

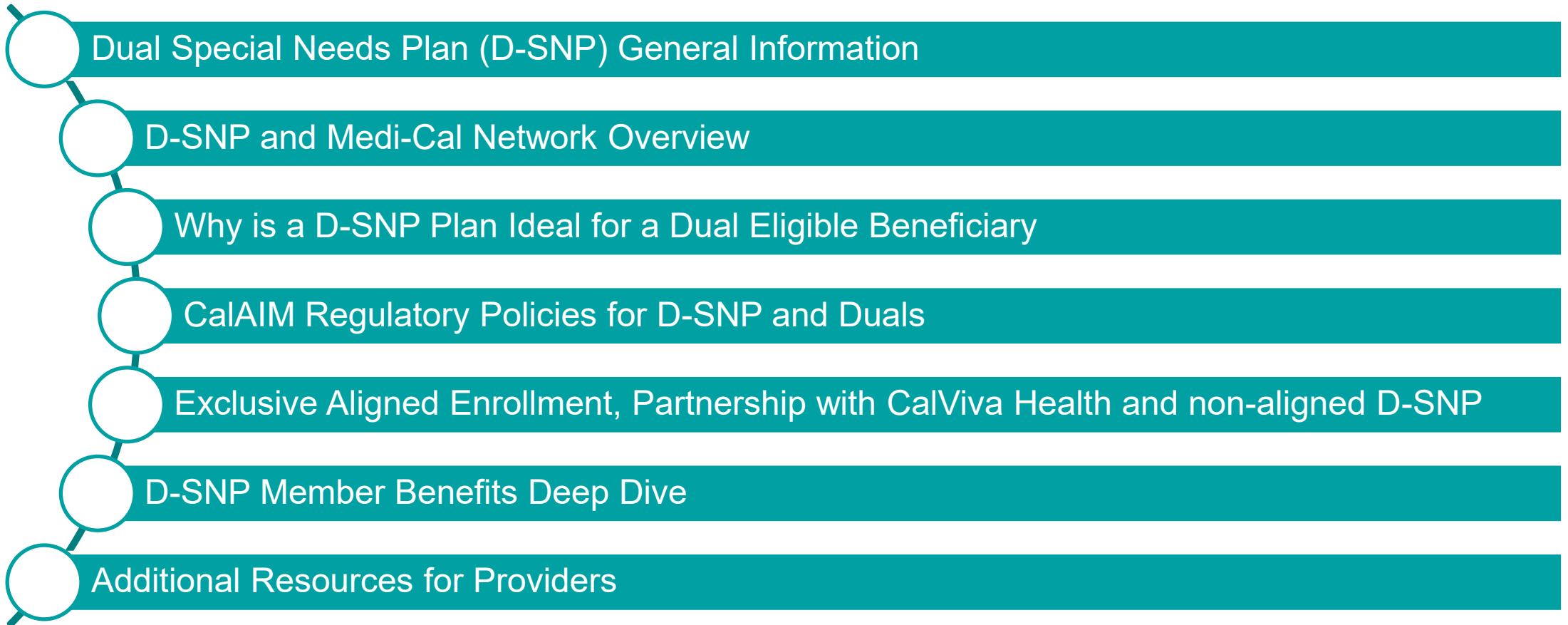


*In Partnership with* **CalViva**  
HEALTH

# 2026 Dual Special Needs Plan (D-SNP) *Deep Dive for Providers*

- 12/8/2025
- Only includes information for plan year 2026
- **For Providers and Provider Groups only**

# Objectives

- 
- Dual Special Needs Plan (D-SNP) General Information
  - D-SNP and Medi-Cal Network Overview
  - Why is a D-SNP Plan Ideal for a Dual Eligible Beneficiary
  - CalAIM Regulatory Policies for D-SNP and Duals
  - Exclusive Aligned Enrollment, Partnership with CalViva Health and non-aligned D-SNP
  - D-SNP Member Benefits Deep Dive
  - Additional Resources for Providers

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# Dual Special Needs Plan (D-SNP) General Information

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# Dual Special Needs Plan (D-SNP): Key Features and Requirements

## Overview:

D-SNPs are specialized Medicare Advantage (MA) plans for beneficiaries eligible for both Medicare and Medicaid (Medi-Cal in CA), offering care coordination and wrap-around services.

Plans require both a CMS contract and a State Medicaid Agency contract, which requires the plans to comply to additional state-specific regulatory requirements and a D-SNP Policy Guide.

## Model of Care (MOC):

D-SNPs must submit a Model of Care (MOC) to CMS for review, and it requires an approval from National Committee for Quality Assurance (NCQA).

MOC is a vital quality improvement tool, ensuring that member needs are identified and addressed.

# Dual Special Needs Plan (D-SNP): Key Features and Requirements

## Deeming Period:

If a D-SNP member loses their Medi-Cal eligibility, they can remain on the D-SNP for a limited time, which is called “deeming period”. This gives the members opportunity to regain their Medi-Cal eligibility.

If they do not regain their Medi-Cal eligibility, they are involuntarily disenrolled from the D-SNP plan

- Wellcare by Health Net offers a 6-month deeming period
- At least 3 notices are mailed to the member

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# CalAIM Regulatory Policies for D-SNP and Duals

And how they impact Provider Network

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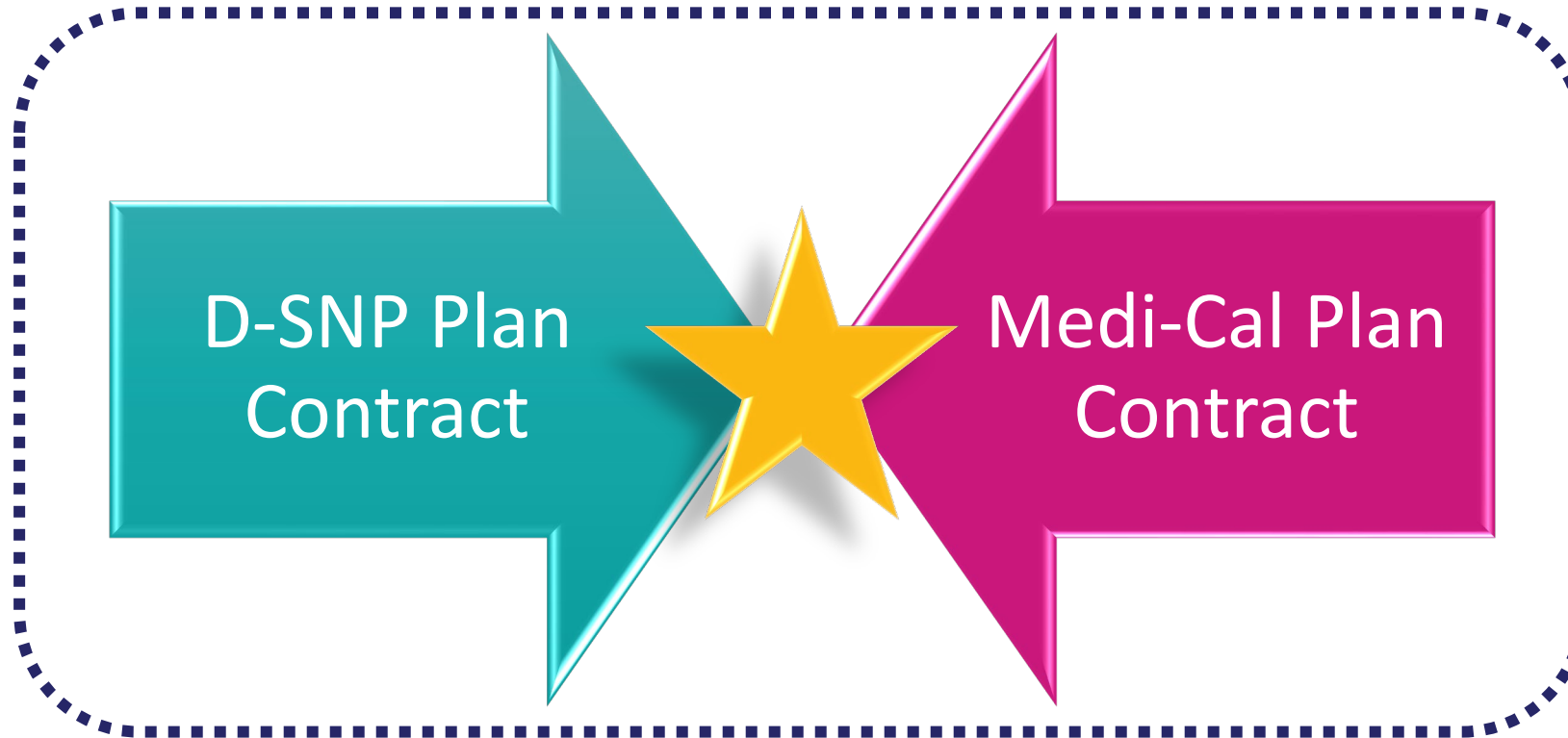
# Policy Overview

