by Health Net provider network. You may see a drop in membership if you are not contracted under the Wellcare by Health Net provider network.
- ✓ Expect members to appear disenrolled from the Wellcare CA eligibility file effective 12/31/23 and appear on the Wellcare by Health Net eligibility file effective 1/1/24, if applicable.
- ✓ Transition any open/in force PA to the new 2024 plan

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The first program change that we will discuss is the Wellcare to Wellcare by Health Net transition.

The Wellcare Dual Align 001 (H5087-001) and Wellcare Dual Liberty (H5087-027), both of which are Wellcare D-SNP plan, will transition to under the Wellcare by Health Net D-SNP plan in 2024.

The members will be transitioning in the back end, but there are a few changes that the providers should anticipate to see for the members in these contracts:

- 1) The members will receive the new health plan ID so make sure you are asking for the updated ID
- 2) Providers will no longer access the Wellcare of CA Provider Portal. Starting 1/1/24 you should access the Wellcare by HN Provider Portal to check eligibility, claims, etc.
- 3) Similarly, the members will no longer access the Wellcare provider network, but Wellcare by Health Net provider network starting 1/1/2024.
- 4) There is a change to the eligibility file as well – you should expect the members to appear disenrolled from the Wellcare CA eligibility file by the end of 2023, and they should appear on the Wellcare by Health Net eligibility file on 1/1/2024 if you are contracted under Wellcare by Health Net.
- 5) And lastly, you should transition any open/in force prior authorizations to the new 2024 plan to reduce member and provider abrasion.

What it Means to the Providers

DSNP MEMBERS MOVE TO A SINGLE H CONTRACT, NEW PLAN FOR 2024

Impacted counties/Contract & PBP

- Fresno, Kern, Madera, Orange, San Francisco & Tulare – Wellcare Dual Liberty (H0562-121)
- Los Angeles, Riverside, San Bernardino & San Diego – Wellcare Dual Align 129 (H0562-129)
- Amador, Fresno, Imperial, Madera, Placer, Sacramento & Stanislaus – Wellcare Dual Liberty Amber (H3561-001)

WHAT IT MEANS TO THE PROVIDERS

- ✓ The members will receive the new health plan ID in 2024

Similarly, there will be contract changes for the D-SNP members in 2024.

In summary, all of the D-SNP plans will transition to a unified H3561 contract with different plans depending on the counties.

The transition should be seamless as the members will be transitioning on the back end.

The only impact to the providers is to ask for a new member ID because the members will receive new ID cards in mail.

Impact of the Exclusively Aligned Enrollment (EAE) Counties Change

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Next, let's look at the impact of the changes in the Exclusively Aligned counties for 2024 in more detail.

What it Means to the Providers

2024 EXCLUSIVE ALIGNED ENROLLMENT (EAE) COUNTIES - EXPANSION

2023 EAE Counties (total 4)

- Los Angeles
- Riverside
- San Bernardino
- San Diego



2024 EAE counties (total 6)

New	No Change
<ul style="list-style-type: none">• Fresno*• Kings*• Madera*• Sacramento• Tulare	<ul style="list-style-type: none">• Los Angeles

* Partnership with CalViva Health

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For exclusive aligned counties in 2023, there were a total of 4 counties where we were exclusively aligned: Los Angeles, Riverside, San Bernardino, and San Diego. For 2024, we will have EAE plans in 6 counties: Los Angeles will be the same, and Fresno, Kings, Madera, Sacramento, and Tulare will be added to the list. Let's look at the Fresno, Kings, and Madera counties where we will be partnering with CalViva Health in more detail.

What it Means to the Providers

2024 EXCLUSIVE ALIGNED ENROLLMENT (EAE) COUNTIES – EXPANSION (TRANSITION TO CALVIVA HEALTH DUAL ALIGN PLAN)

Impacted Counties

- Fresno
- Madera
- Kings (new D-SNP service area for 2024)

WHAT IT MEANS TO THE PROVIDERS

- ✓ Upon transition or new enrollment into the new Wellcare CalViva Health Dual Align plan, the members will become aligned with CalViva Health for their Medi-Cal Managed Care Plan (administered by Health Net)
- ✓ Ask the member for their new ID card in 2024 (CalViva Health co-branded)

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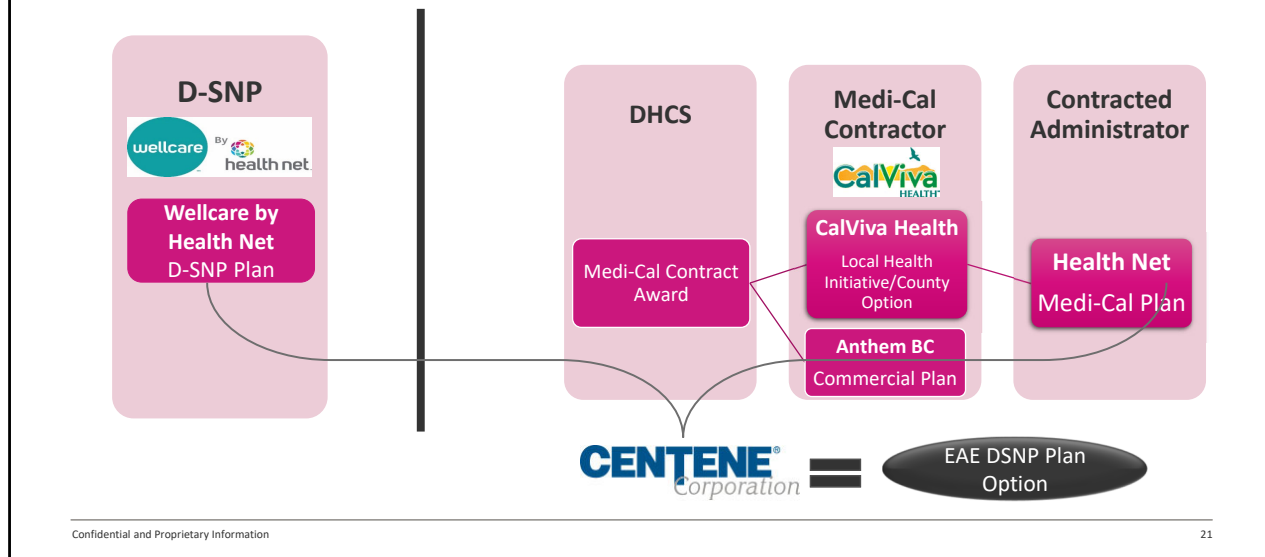
In Fresno, Madera, and Kings counties, we are partnering with CalViva Health who is the Medi-Cal contractor to provide exclusively aligned services. We will look at the detailed relationship in the following slides.

Out of these 3 exclusively aligned counties, Kings county will be an entirely new county where we did not have a D-SNP plan before, so it will be a new expansion.

The two key takeaways here is that the current D-SNP memberships will transition to the new Wellcare CalViva Health Dual Aligned plan and will receive the new CalViva co-branded ID cards.

Again, make sure you are asking the member for a new ID card in 2024.

How We Can Have an EAE D-SNP in Fresno, Kings and Madera Counties



As Health Net is already the contracted administrator for CalViva in Fresno and Madera counties, Wellcare is partnering with CalViva Health to create exclusively aligned plan in Fresno, Kings, and Madera

Because the Health Net is the contracted administrator, it allows us, Wellcare, to provide seamless care coordination for the D-SNP members.