CalAIM (California Advancing and Innovating Medi-Cal) requires plans to provide aligned Medicare and Medi-Cal plans for people eligible for both programs, thereby supporting better integration and coordination of services

- Exclusive aligned enrollment (EAE) D-SNP plans started 1/1/23
- Beginning in 2025, only carriers with Medi-Cal plans can market a D-SNP plan in that service area/county
- In 2026, most Medi-Cal Managed Care Plans must have a D-SNP Plan/Contract
- Dual eligibles can disenroll from an MA or DSNP plan year around, returning to Original Medicare/FFS
- Dual eligibles can request to join Exclusively Aligned D-SNP plan year around if they are already enrolled in the same parent organization's Medi-Cal Plan.

# Exclusive Aligned Enrollment (EAE) D-SNP “Medi-Medi” Plans

Full county list here → <https://www.dhcs.ca.gov/services/Pages/Medi-Medi-Outreach.aspx>

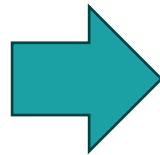


Exclusive aligned enrollment occurs when both contracts, D-SNP and Medi-Cal, are held or administered by the same parent organization/company and alignment of this enrollment is facilitated

# Policy Applicability by Counties

## For 2025: 12 EAE Counties

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



## For 2026: 41 EAE Counties

- Alameda
- Alpine
- Amador
- Calaveras
- Contra Costa
- El Dorado
- Fresno
- Imperial
- Inyo
- Kern
- Kings
- Los Angeles
- Madera
- Marin
- Mariposa
- Merced
- Mono
- Monterey
- Napa
- Orange
- Placer
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Solano
- Sonoma
- Stanislaus
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

# Impact of Policy on Health Net DSNP Plans

## Total 13 EAE Counties for Health Net DSNP

- Alameda
- Alpine
- **Amador**
- **Calaveras**
- Contra Costa
- El Dorado
- **Fresno\***
- Imperial
- **Inyo**
- Kern
- **Kings\***
- **Los Angeles**
- **Madera\***
- Marin
- Mariposa
- Merced
- **Mono**
- Monterey
- Napa
- Orange
- Placer
- Riverside
- **Sacramento**
- San Benito
- San Bernardino
- San Diego
- San Francisco
- **San Joaquin**
- San Luis Obispo
- San Mateo
- Santa Barbara
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- Yuba



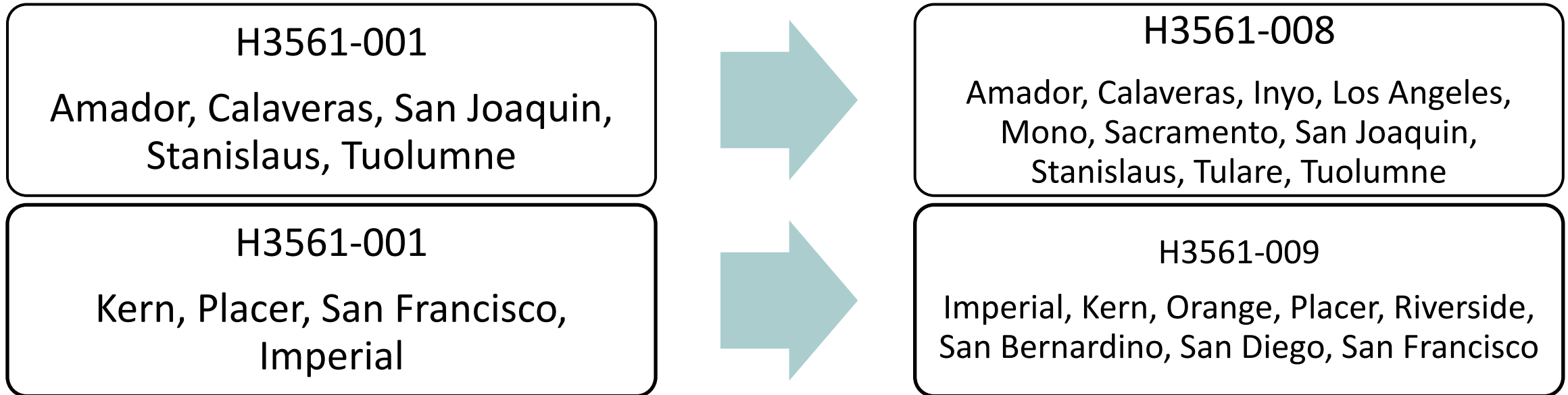
**Fresno, Kings, Madera** counties in partnership with CalViva Health



**Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne**

# Impact of Policy on Health Net DSNP Plans Contd.

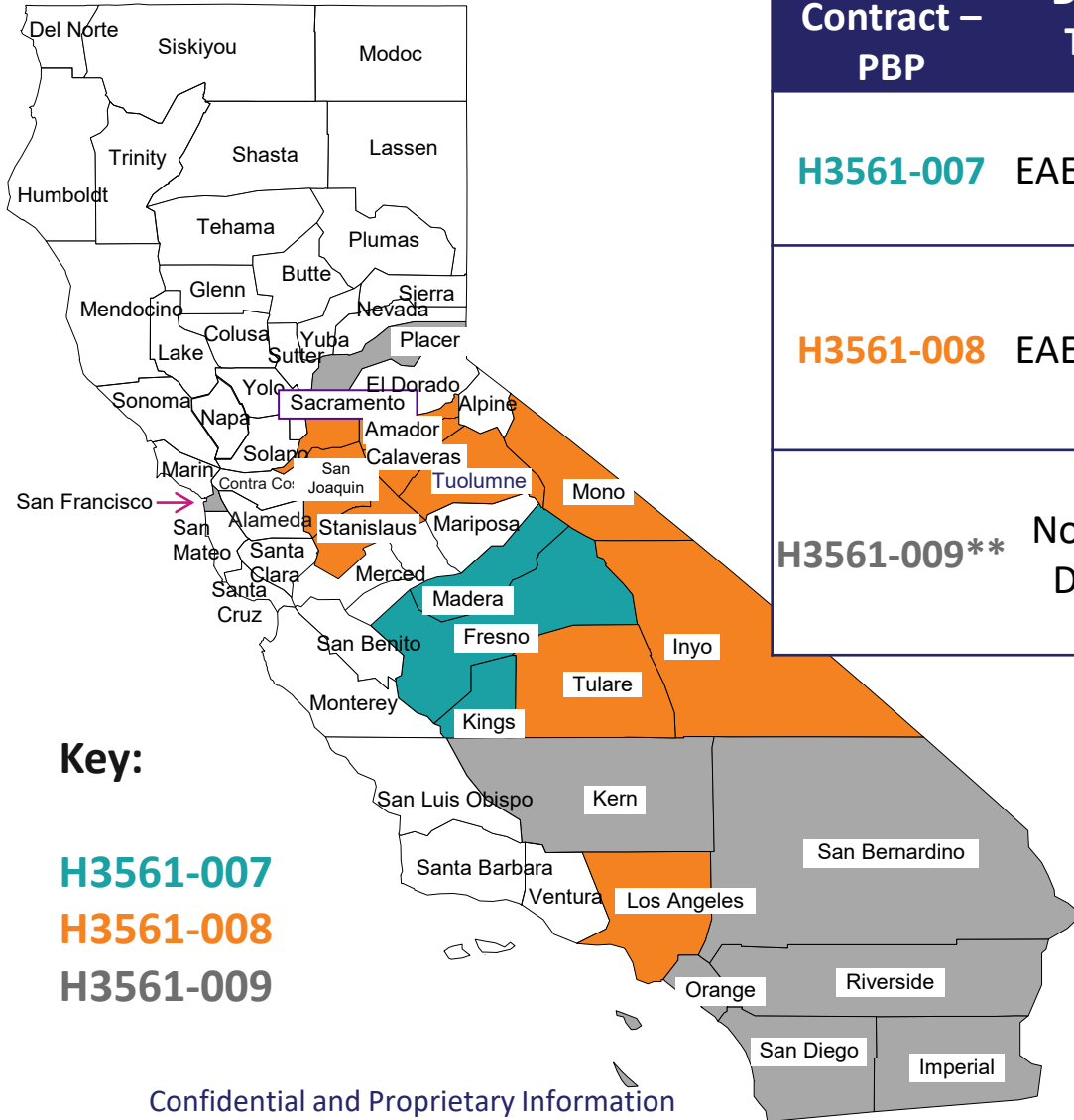
To comply with the EAE policy to offer D-SNP plans where we have Medi-Cal plans landscape, we are crosswalking D-SNP members in the following counties to new D-SNP plan:



All DSNP plans use the same provider network (SCS) so members will retain their PCP and PPG during the crosswalk

For PPG, new members will show up on the January eligibility file

# Wellcare by Health Net D-SNP 2026 Landscape



2026 Contract – PBP	D-SNP Type	2026 Plan Name	2026 Service Area	Branding/Logo
H3561-007	EAE D-SNP	Wellcare CalViva Health Dual Align (HMO D-SNP)	Fresno*, Kings*, Madera*	
H3561-008	EAE D-SNP	Wellcare Health Net Dual Align (HMO D-SNP)	Los Angeles, Sacramento, Tulare, Amador, San Joaquin, Stanislaus, Calaveras, Tuolumne, Inyo (new), Mono (new)	
H3561-009**	Non-EAE D-SNP	Wellcare Dual Liberty (HMO D-SNP) DO NOT SELL PLAN	Orange, Riverside, San Bernardino, San Diego, Kern Placer, San Francisco, Imperial	

**Total Counties: 21**

\*Health Net is the contracted administrator of the Local Medi-Cal Plan in the county  
 \*\*Cannot grow/sell due to state Exclusive Aligned Enrollment (EAE) Policy; Members are grandfathered into the plan



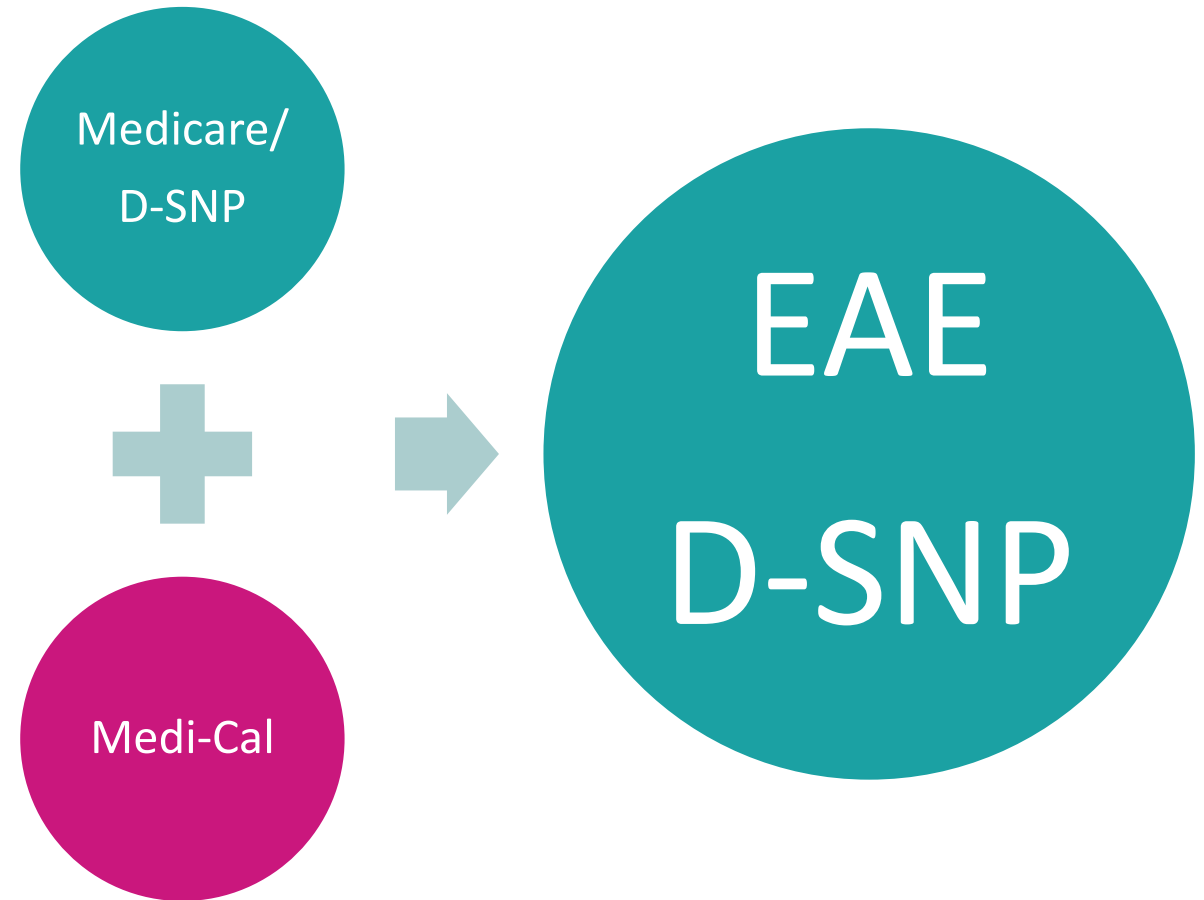
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# Exclusive Aligned Enrollment Policy in Action

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## 2026 Exclusive Aligned Enrollment (EAE) Policy *in Action*