Here is a visual of how that relationship looks like:

Please note that although CalViva Health is the Medi-Cal contractor, Health Net will be the contracted administrator.

Wellcare by Health Net and CalViva Health Partnership
CO-BRANDED EXCLUSIVE ALIGNMENT ENROLLMENT (EAE) DUAL SPECIAL NEEDS PLAN (D-SNP)
FRESNO, KINGS, AND MADERA



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And here is a visual that summarizes the new partnership with CalViva in these three counties.

What it Means to the Providers

2024 EXCLUSIVE ALIGNED ENROLLMENT (EAE) COUNTIES – EXPANSION (TRANSITION TO WELLCARE DUAL ALIGN PLAN)

Impacted Counties

- Sacramento
- Tulare

WHAT IT MEANS TO THE PROVIDERS

- ✓ Ask the member for their new ID in 2024
- ✓ Members will become aligned with Health Net for their Medi-Cal Managed Care Plan

For Sacramento and Tulare counties, where the current Wellcare D-SNP membership will transition to Wellcare dual aligned plan, you will have to keep in mind that the members will now be exclusively aligned with Health Net for their Medi-Cal Managed Care Plan. Again, make sure you are asking the member for a new ID card in 2024.

What it Means to the Providers

2024 EXCLUSIVE ALIGNED ENROLLMENT (EAE) COUNTIES – CHANGE TO NON-EAE D-SNP

2023 EAE COUNTIES (TOTAL 4)

- Los Angeles
- Riverside
- San Bernardino
- San Diego



2024 TRANSITION TO NON-EAE DSNP PLANS

IMPORTANT!

- **The members will stay in the Wellcare by Health Net D-SNP Plan**
- Member's Medi-Cal plan will change to another Medi-Cal plan available in their areas
- Wellcare by Health Net will coordinate all the necessary services for the member, as needed, with the other Medi-Cal health plans

Now let's cover the counties where they are impacted by the transition to the non-Exclusively Aligned plans - in Riverside, San Bernardino, and San Diego counties. Health Net will no longer be provided as Medi-Cal managed care plan in these counties, thus making them no longer considered exclusively aligned under the DHCS definition. The current Wellcare D-SNP membership in these counties will become what we call Grandfathered D-SNP members.

Here are some key points to keep in mind:

Very important - the members will stay in the Wellcare by Health Net D-SNP plan. But the members will be assigned to new Medi-Cal plans available in their areas. And we will coordinate all the necessary services for the member as needed.

2024 Program Changes and What it Means to the Providers

2024 EXCLUSIVE ALIGNED ENROLLMENT (EAE) COUNTIES – CHANGE TO NON-EAE DSNP

Impacted Counties

- Riverside
- San Bernardino
- San Diego

WHAT IT MEANS TO THE PROVIDERS

- ✓ Ask the member for their new Wellcare ID in 2024
- ✓ The members will stay in the Wellcare by Health Net D-SNP plan, but their Medi-Cal Managed Care Plan will change (either to IEHP or Molina)
- ✓ The members will receive new Medi-Cal ID card

Because the members in these 3 counties will still be enrolled in the Wellcare by Health Net D-SNP plan, there are no major impact to the providers in terms of the operational changes.

But because their Medi-Cal Managed Care Plan will change either to IEHP or Molina, keep in mind that the member care coordination is not aligned. The members will also receive new Medi-Cal ID card.

And again, the members will be assigned a new Wellcare ID card so make sure you ask for the new Wellcare ID card in 2024.

2024 Program Changes and What it Means to the Providers

2024 SERVICE AREA REDUCTION/NON-RENEWAL

Impacted Counties

- Alameda

WHAT IT MEANS TO THE PROVIDERS

- ✓ The members will transition to a different Medicare plan. Verify their Medicare coverage for 2024
- ✓ The Wellcare Dual Liberty Amber will be disenrolled from the plan and will no longer have Medicare benefits through Wellcare
- ✓ Non-renewal of the Wellcare Dual Liberty Amber does not have a direct impact to their Medi-Cal Managed Care Plan

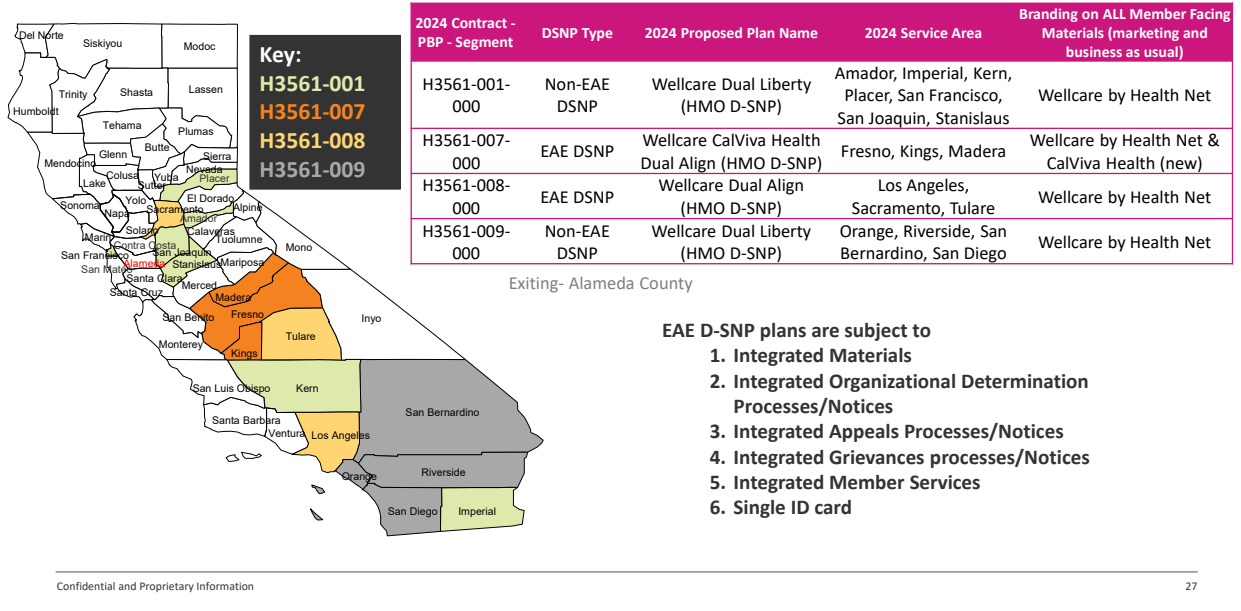
Lastly, we have one county where the D-SNP plan will not be renewing for 2024. The Wellcare Dual Liberty Amber (HMO D-SNP) plan in Alameda county will not be renewed and will no longer provide Medicare benefits through Wellcare.

The members in the area will receive the 90-day non-renewal notice in mail (usually by 10/2) informing them about the change in their plans and with some options.

If a member does not select to a different MA or D-SNP plan by 12/31/2023, they will transition to Medicare FFS and Part D Standalone plan.

Non-renewal of the Wellcare Dual Liberty Amber D-SNP plan does not have any impact on the Health Net Medi-Cal Managed Care Plan

California D-SNP 2024 Landscape



In summary, We will end up with 4 distinct DSNP Plans in CA and 1 non-renewal plan for 2024.