- Dual eligible beneficiary chooses to enroll in EAE D-SNP Plan and the health plan sends an enrollment or plan change transaction to CMS
- CMS sends notification of the enrollment to the State/DHCS
- The State/DHCS will assign the member to the aligned Medi-Cal Plan
- Member is considered “Exclusively Aligned”



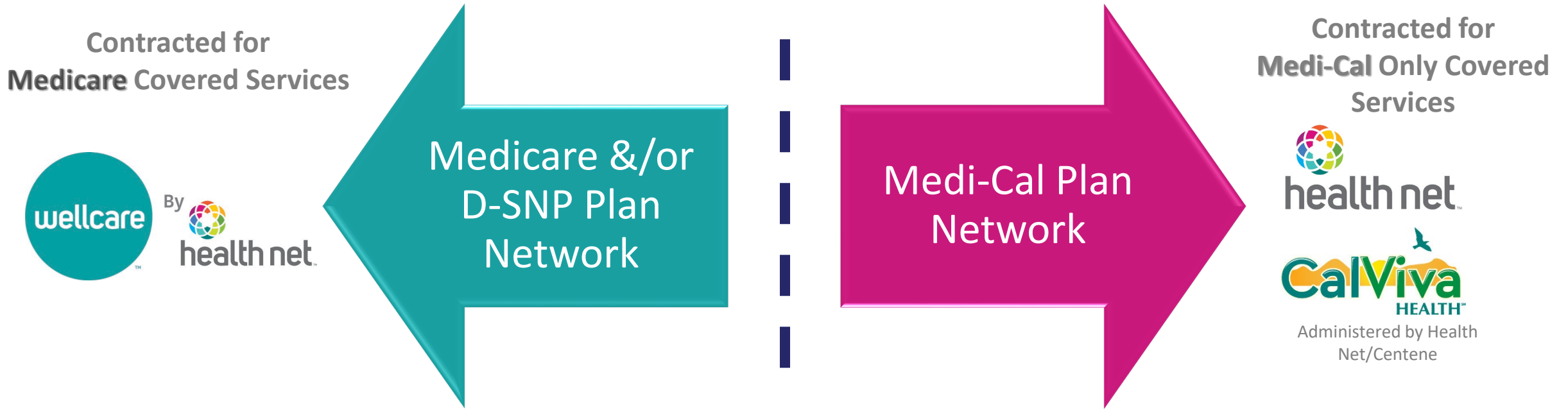
# Member Perspective Benefits – Additional Requirement of EAE

## Integrated Materials & Plan Operations



- **One ID Card**
- **One Call Center**
- **One set of Member Materials (EOC/SB/Directory/etc.)**
- **Integrated Appeals**
- **Integrated Grievances**
- **Integrated Org Determinations**

# Reminder: Provider Perspective of EAE D-SNP Plans



The Wellcare by Health Net EAE counties are:

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

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# D-SNP and Medi-Cal Network Overview

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# IMPORTANT for Providers to Remember for D-SNP & Duals!

Medicare D-SNP contracted providers do not need to accept the Medi-Cal plan to provide Medicare D-SNP covered services (primary care, specialty, facility, etc.)

**Example 1:** A PCP in Fresno county who accepts Wellcare by HN D-SNP plan members does not need to be contracted with CalViva Health/Health Net for Medi-Cal since the PCP only provides D-SNP/Medicare covered services

**Example 2:** A PCP in LA or Sacramento county who accepts Wellcare by HN D-SNP plan members does not need to be contracted with Health Net for Medi-Cal since the PCP only provides D-SNP/Medicare covered services

# IMPORTANT for Providers to Remember for D-SNP & Duals!

Medi-Cal contracted providers do not need to be contracted under Medicare D-SNP to provide Medi-Cal only covered services [Long Term Care (LTC), Community Based Adult Services (CBAS), Community Supports]

**Example 3:** A CBAS facility in Fresno county who accepts CalViva Health/Health Net Medi-Cal plan members does not need to be contracted with Wellcare by Health Net because CBAS is not covered by Medicare, only Medi-Cal

# IMPORTANT for Providers to Remember for D-SNP & Duals!

Just because you are “contracted with Health Net”, doesn’t mean you are contracted for all of our products/plans

The Health Net Medicare and DSNP Networks **are different.**

## Regarding Claims:

If benefits are covered under BOTH Medicare and Medi-Cal

- ✓ Medicare will be the primary claim payer
- ✓ Medi-Cal is secondary/payer of last resort

Medicare providers **do not** need to be contracted with **Medi-Cal**

# IMPORTANT for Providers to Remember for D-SNP & Duals!

## *Facts on Balance Billing Duals- from DHCS*

The screenshot shows the DHCS website page titled "What is balance billing?". The page content includes:

### What is balance billing?

Dual eligible beneficiaries ("Medi-Medis") are individuals with both Medicare and Medi-Cal. Medicare providers (like doctors and hospitals) cannot bill dual eligible beneficiaries for Medicare cost sharing. **This is known as balance billing, or "improper billing," and is illegal under both federal and state law.** 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).

Dual eligible beneficiaries or QMBs should never receive a bill for Medicare cost sharing. These beneficiaries should not pay for physician visits and other medical care when they are covered services from a provider in their provider network. This applies to both Medicare and Medi-Cal providers. **Even if a Medicare provider is not enrolled in Medi-Cal, the provider may not bill the dual eligible beneficiary.** Please see additional resources below to learn more about balance billing.

[Billing Protections for People with Medicare and Medi-Cal video - American Sign Language Interpretation](#)

### What are the exceptions?

Dual eligible beneficiaries may receive a bill for medical services if they have a:

1. Co-pay for Part D prescription drugs;
2. Monthly share of cost for unmet Medi-Cal costs; and/or
3. Service not covered by Medicare or Medi-Cal.

A teal arrow points from the "What are the exceptions?" section up to the callout box.

# IMPORTANT for Providers to Remember for D-SNP & Duals!

## *Facts on Balance Billing Duals- from DHCS*



Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

### How should providers bill for Medicare-covered services?

Generally, Medicare will pay 80 percent of the Medicare fee schedule. Medi-Cal is responsible for any Medicare cost sharing, with payment limited to Medi-Cal reimbursement rates. This is known as a "crossover claim." For beneficiaries in Original Medicare, the Medicare Administrative Contractor processes the primary claim for Medicare payment and then forwards the claim to the Medi-Cal plan for the secondary Medi-Cal payment. For beneficiaries in Medicare Advantage (MA) plans, physicians should bill the MA plan the primary Medicare payment, and bill the Medi-Cal plan for the secondary Medi-Cal payment.

**Providers do not need to be part of the Medi-Cal plan's network to have these crossover claims processed and paid. However, Medi-Cal plans will pay a physician who is an active Medi-Cal provider or a "Crossover Only" provider any amount owed under state Medi-Cal law. Please access the [DHCS PAVE Provider Portal](#) to enroll as a Medi-Cal provider or a "Crossover Only" Provider.**

### What should a dual eligible beneficiary do if billed by a health care provider?

If a health care provider has billed a dual eligible beneficiary for a Medi-Cal or Medicare covered service, **the beneficiary should not pay the bill.** Instead, the beneficiary should first try to resolve the issue with their health care provider, to tell them they should not have been billed because they receive both Medicare and Medi-Cal.