- Our Non-aligned DSNP in Amador, Imperial, Kern*, Placer, San Francisco*, San Joaquin, Stanislaus*
- The CV Aligned DSNP Plans in Fresno*, Kings*, Madera*
- Our standard aligned DSNP in Los Angeles, Sacramento and Tulare
- And our “do not sell” or “grandfathered” DSNP plans in Orange, Riverside, San Bernardino and San Diego
- Non-renewal in Alameda

Wellcare and Wellcare CalViva dual aligned plans are subject to the integrated member materials, Org Determinations and A&G process/notices, integrated member services and a single ID card.

2023-2024 Detailed D-SNP Plans Crosswalk

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And here is where we have a crosswalk table that includes the details of the changes taking place on the D-SNP plans from 2023 to 2024.

2023-2024 Detailed D-SNP Plans Crosswalk

County	2023 Medicare Plan Name	2024 Medicare Plan Name	Transition Type	Provider Network Change (Y/N)	2024 plan type (EAE vs Non-EAE DSNP)	Medi-Cal Plan Match
Alameda	Wellcare Dual Liberty Amber (HMO D-SNP)	Non-renewal				
Amador	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	None	N	Non-EAE DSNP	
Fresno	Wellcare Dual Liberty (HMO D-SNP)	Wellcare CalViva Health Dual Align (HMO D-SNP)	Contract/PBP Change	Y	EAE DSNP	Health Net Medi-Cal
Fresno	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare CalViva Health Dual Align (HMO D-SNP)	PBP Change	N	EAE DSNP	CalViva Health
Imperial	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	None	N	Non-EAE DSNP	
Kern	Wellcare Dual Liberty (HMO D-SNP) →	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
Kings	N/A	Wellcare CalViva Health Dual Align (HMO D-SNP)	N/A	Y	EAE DSNP	CalViva Health
Los Angeles	Wellcare Dual Align 129 (HMO D-SNP)	Wellcare Dual Align (HMO D-SNP)	Contract/PBP Change	Y	EAE DSNP	Health Net Medi-Cal
Los Angeles	Wellcare Dual Align 001 (HMO D-SNP)	Wellcare Dual Align (HMO D-SNP)	Contract/PBP Change	Y	EAE DSNP	Health Net Medi-Cal
Madera	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare CalViva Health Dual Align (HMO D-SNP)	PBP Change	N	EAE DSNP	CalViva Health
Madera	Wellcare Dual Liberty (HMO D-SNP)	Wellcare CalViva Health Dual Align (HMO D-SNP)	Contract/PBP Change	Y	EAE DSNP	CalViva Health

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*The detailed crosswalk can be found on the "D-SNP for provider" web page <https://providerlibrary.healthnetcalifornia.com/medicare/d-snp.html>

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You can access the detailed crosswalk in the provider library page listed in the link below.

Please review this crosswalk table in more detail with attention to the counties that will potentially have provider network change.

These counties are – Fresno, Kern, Kings, Los Angeles, Madera, ...

2023-2024 Detailed D-SNP Plans Crosswalk

County	2023 Medicare Plan Name	2024 Medicare Plan Name	Transition Type	Provider Network Change (Y/N)	2024 plan type (EAE vs Non-EAE DSNP)	Medi-Cal Plan Match
Orange	Wellcare Dual Liberty (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
Placer	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	None	N	Non-EAE DSNP	
Riverside	Wellcare Dual Align 129 (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
Sacramento	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare Dual Align (HMO D-SNP)	Contract/PBP Change	N	EAE DSNP	Health Net Medi-Cal
San Bernardino	Wellcare Dual Align 129 (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
San Diego	Wellcare Dual Align 129 (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
San Francisco	Wellcare Dual Liberty (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
San Joaquin	Wellcare Dual Liberty (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	Contract/PBP Change	Y	Non-EAE DSNP	
Stanislaus	Wellcare Dual Liberty Amber (HMO D-SNP)	Wellcare Dual Liberty (HMO D-SNP)	None	N	Non-EAE DSNP	Health Net Medi-Cal
Tulare	Wellcare Dual Liberty (HMO D-SNP)	Wellcare Dual Align (HMO D-SNP)	Contract/PBP Change	Y	EAE DSNP	Health Net Medi-Cal

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*The detailed crosswalk can be found on the "D-SNP for provider" web page <https://providerlibrary.healthnetcalifornia.com/medicare/d-snp.html>

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Orange, Riverside, San Bernardino, San Diego, San Francisco, San Joaquin, and Tulare.

And now we will move on to how we plan to communicate these changes to the members in the impacted counties.

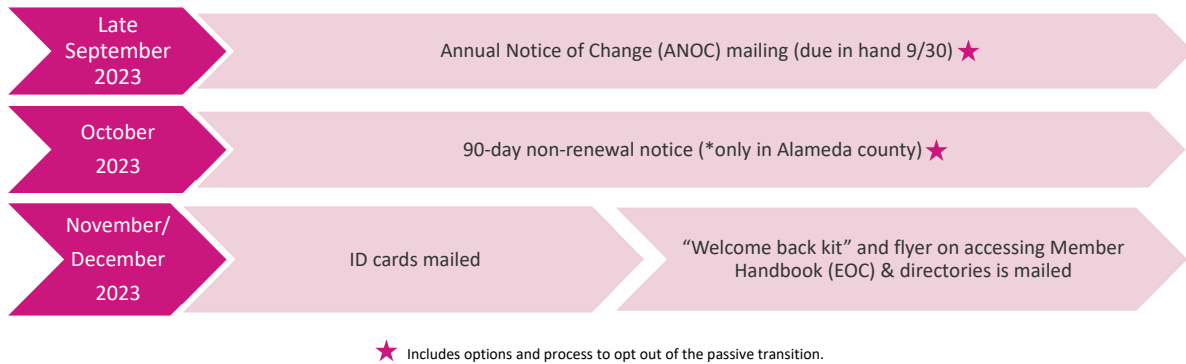
Member Communications Timeline in Impacted Counties

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And here is a quick snapshot in terms of timeline of when and how the members in the impacted counties will be communicated. That way you can also plan around the different time of the communications to prepare for any question you may receive from the members.

Member Communications Timeline in the Impacted Counties

- Here is a snapshot of the communication plan timeline for the members in the impacted counties



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Starting in late September, the Annual Notice of Change material will be mailed to the members. The members can expect them by end of 9/30.

And for the members in Alameda county, where we will not be renewing the D-SNP plan for 2024, they will receive the 90 day non-renewal notice in mail.

Again, the members will be informed about the change in their plans and be provided with some options.

And in November, there will be multiple communications that will go out to the members – new ID cards will be mailed, outbound calls will be made, and other materials including a “welcome back” kit and directories will be mailed to them.

How Working with Wellcare and Health Net is Changing and Key Policies Impacting Your Business Processes

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As a result of the Transitions and Exclusive Aligned Enrollment Policy changes, we are implementing many changes and want to also share the key policies that are likely to impact your current business processes.

To make this successful, we all have to make some changes.

2024 Considerations for Operational Impacts for the D-SNP plans

Eligibility and
Capitation Files

COB and Claims
Processing

Prior
Authorizations

Continuity of Care
For New D-SNP
Members

Model of Care

Integrated Member
Materials

Hospital and Skilled
Nursing Facility
(SNF) Information
Sharing

Provider Network
Alignment

Medicare provider operations manuals are being updated to reflect any nuances for D-SNP members.