Providers must take immediate actions to fix the issue once they know that a beneficiary is dually eligible. The provider must refund any amounts already paid, stop the bill collection process, and work with credit reporting agencies to correct any issues caused by billing dual eligible beneficiaries. Providers can refer to the [Centers for Medicare & Medicaid Services \(CMS\) Medicare Learning Network \(MLN\) Matters Article](#) for additional information.

If the provider does not stop the bill collection process, then the dual eligible beneficiary should contact their MA health plan immediately to resolve the issue or contact (800) MEDICARE ((800) 633-4227) if they are enrolled in Original Medicare.

**Send Health Net, CalViva or CHPIV the EOB/EOP after the Medicare side has been paid and the secondary claim will be processed**

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# Why is a D-SNP Plan Ideal for a Dual Eligible Beneficiary?

It's Complicated!

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# Three (3) Healthcare Delivery Systems are Complicated!

## Medicare DSNP Managed Care Benefits

Uses → DSNP Provider Network

- Part A&B Covered services (PCP, Specialist, other professional and facility services, labs, etc.)
- Non-Specialty Behavioral Health
- Supplemental/Extra Benefits (Dental, Vision, OTC, etc.)\*

\*These offerings could change annually; confirm benefits in the Evidence of Coverage/Member Handbook. Benefits could be administered by a vendor (depending on the plan)

# Three (3) Healthcare Delivery Systems are Complicated!

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## Medi-Cal Managed Care Benefits (not covered by Medicare FFS)

Uses → Medi-Cal Managed Care Plan Network

- Long Term Care (LTC)
- Community Bases Adult Services (CBAS)
- Medi-Cal Covered DME (incontinence supplies, etc.)
- Community Supports (CS)\*\*
- Transportation

\*These offerings could change annually; confirm benefits in the Evidence of Coverage/Member Handbook. Benefits could be administered by a vendor (depending on the plan)

\*\* Not all 14 community supports are covered by every Medi-Cal Managed Care Plan

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- Transportation

## Medi-Cal FFS/Carve-Outs

- In-Home Support Services (IHSS)
- Medi-Cal Dental (basic dental)
- Specialty Mental Health & Substance Use Disorder Services
- Multipurpose Senior Services Program (MSSP)
- Medi-Cal Rx
- Home and Community-Based Waiver Programs (HCBS)

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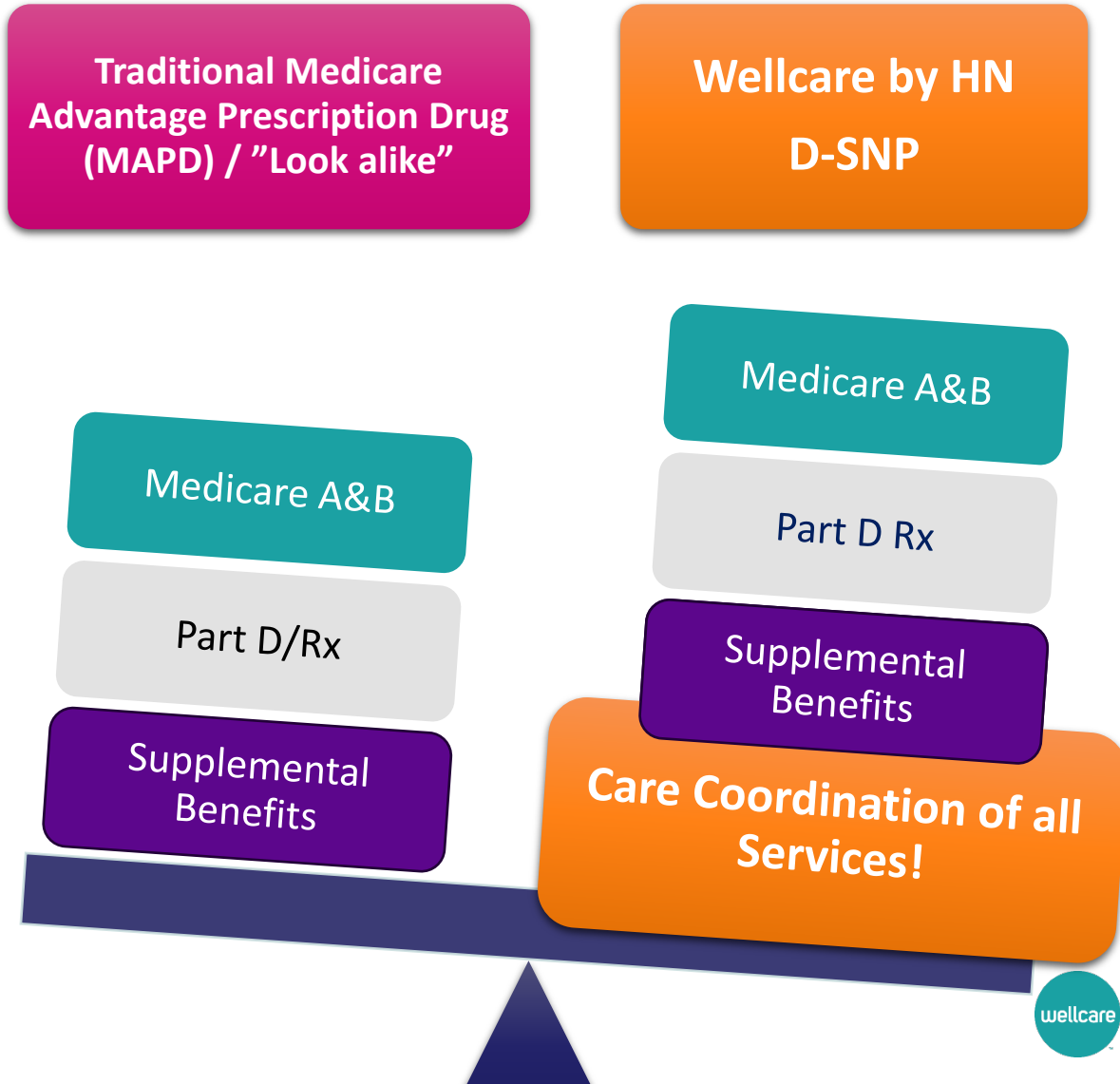
It is the D-SNP Plan's contractual responsibility to coordinate all services regardless of who the member has for their Medi-Cal plan, delivery system or payer. We cannot ask the member to do it themselves

\*These offerings could change annually; confirm benefits in the Evidence of Coverage/Member Handbook. Benefits could be administered by a vendor (depending on the plan)

\*\* Not all 14 community supports are covered by every Medi-Cal Managed Care Plan

# Why a Wellcare by Health Net D-SNP plan is Ideal for a Dual Eligible Beneficiary

- ✗ No benefit coordination by the plan
- ☹ *Member* has to coordinate between all delivery systems
- ☎ Member calls YOU for help



- ✓ The D-SNP Plan is required to do the care coordination
- ✓ Model of Care (MOC) - responsible to improve health of the member
- ✓ Clinical Care Management/ Care Plans
- ✓ Higher capitation rate for providers & groups

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# Our New Expanded Partnership with CalViva Health