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These changes include

- Eligibility and Capitation Files
- COB & Claims Processing
- Prior Authorizations
- Continuity of Care For New DSNP members
- Model of Care changes
- Integrated Member Materials
- Hospital and Skilled Nursing facility information sharing
- Provider Network Alignment

We will start with the changes in the Eligibility and Capitation Files and touch upon all of these areas.

Eligibility and Capitation Files

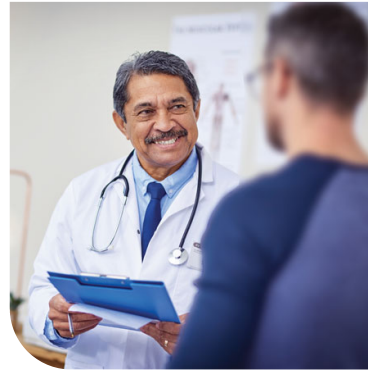
Confidential and Proprietary Information

Eligibility & Capitation Update Timeline for All D-SNP Members

Member transitions within our systems will occur in October, November and December

- Eligibility files updated: December.
- Capitation updated: December.
- Web portals: December.

Member transitions are effective January 1, 2024.



The member transition will occur in the Q4 of 2023 but will be effective on 1/1/2024. For those providers who are participating in the Wellcare and Wellcare by Health Net networks, expect to see the members transitioning from Wellcare to Wellcare by Health Net disenrolled in the CA Wellcare eligibility file on 12/31/2023. And they will show up in the Wellcare by Health Net eligibility file effective 1/1/2024, if IPA and provider group participate in both networks.

Wellcare By Health Net Eligibility File Reminder

- ✓ Medicare eligibility files have information in the Other Health Coverage (OHC) element to show the Medi-Cal plan data when the member is on the Health Net Medi-Cal plan.
- ✓ The technical file layout details are in our provider library (<https://providerlibrary.healthnetcalifornia.com>) for your reference.

For the Wellcare by Health Net Eligibility files, we will continue to share the Health Net Medi-Cal plan information in the Other Health Coverage section.

More technical file layout details are available in our provider library.

Coordination of Benefits and Claims Processing for Wellcare Dual Align Plans

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Next we will discuss the Coordination of Benefits and Claims Processing for Wellcare Dual Align Plans

Coordination of Benefits and Claims Crossover Process for Wellcare Dual Align Members (EAE D-NSP)

When the Provider group is at risk for Medicare but NOT for Medi-Cal

Provider groups must complete payment based of their Division of Financial Responsibility (DOFR) and then submit the non-covered portion to Health Net using the information provided on the Medicare eligibility files, as needed.

When the plan is at risk for BOTH Medicare and Medi-Cal

- When the Plan is at risk for both Medicare and Medi-Cal benefits, we will automatically forward for Medi-Cal/coordination of benefits (COB) payment to Health Net.
- Evidence of payment (EOP)/Remittance Advice (RA) will advise of the automatic forwarding.
- Second EOP/RA to be sent after the Medi-Cal side is processed.



REMINDER: D-SNP members CANNOT be “balance billed” for any services.

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When the Provider group is at risk for Medicare but NOT for Medi-Cal:

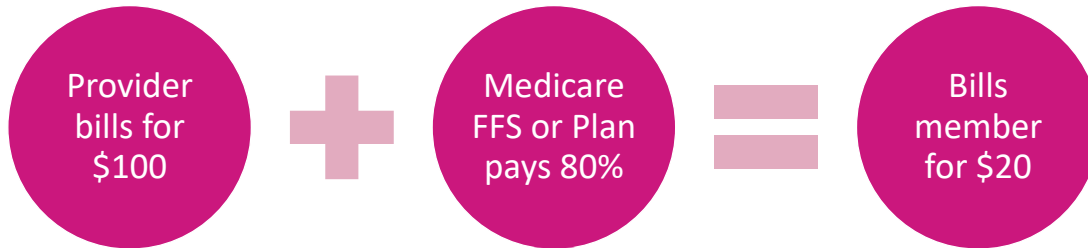
Provider groups must complete payment based of their Division of Financial Responsibility and then submit the non-covered portion to Health Net using the information provided on the Medicare eligibility files, as needed.

When the plan is at risk for BOTH Medicare and Medi-Cal:

- we will automatically forward for Medi-Cal/coordination of benefits (COB) payment to Health Net.
- Evidence of payment Remittance Advice will advise of the automatic forwarding.
- Second Evidence of payment/remittance advice to be sent after the Medi-Cal side is processed.

REMINDER: D-SNP members CANNOT be “balance billed” for any services.

REMINDER: Do NOT Balance Bill Dual Eligible Members



DHCS prohibits Medicare providers to bill dual eligible beneficiaries for Medicare cost sharing.

This means dual eligible beneficiaries cannot be charged for co-pays, co-insurance, or deductibles. Similarly, this protection also applies to Qualified Medicare Beneficiaries ([QMBs](#)).

Make sure your system is updated to prevent bills from generating to the dual eligible patients.

When members call about balance billing, it creates a grievance

These Grievances count against the Provider/PPG

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<https://www.dhcs.ca.gov/individuals/Pages/Balanced-Billing.aspx>

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We continue to receive calls from the members who have received bills requesting them to pay the 20 percent co-insurance applicable to their D-SNP plan.

DHCS prohibits the Medicare providers to bill dual eligible beneficiaries for Medicare cost sharing. This means dual eligible beneficiaries cannot be charged for co-pays, co-insurance, or deductibles

If you do bill a dual eligible member for any co-insurance, co-pay or deductible, that is called a “Balance Billing”. It will create a grievance against the provider when a member calls the plan.

Please ensure that your billing system is configured to prevent any bills from going out to the dual eligible patients.

Prior Authorization

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With so many member transitions, we want to ensure it is as smooth as possible for Prior authorizations in effect at the end of the year

Prior Authorizations



We expect active authorizations done by providers to transition with the member to their new plan in 2024 *under the same provider group* to alleviate member and provider abrasion.



Authorizations completed by the Plan will also transition.



Pharmacy/Rx authorizations (by the Medicare Pharmacy Benefit Manager) will be migrated to the new 2024 plans.

We expect the active authorizations done by the provider groups to transition with the member to their new plan in 2024 *under the same provider group*. *This is to minimize the member and provider abrasion, which is one of the objectives for our vision.*

Authorizations completed by the Plan will also transition and the pharmacy authorizations will also be migrated to the new 2024 plans.

Continuity of Care for New D-SNP Members

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Many continuity of Care process are already in place for new or transitioning members.

Updated D-SNP Continuity of Care Requirements

Current D-SNP policy guide can be found at:

[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

Continuity of Care for Medicare Durable Medical Equipment and Medical Supply Providers

Additionally, D-SNPs must ensure members have access to medically necessary Medicare-covered Durable Medical Equipment (DME) and medical supplies. In addition to complying with Medicare continuity of care requirements for these services and providers as outlined in 42 CFR 422.100(1)(2)(iii), D-SNPs must comply with the following requirements.

Durable medical equipment (DME) and medical supplies

- Members joining a D-SNP with existing DME rentals must be allowed to keep their existing rental equipment until the D-SNP can evaluate the member, equipment is in the possession of the member, and ready for use.
 - After 90 days (per 42 CFR 422.100(1)(2)(iii)) and when the D-SNP is able to reassess the member, and, if medically necessary, authorize a new rental and have an in-network provider deliver the medically necessary rental.
- Members joining a D-SNP that have an open authorization to receive Medicare covered medical supplies may continue to use the existing provider:
 - For 90 days per 42 CFR 422.100(1)(2)(iii); and
 - Until the O-SNP is able to reassess the member, and, if medically necessary, authorize supplies and have an in-network provider deliver the medically necessary supplies.

Screen shot from the DHCS D-SNP policy guide dated July 2022.

Members who are accessing Durable medical equipment from their prior plan through an out of network provider, will continue to have access until Wellcare or Wellcare by Health Net can authorize and organize delivery with an in-network provider.


Updated D-SNP Continuity of Care Requirements (continued)

Current D-SNP policy guide can be found at:

[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

Continuity of Care for Medicare Primary and Specialty Providers

Upon member request, or request by other authorized person as noted below, D-SNPs must offer continuity of care with out-of-network Medicare providers to all members if all of the following circumstances exist



Primary Care
and Specialty
Provider

- A member has an existing relationship with a primary or specialty care provider. An existing relationship means the member has seen an out-of-network primary care provider (PCP) or a specialty care provider at least once during the 12 months prior to the date of their initial enrollment in the D-SNP for a non-emergency visit;
- The provider is willing to accept, at a minimum, payment from the D-SNP based on the current Medicare fee schedule, as applicable; and
- The provider does not have any documented quality of care concerns that would cause the D-SNP to exclude the provider from its network. If the member leaves the D-SNP and later rejoins the D-SNP, then the D-SNP must offer the member a 12-month continuity of care period based on the date of re-enrollment, regardless of whether the member received continuity of care in the past.

If a member changes D-SNPs, the continuity of care period may start over one time. If the member changes D-SNPs a second time (or more), the continuity of care period does not start over, meaning the D-SNP is not required to offer the member a new 12-month period.

Screen shot from the DHCS D-SNP policy guide dated July 2022.

For Primary care and specialists, members will have up to 12 months to see an out of network provider as long as there is an established relationship, the provider is willing to accept the payment terms and the provider does not have any documented quality of care concerns.

Please familiarize yourself with the entire policy located on the DHCS website and update your policies and procedures accordingly.

Model of Care and Care Coordination

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Our Model of Care is being enhanced and care coordination of services for members will continue.

D-SNP Model of Care and Care Coordination

The D-SNP contractor (Wellcare and Wellcare By Health Net) and contracted providers are responsible to coordinate care for members; not the member.



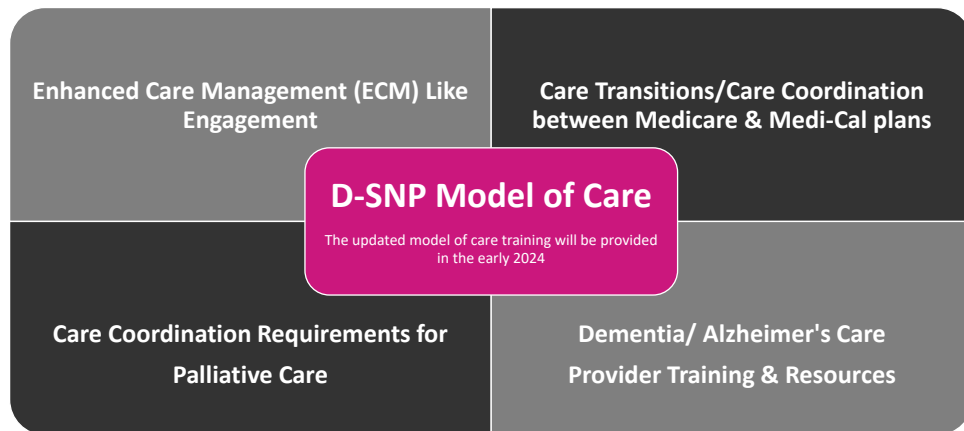
Updated Model of Care training with a focus on the dementia care will be coming soon in early 2024



Care coordination with all Medicare and Medi-Cal covered services (including community supports and carved out benefits)

An updated Model of Care training will be released early in 2024 and don't forget the DSNP plan and our contracted providers, NOT the member, are responsible to coordinate all covered services no matter who pays for them or administers them. If you need help with this, please submit a referral on the Provider Portal as you do today.

2024 D-SNP Model of Care



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And I would like to dive a little bit deeper on the 4 key highlights of the D-SNP model of care that the state is enforcing in 2024, and how each enforcement will impact the providers' operations.

These areas are:

- Enhanced Care Management like engagement
- Care Transitions/Care Coordination between Medicare & Medi-Cal plans
- Care Coordination requirements for Palliative Care
- Provider training and resources for Dementia and Alzheimer's care

The updated model of care training will be provided in the early 2024. Let's cover each topic in more detail.

2024 D-SNP Model of Care Highlights

Enhanced Care Management (ECM) Like Engagement



Providers serving the D-SNPs patients are to provide the equivalent of Medi-Cal Enhanced Care Management (ECM), which means primary interaction through **in-person** contact. A face-to-face encounter can be either in-person or through a visual, real-time, interactive telehealth encounter.



The providers are required to schedule and meet with the members at least annually for their annual preventative care appointment.

[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

Based on the care coordination policy, providers serving the D-SNP patients are to provide the equivalent of Medi-Cal Enhanced Care Management primarily through in-person contact.

This means that the face to face engagement will be required to be the primary type of engagement. This can be in-person or virtual interaction.

2024 D-SNP Model of Care Highlights- Continued

Care Transition

Additional clarity in the care coordination policy:



Wellcare by Health Net has the care transition protocols in place which includes coordination for the D-SNP members with the different health plan for their Medi-Cal Managed Care Plan.

What it means to the providers/members:



If you identify a patient needs a support with a care transition, you can submit a request to the plan through the portal.

[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

State mandates that care transition protocols be in place for coordination with Medi-Cal plans for non-EAE D-SNPs, and have a dedicated staff to support care transitions for information sharing.

With that, providers are encouraged to also serve as liaison to help facilitate member care transitions. You can submit a request for a care transition to the plan through the portal if a member requires one.

How to get a Care Coordination Support

SIMPLE!!! Access your Provider Portal Account or Call us

Wellcare Case Management/Care Coordination Team
1-833-340-0083 (Monday through Friday, 8AM – 8PM EST)

The screenshot shows the 'health net' provider portal interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation, the user is logged in as 'TN' and viewing eligibility for 'Medicare/Gen Med/Connect'. The main content area is titled 'Back to Eligibility Check' and contains a form for adding a referral. The form has a sidebar menu on the left with options: Overview, Cost Sharing, Assessments, Health Record, ADT, Care Plan, Authorizations, Pharmacy PDL, Referrals (selected), Coordination of Benefits, Claims, Schedule of Benefits, Document Resource Center, and Notes. The 'Referrals' form includes a dropdown for 'Source' (Case Management), a date field (08/29/2022), and fields for 'Last Name, First Name' and 'Phone Number, Extension'. There is an 'Additional Comments' text area. Below these fields is a section for 'Reason(s) for Referral (select all that apply)' with a list of checkboxes: Behavioral Health Services, Care Coordination, Co-Morbid Medical and Behavioral, Complex Medical Issues, High Risk Member, High Risk Pregnancy, Community Based Adult Services (CBAS), FKA Adult Day Health Care, In-Home Supportive Services (IHSS), Multi-Purpose Senior Services Program (MSSP), and Home & Community Based Services (HCBS). A green 'Submit' button is located at the bottom right of the form.