Fresno, Kings, and Madera Counties Only

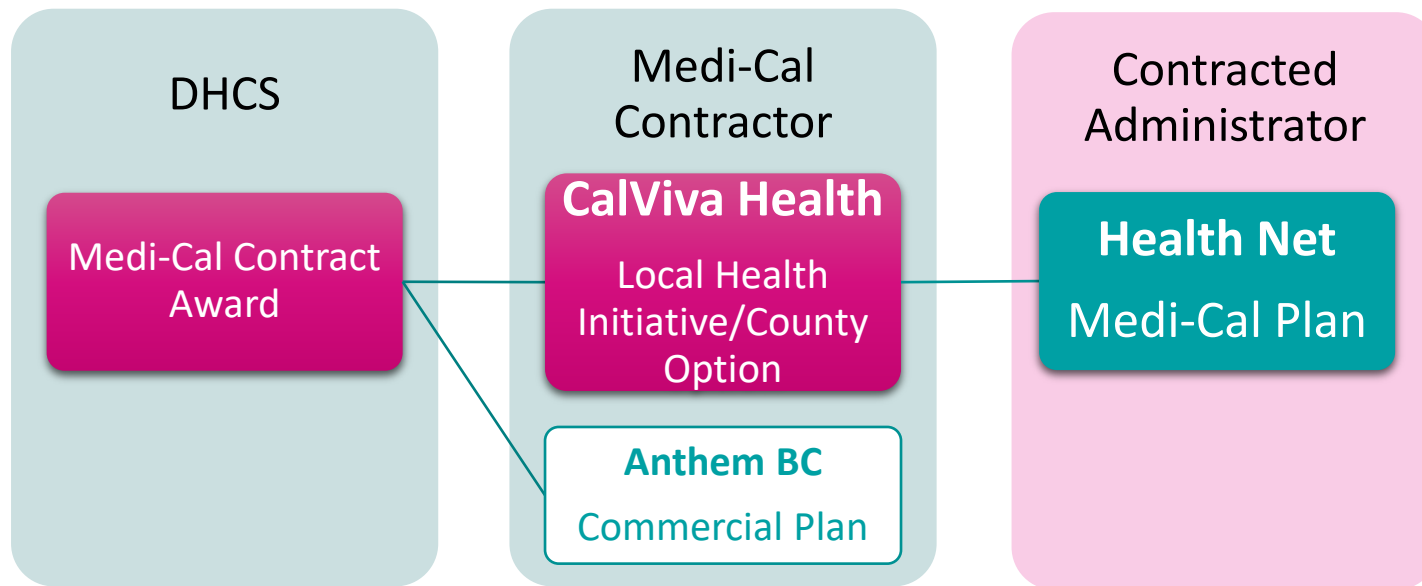
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# Who is CalViva Health?



## CalViva Health is a Medi-Cal Managed Care Plan not affiliated with or owned by Centene

- The Local Initiative Health Plan for Medi-Cal managed care in **Fresno, Kings, and Madera** Counties (Central Valley)
- CalViva Health is a full-service health plan contracting with DHCS to provide Medi-Cal Covered Services to Medi-Cal managed care enrollees under the Two-Plan model in all zip codes in Fresno, Kings, and Madera Counties.
- CalViva Health contracts with Health Net Community Solutions, Inc., or Health Net which is a Centene Company, on a capitated basis, to provide and arrange for Medi-Cal Covered Services in all zip codes in Fresno, Kings, and Madera Counties.



### CalViva Medi-Cal Member Perspective

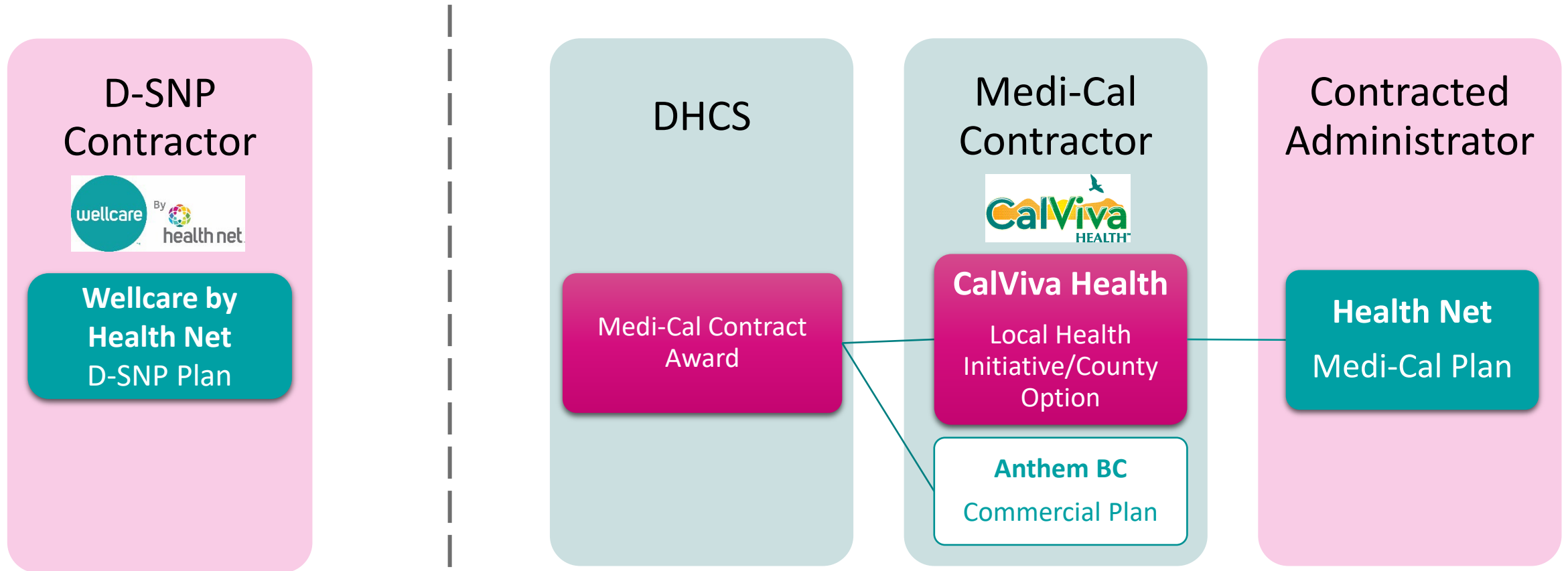
- Branding/Logo = CalViva Health
- ID Card = CalViva Health
- Website = CalViva Health
- Materials = CalViva Health
- Call Center = “TY for calling CalViva Health”