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And if the member has more questions, refer them to our case manager or the care coordination support team. You can do that through the Provider Portal or by calling our case management/Care Coordination team directly at the number provided. They are open Monday through Friday from 8 AM to 8 PM Eastern time. If you are reaching out to them outside of the business hours, you can leave a voicemail and they will get back to you on the next business day. Keep in mind, we are here to help!

2024 D-SNP Model of Care Highlights- Continued

Care Coordination Requirements for Palliative Care

Change in the care coordination policy:



All D-SNPs are responsible for providing and coordinating IP and OP palliative care referrals and services for dual eligible members with serious illnesses per APL 18-020 and SB 1004 Medi-Cal Palliative Care Policy.

D-SNPs must have an adequate network of palliative care providers to meet the needs of their members.

What it means to the providers/members:



For Out-Patient palliative care referrals, call 833-340-0083 (Monday through Friday, 6AM - 5PM PT) to create a CM case with the health plan, OR

Fill out a Care Management Referral Form available in the provider portal and submit to the health plan

[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

For 2024, DSNP must offer Palliative Care aligned with the Medi-Cal requirements provided in APL 180020 and CA State Bill SB 1004 Medi-Cal Palliative Care Policy.

And Wellcare has an adequate network of palliative care providers and process to make referrals easy for both the members and the providers.

For out-patient palliative care referrals, the providers have two options: you can either contact us directly to create a Care Management case at the provided number.

Or you can fill out a Care Management Referral form available in the provider portal and fax or email the completed form.

2024 D-SNP Model of Care Highlights- Continued

Dementia/ Alzheimer's Care



Change in the care coordination policy:



For members with dementia care needs, the Interdisciplinary Care Team (ICT) must include the member's caregiver and a trained dementia care specialist to the extent possible and as consistent with the member's preferences.

D-SNPs must have trained dementia care specialists on ICTs, as needed.

What it means to the providers/members:



Providers are encouraged to leverage "Dementia Care Aware" resources to detect cognitive impairment in their patients. The website is <https://www.dementiacareaware.org/>

Dementia Care Aware Warmline is available to health care providers at 1-800-933-1789 (Monday through Friday, 9 AM – 5 PM PST).

[https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-\(D-SNP\)-Contract-and-Program-Guide.aspx](https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-(D-SNP)-Contract-and-Program-Guide.aspx)

The state continues to focus on Dementia and Alzheimer's Care.

We need to ensure our providers know about and leverage the "Dementia care aware" resources.

The providers are encouraged to leverage the "Dementia Care Aware" resources available at the provided website to detect cognitive impairment in their patients. You can also contact Dementia Care Aware Warmline at the given number to connect with a live agent Monday through Friday, 9 AM to 5 PM PST. If you reach them after their business hours, leave them a voicemail and they will get back to you the next business day.

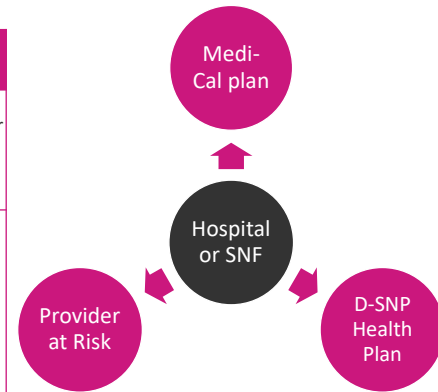
Hospital and Skilled Nursing Facility Information Sharing

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Reminder: Hospital and Skilled Nursing Facility Information Sharing (Admissions and Discharge)

Required by the State Medicaid Agency Contracts (SMAC)

Who?	Responsibility
Contracted Hospital	Must notify the D-SNP member's MCP either immediately prior to, or at the time of, the member's discharge or transfer from the hospital's inpatient services, if applicable.
Contracted SNFs	Must notify the D-SNP member's MCP within 48 hours after any SNF admission. For discharges or transfers, SNFs must notify the D-SNP member's MCP in advance if possible, or at the time of the member's discharge or transfer from the SNF.



<https://providerlibrary.healthnetcalifornia.com/medicare/provider-manual/utilization-management/notification-of-hospital-admissions-medicare-epo-ppo.html>

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DHCS has a guidance on information sharing for hospitals and skilled nursing facilities. But this is required and the specifics of the requirement can be found in the provider's operations manual.

All of the contracted hospitals must notify the D-SNP member's MCP either immediately prior to, or at the time of, the member's discharge or transfer from the hospital's inpatient services, if applicable.

And all of the contracted Skilled Nursing must notify Must notify the D-SNP member's MCP within 48 hours after any SNF admission. For discharges or transfers, SNFs must notify the D-SNP member's MCP in advance if possible, or at the time of the member's discharge or transfer from the SNF.

Please see your Medicare DSNP Resource Guide for more details on the new process to meet these requirements.

Integrated Materials and Support

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As we advised previously, Exclusively aligned members will have integrated materials

One Set of Integrated Materials and Support for Aligned D-SNP Members

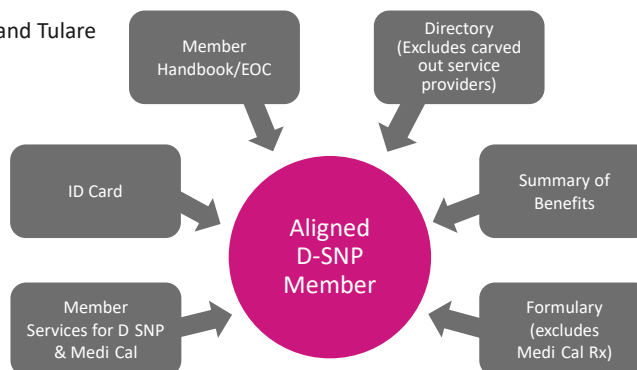
Los Angeles, Fresno*, Kings*, Madera*, Sacramento, and Tulare

ALL transitioned members:

Will get a new ID card.

Some will get issued a NEW ID #.

Ask members for their new ID card in 2024.



*In partnership with CalViva Health

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MLLO

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They will have a single set of member materials including one ID Card with one ID#, single member call center to support them and integrated plan materials which include both Medicare and Medi-cal benefits.

And as a reminder again, all D-SNP members will get a new ID card, some will be issued a new ID# so don't forget to ask them for their new ID card in 2024.

Slide 57

MLLO Please remove (DOUBLE CHECK THE PHRASE)
Mary Lourdes Leone, 2023-08-04T15:55:29.557

Provider Network Alignment

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Provider network will be another area that will be impacted by the D-SNP only H contract implementation

Member Transition Work Impacting Provider Network

- Any members who have a change in the network, the plan will crosswalk the member with the same primary care physician (PCP) and participating physician group (PPG)/independent practice association (IPA) if available. The goal is to minimize the member abrasion.
 - If PCP only available, plan auto-assigns new PPG/IPA.
 - If PPG/IPA only available, plan auto-assigns new PCP.
 - If neither available, plan auto-assigns new PCP and PPG/IPA.

Contact your
Provider Network
Management
Team for any
questions.

To see transitions with network changes, access the [2024 D-SNP Member Plan Crosswalk tool on the D-SNP Resources for Providers page](#)

Wellcare and Wellcare by Health Net completed additional contracting to support the transition and ensure minimal member and provider abrasion throughout this year.

For members who have a change in the network, the plan will crosswalk the member with the same PCP and provider group if available. This will be the case for over 98% of our members.

For the less than 2% of members,

- If their PCP is available but the provider group is not, we will auto-assigns new group
- If group is available, but the PCP is not, we will auto-assign a new PCP within their current group.
- If neither is available, we will auto-assigns new PCP and provider group

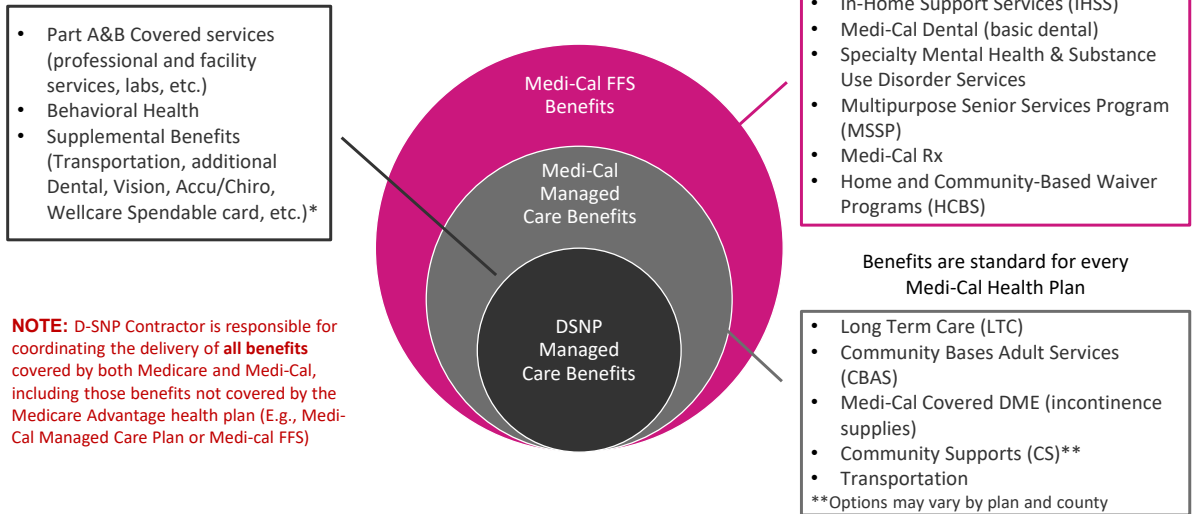
Please see your Provider Network Management team if you have any questions and don't forget, these members will have access to Continuity of Care rights as we previously discussed.

Benefits and Coordination for D-SNPs

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And lastly, we will cover the benefits and coordination for D-SNPs

DSNP + Medi-Cal Managed Care + Medi-Cal FFS Benefits



NOTE: D-SNP Contractor is responsible for coordinating the delivery of **all benefits** covered by both Medicare and Medi-Cal, including those benefits not covered by the Medicare Advantage health plan (E.g., Medi-Cal Managed Care Plan or Medi-cal FFS)

*These offerings could change annually; confirm benefits in the Evidence of Coverage/Member Handbook

DSNP members have many services available to them through various delivery systems.

DSNP members will receive your standard Medical, behavioral health and the optional supplemental benefits such as dental, vision, etc. That is what you see in the purple circle.

Wrapping around those services and covering the cost-share will be the Medi-Cal Plan benefits such as LTC, CBAS, Special DME, our newer community supports benefits and unlimited transportation. This is the green circle.

Additional services are provided through the Medi-cal FFS system like IHSS from the department of social services, Specialty mental Health and Substance use disorder support from the county agencies

DSNP Case Management (Clinical) & Care Coordination

The Health Plan	Shared Responsibilities	Provider Group
<ul style="list-style-type: none"> • Outreach of members identified for Care Management as post discharge and/or High Priority based on provider notifications and/or internally derived algorithms • Conduct assessments with members • Create member-centric and member approved Care Plans (ICP) • ICP creation/revisions (and related outreach) • Provider collaboration as a member of the ICT • Coordinate/collaborate with the ICT team based on member risk/acuity/needs • Facilitate ICT/IDCT meetings (and related outreach) as needed • Coordination of care • Assist with referrals to community-based resources for SDOH needs • Assist with access to benefits to address member identified needs • Address gaps in care 	<ul style="list-style-type: none"> • Coordination or referral for services, as needed • Support managing chronic conditions to reduce hospitalizations 	<ul style="list-style-type: none"> • Timely notification of admissions, transfers, or discharges to/from facilities to the plan if the PPG is responsible for PAs/claims • Authorize all needed services where the provider group is/remains delegated for UM, if applicable • Communicate with Health Plan Case Management, as needed, to exchange information and ensure smooth transitions • Participation on ICT/IDCT, if invited • Facilitate timely post-discharge appointments to PCP and or Specialist, document efforts • Conduct care coordination on patient population based on need. • Refer high risk / catastrophic members to Wellcare by Health Net for case management, if applicable • Coordinate activities with Wellcare by Health Net's Case Managers and Ancillary providers as indicated

Once enrollment is confirmed, contact the Wellcare Case Management/Care Coordination Team directly
 1-833-340-0083 (Monday through Friday, 8AM – 8PM EST)

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While we have our dedicated employees to support the member with the model of care, our provider groups also play a key part in ensuring that the members get everything they need.

As you can see in the delivery model, there are many responsibilities. Members or their caregivers can call member services or our Case Management/Care Coordination Team directly for support at any time. Please refer to the table.

You can also contact our Wellcare Care Management/Care Coordination team directly for any questions related to the patient care coordination at the provided number.

They are open Monday through Friday from 8 AM to 8 PM Eastern time. If you are reaching out to them outside of the business hours, you can leave a voicemail and they will get back to you on the next business day.

Additional Resources

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And we will wrap up with where you can access additional resources

Additional Resources



See the online *D-SNP Resources for Providers* Page for related:

- Provider Updates.
- Communications.
- Plan crosswalk.

www.healthnet.com/providers/DSNP



D-SNP Provider Brochure – TBD

- Details on technical changes.
- Update on regulatory.



Provider Operations Manual live January 1, 2024

Medicare operations manual will have D-SNP-specific nuances highlighted in each section

We have our Online DSNP Resources for Providers page which includes the related provider updates, communications and plan crosswalk.

The Medicare DSNP Resource Guide has more details about many of these changes and coming January 1, 2024, our refreshed provider operations manual. It will highlight any DSNP specific nuances you need to be aware of.

.....

A slide to walk through the Providers to
the landing page on the *D-SNP Resources
for Providers* page

.....



Now, I will walk through the provider library web page so that you get a sense of how to access the D-SNP Resources for the Providers webpage and many other resources.

How to Reach D-SNP Resources for Providers Web Page

Health Net California Provider Library

The Health Net Provider Library contains materials developed specifically for providers by provider type and line of business. The library includes provider operations manuals, archives of communications (updates and letters), forms, and contacts.

Use the fields to select the desired Provider Library settings to access operational policy information applicable to the provider type and member's benefit plan (line of business).