### Provider Perspective

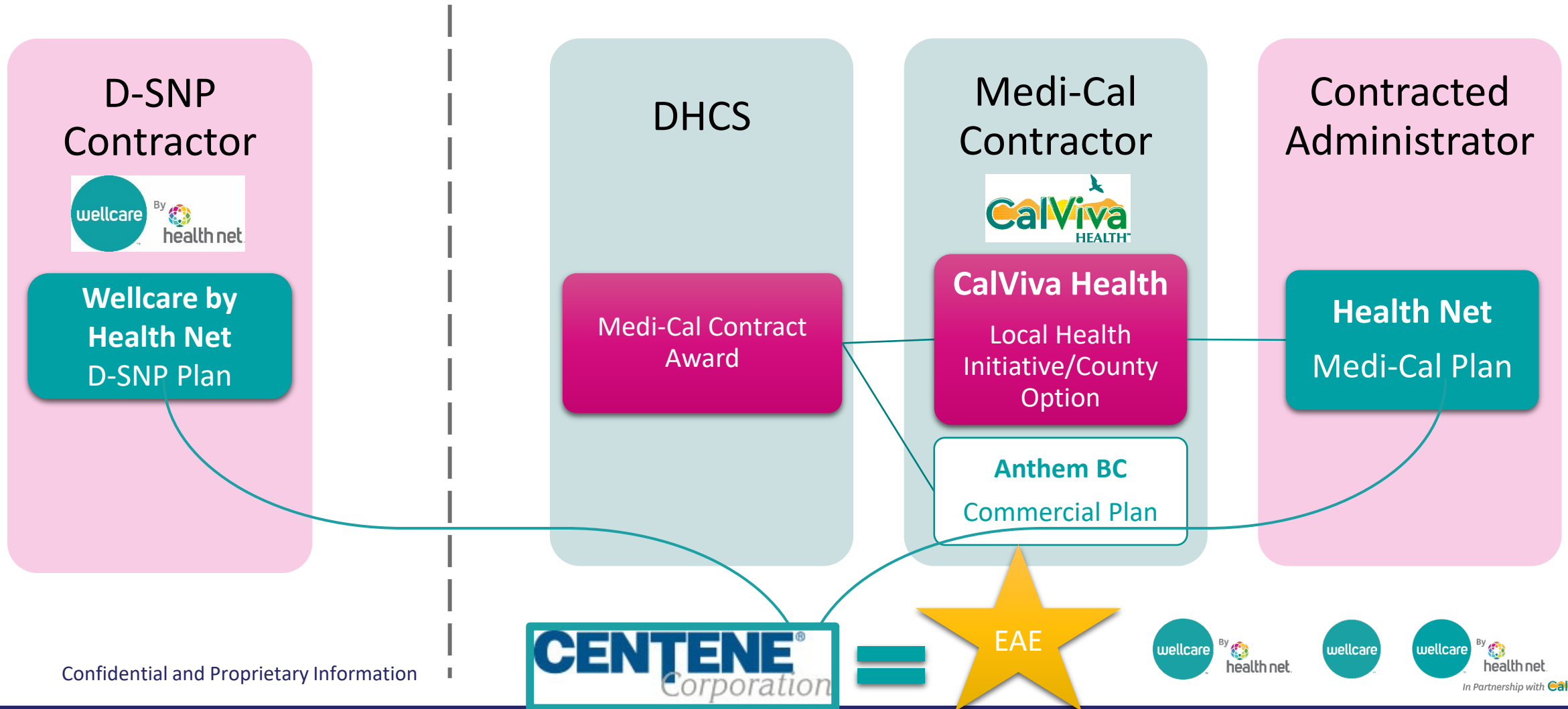
- Providers contract = Health Net
- Provider Web/Materials = Co-branded (CVH & HN)



# EAE D-SNP in Fresno, Kings & Madera Counties



# EAE D-SNP in Fresno, Kings & Madera Counties



Confidential and Proprietary Information

**CENTENE**<sup>®</sup>  
Corporation



In Partnership with CalViva Health

# NEW for 2024 Wellcare by Health Net and CalViva Health Partnership

Co-Branded Exclusive Alignment Enrollment (EAE) Dual Special Needs Plan (D-SNP)



H3561-007-000

**Wellcare CalViva Health Dual Align (HMO D-SNP)**

**Fresno, Kings and Madera Counties**

\*Administered by Health Net

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# Non-EAE DSNP Plan Scenarios (Wellcare Dual Liberty)

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# How to find out what Medi-Cal Plan the member has – Use DHCS Medi-Cal Provider Portal

D-SNP providers are responsible for identifying a member's Medi-Cal MCP by checking the Department of Health Care Services (DHCS) Medi-Cal eligibility by calling or checking the website called the Medi-Cal Provider Portal

Both methods require providers to first create a Medi-Cal Provider Portal account at:

<https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/email>

We have a very comprehensive step by step guide on our Provider Operations Manual:

<https://providerlibrary.healthnetcalifornia.com/medicare/provider-manual/eligibility/dual-eligible-medicare-beneficiaries.html>

# Member Look Up Screen

Enter the member information in their Beneficiary Identification Card (BIC) and click on “Search” to look up their Medi-Cal plan

Home / Transaction Center

## Single Subscriber Eligibility

### Subscriber Information \*Indicates required field

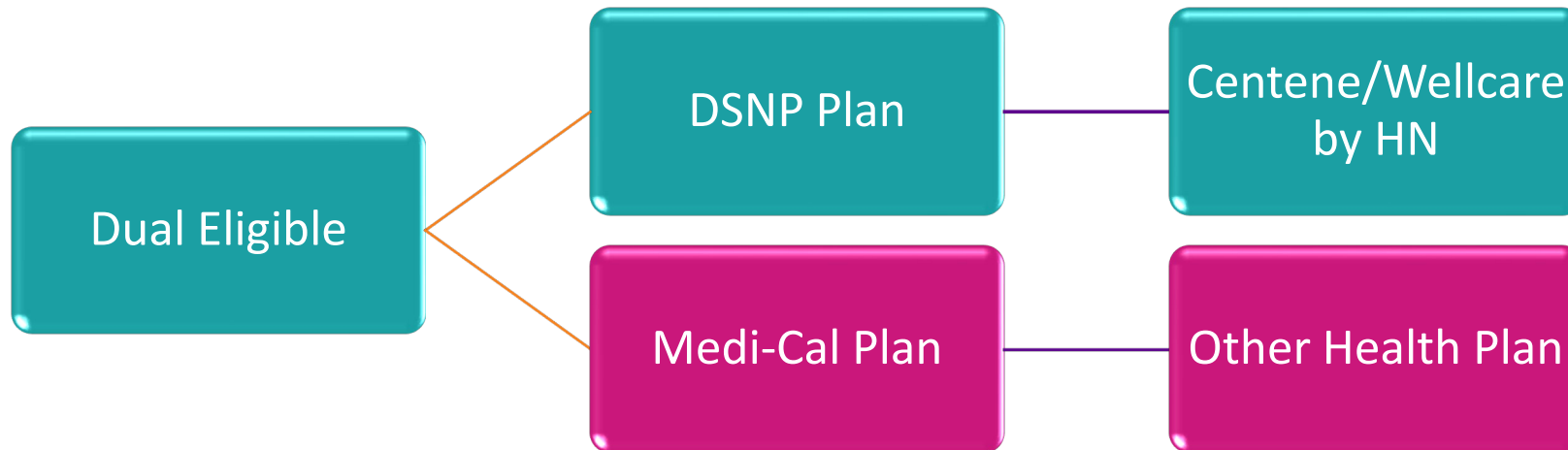
Providers should verify a beneficiary's eligibility in the current month or up to 12 months prior by obtaining their Beneficiary Identification Card (BIC)

Subscriber ID* BIC or CIN number	Issue Date* mm/dd/yyyy
Subscriber Birth Date* mm/dd/yyyy	Service Date* mm/dd/yyyy

**Search**

# Non-EAE DSNP Plan Scenarios (Wellcare Dual Liberty)

**IN COUNTIES WHERE CENTENE \*DOES NOT HAVE\* A MEDI-CAL PLAN  
IMPERIAL, KERN, ORANGE, PLACER, RIVERSIDE, SAN BERNARDINO, SAN DIEGO, & SAN FRANCISCO**



## Important Notes:

Members will have 2 ID Cards- DSNP Plan and Medi-Cal Plan

Wellcare by Health Net and our contracted providers remain responsible to coordinate all services regardless of who the member has for their Medi-Cal plan, delivery system or payer. We cannot ask the member to do it themselves.