Confidential and Proprietary Information

From the provider library web page:

<https://providerlibrary.healthnetcalifornia.com/>

1. Click on the "Medicare Advantage" tab on the left

*Actual content may look different as updates are made to the webpages

You can start at the provider library web page at the provided link. If you don't have this page saved as your favorite already, I highly recommend you do that. Now hover your mouse to the tab on the left and click on "Medicare Advantage"

How to Reach D-SNP Resources for Providers Web Page

The screenshot shows the HealthNet provider library interface. At the top left is the HealthNet logo. To the right is a search bar with the text "Enter Keyword" and a "Search" button. Below the logo are two tabs: "PROVIDER LOGIN" and "LINE OF BUSINESS". The "LINE OF BUSINESS" tab is selected, and the page title is "Medicare Advantage". Below the title is a navigation bar with a list of topics. A hand icon with the word "CLICK!" points to the "D-SNP" tab. The list of topics includes: COVID-19 Provider Alerts, D-SNP, Provider Manual, Prior Authorizations Requirements, Special Supplemental benefits for Chronically Ill Attestation, Participating Physician Group (PPG) Performance Scorecard, Updates and Letters, Forms and References, Education, Training and Other Materials, Health Equity, Cultural and Linguistic Resources, Provider Pulse Newsletter, Contacts, Glossary, and Quality Management Program and Resources. Below the navigation bar is the text "Select provider library topic from left navigation bar."

From the provider library web page:

<https://providerlibrary.healthnetcalifornia.com/>

1. Click on the "Medicare Advantage" tab on the left
2. Click on the "D-SNP" tab on the left

*Actual content may look different as updates are made to the webpages

When it takes you to a new page, click on the "D-SNP" tab on the left

How to Reach D-SNP Resources for Providers Web Page

The screenshot shows the HealthNet provider library website. At the top left is the HealthNet logo. To the right is a search bar with the text "Enter Keyword" and a "Search" button. Below the search bar are navigation tabs for "PROVIDER LOGIN" and "LINE OF BUSINESS". On the left side, there is a vertical menu under the heading "MEDICARE ADVANTAGE". The menu items include: "COVID-19 Provider Alerts", "D-SNP", "Provider Manual", "Prior Authorization Requirements", "Special Supplemental Benefits for Chronically Ill Attestation", "Participating Physician Group (PPG) Performance Scorecard", "Updates and Letters", "Forms and References", "Education, Training and Other Materials", "Health Equity, Cultural and Linguistic Resources", "Provider Pulse Newsletter", "Contacts", "Glossary", and "Quality Management Program and Resources". The "D-SNP" item is highlighted. To the right of the "D-SNP" item, there is a text prompt: "Please refer to the [D-SNP Resources for Providers](#) page for information and materials related to D-SNP." A hand cursor icon is pointing to the hyperlink, with the word "CLICK!" written in red next to it.

From the provider library web page:

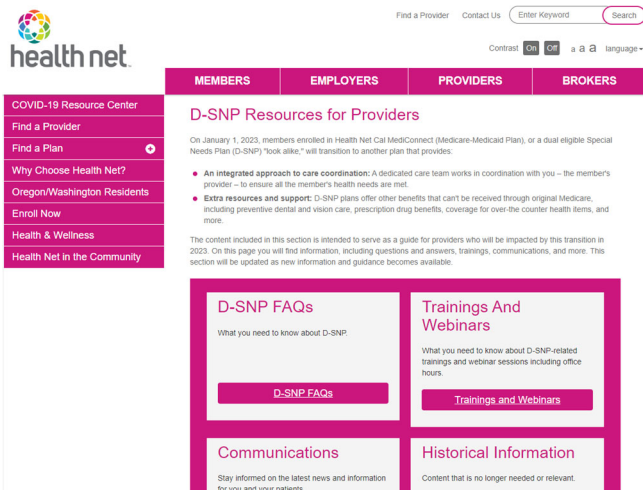
<https://providerlibrary.healthnetcalifornia.com/>

1. Click on the “Medicare Advantage” tab on the left
2. Click on the “D-SNP” tab on the left
3. Click on the “D-SNP Resources for Providers” hyperlink

*Actual content may look different as updates are made to the webpages

And click on the hyperlink “D-SNP Resources for Provider”.

How to Reach D-SNP Resources for Providers Web Page



From the provider library web page:

<https://providerlibrary.healthnetcalifornia.com/>

1. Click on the “Medicare Advantage” tab on the left
2. Click on the “D-SNP” tab on the left
3. Click on the “D-SNP Resources for Providers” hyperlink
4. Save the “D-SNP Resources for Providers” web page as a favorite on your browser

*Actual content may look different as updates are made to the webpages

It will take you to the home page of the D-SNP Resources for Provider. I highly recommend you bookmark this page as one of your favorites.

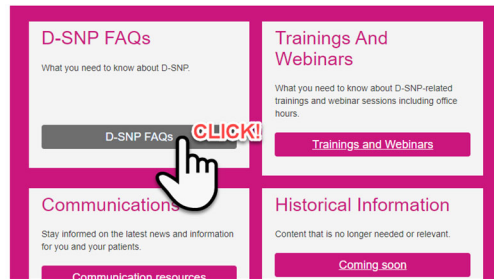
D-SNP FAQs Section

D-SNP Resources for Providers

On January 1, 2023, members enrolled in Health Net Cal MediConnect (Medicare-Medicaid Plan), or a dual eligible Special Needs Plan (D-SNP) "look-alike," will transition to another plan that provides:

- **An integrated approach to care coordination:** A dedicated care team works in coordination with you – the member's provider – to ensure all the member's health needs are met.
- **Extra resources and support:** D-SNP plans offer other benefits that can't be received through original Medicare, including preventive dental and vision care, prescription drug benefits, coverage for over-the-counter health items, and more.

The content included in this section is intended to serve as a guide for providers who will be impacted by this transition in 2023. On this page you will find information, including questions and answers, trainings, communications, and more. This section will be updated as new information and guidance becomes available.

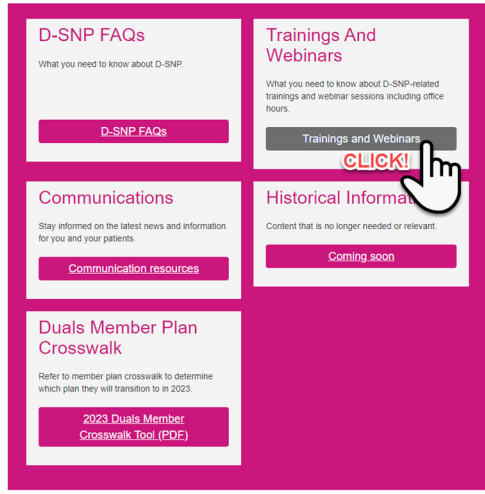


You can find the list of Frequently Asked Questions (FAQ) in the "D-SNP FAQs" section

*Actual content may look different as updates are made to the webpages

In here, you will find a section where you can access the Questions and Answers to the most Frequently Asked Questions.

The Webinar Recording and Material



You can find the recording of this webinar and this slides deck in the “Trainings and Webinars” section

*Actual content may look different as updates are made to the webpages

And where you can access the recording of today’s webinar and the actual PowerPoint presentation.

And the site contains many other helpful resources, so please take some time to navigate through it at your leisure.

Q&A

Confidential and Proprietary Information

That marks the end of 2024 D-SNP and Aligned Enrollment Expansion Program Overview Provider Webinar. We will open up the floor to anyone who has questions on the presentation or the D-SNP Expansion in general.