# Provider Perspective non-EAE D-SNP Plans – 2 Plans Using Two (2) Networks

Contracted for  
Medicare Covered Services



- Part A&B Covered services (professional and facility services, labs, imaging, etc.)
- Non-Specialty Behavioral Health
- Supplemental Benefits (Dental, Vision, Spendables, OTC, hearing, etc.)\*



Contracted for  
Medi-Cal Only Covered  
Services

**Other Health  
Plans**

- Long Term Care (LTC)
- Community Based Adult Services (CBAS)
- Medi-Cal Covered DME (incontinence supplies, walkers, shower chair, etc.)
- Community Supports (CS)
- Transportation

**REMINDER: Providers do not have to be contracted on BOTH networks**



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# DSNP Changes for 2026

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# How Does the Plan Transition Impact Providers and Provider Groups?

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# Impact on Providers and Provider Groups

## What it means to the individual providers:

- Members will receive new ID cards for 2026.
- Make sure to ask for the latest ID card to provide medical services.
- Reminder:
  - Non EAE D-SNP member in **Imperial, Kern, Orange, Placer, Riverside, San Bernardino, San Diego, and San Francisco** counties, will have 2 separate ID cards, one for D-SNP and another for Medi-Cal plan. Make sure to ask for the correct ID card for the medical service rendered.

# Impact on Providers and Provider Groups

## What it means to the provider/medical groups:

- Provider groups should see new plan reflected on the January eligibility files.

# Integrated Organization Determination Process

## What it means to the provider/medical groups:

- Provider groups who are new to Exclusively Aligned Enrollment (EAE) D-SNP counties in 2026 (**Amador, Calaveras, Fresno, Inyo, Kings, Los Angeles, Madera, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, and Tuolumne**) must adjust their operations to align with the integrated organization determination process.
- Do not deny prior authorization as “not a covered benefit” for benefit or out of network denials. They need to be checked for both Medicare and Medi-Cal covered services before Integrated Coverage Decision Letter is sent.
- Instead, fax prior authorizations to the Health Net Medi-Cal Prior Authorization Department
- For more detail, refer to the Provider Ops Manual  
<https://providerlibrary.healthnetcalifornia.com/medicare/provider-manual/prior-authorizations/ppg-responsibilities-authorization-hmo-medicare.html>

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# D-SNP Member Benefits Deep Dive

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# DSNP Dental Benefits

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# Dental Benefit for D-SNP Members

- All D-SNP members have access to basic and comprehensive dental services through their Medi-Cal plans
  - For the full list of the Medi-Cal dental services, refer to <https://www.dhcs.ca.gov/services/Pages/MediCalDental.aspx>
- D-SNP supplemental dental benefit will only be offered for the D-SNP members in the following counties: Amador, Calaveras, Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Stanislaus, Tulare & Tuolumne
  - Refer to the table on the right

	Wellcare CalViva Health Dual Align H3561-007	Wellcare Health Net Dual Align H3561-008	Wellcare Dual Liberty H3561-009
Medi-Cal Dental Benefit	✓	✓	✓
D-SNP Supplemental Dental Benefit	✗	✓	✓

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# Vision Benefits Overview

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# Vision Benefit for D-SNP Members

- All D-SNP members have access to vision services through D-SNP supplemental benefit and Medi-Cal plan benefit
- For the complete list of D-SNP vision covered services, refer to the member EOC  
<https://wellcare.healthnetcalifornia.com/plan-benefit-materials.html>
- For the full list of the Medi-Cal vision services, refer to  
<https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/VisionBenefits.aspx>

	Wellcare CalViva Health Dual Align H3561-007	Wellcare Health Net Dual Align H3561-008	Wellcare Dual Liberty H3561-009
Medi-Cal Vision Benefit	✓	✓	✓
D-SNP Supplemental Vision Benefit	✓	✓	✓

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# Hearing Benefits Overview

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# Hearing Benefit for D-SNP Members

- All D-SNP members have access to basic and comprehensive hearing services through their Medi-Cal plans
- For more information on the Medi-Cal hearing aid benefit, refer to <https://www.dhcs.ca.gov/services/Pages/HearingAidCapFAQ.aspx>
- D-SNP supplemental dental benefit will only be offered for the D-SNP members in the following counties: Amador, Calaveras, Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Stanislaus, Tulare & Tuolumne
  - Refer to the table on the right

	Wellcare CalViva Health Dual Align H3561-007	Wellcare Health Net Dual Align H3561-008	Wellcare Dual Liberty H3561-009
Medi-Cal Hearing Benefit	✓	✓	✓
D-SNP Supplemental Hearing Benefit	✗	✓	✓

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# Transportation Benefits Overview

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# Transportation Benefits for D-SNP Members

- Beginning in 2026, DSNP members will have unlimited transportation covered under the Medi-Cal plan.
- Limitations and advanced notice may be required (reference EOCs/Handbooks for details)
- D-SNP supplemental transportation benefit has been dropped from all D-SNP plan because D-SNP members have access to unlimited transportation under their Medi-Cal plan.
  - Refer to the table on the right

	Wellcare CalViva Health Dual Align H3561-007	Wellcare Health Net Dual Align H3561-008	Wellcare Dual Liberty H3561-009
Medi-Cal Transportation Benefit	✓	✓	✓
D-SNP Supplemental Transportation Benefit	✗	✗	✗

# Transportation Benefits for D-SNP Members Contd.

If a D-SNP member needs a wheelchair van, door to door support, ambulance, and etc, it requires a Physician Certification Statement (PCS) form to be filled out and submitted to the health plan by a provider:

- ✓ When requested by the plan through an outreach, complete a **PCS form** for the member
- ✓ Fax the completed form to **833-701-0051**
- ✓ It takes the plan one business day to process the PCS form and notify the vendor.
- ✓ Have the member contact the **Member Services or the transportation vendor** phone number on the back of their ID card to set up the transportation.

---

# Changes to Our Spendables Debit Card\*

\*If offered by the plan

# Changes to Accessing Non-Medical Benefits Using Our Spendables Debit Card

All members with the benefit can use the Spendables card to purchase OTC items and pay for Dental, Vision, and Hearing out of pocket expenses.

Beginning in 2026, CMS has changed the requirements. In order to use the debit card to purchase following items, D-SNP members will need to meet specific clinical criteria.

Members are individually notified if they meet the requirement in a letter.

- Food and produce
- Meals
- Pest control
- Transportation for non-medical needs
- Indoor air quality equipment services
- Structural home modifications
- General supports for living
- Home and bathroom safety devices and modifications
- Gas pay-at-pump
- Utility expenses
- Rent and mortgage payments

# Process for Members New to Our D-SNP Plan

## What it means to the providers:

- The process to qualify a member is fully automated based on the diagnosis code received on a claim/encounter record
- For new D-SNP members, providers will need to help complete attestations for them
  - Make sure that all applicable diagnoses are reported on a claim/encounter record
  - If you are presented with an attestation letter from your patient, follow the instructions on the letter timely to ensure that the eligible member gets access to the supplement benefits

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# Fitness

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# Fitness Program Benefit for D-SNP Members

- We are changing the fitness vendor from FitOn to OnePass. Members will be notified by mailed notices.
- Members will have access to fitness facilities/gyms, digital programming and exercise experiences, mobile app, and home fitness kits.
- Help the member become or remain active and help support their health journey
- D-SNP supplemental fitness benefit will only be offered for the members in the following counties: **Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare & Tuolumne**
  - Refer to the table on the right

	Wellcare CalViva Health Dual Align H3561-007	Wellcare Health Net Dual Align H3561-008	Wellcare Dual Liberty H3561-009
D-SNP Supplemental Fitness Benefit	✗	✓	✗

---

# Community Supports

Available in through Health Net, CalViva Health and CHPIV Medi-Cal Plans

If members are enrolled with a different Medi-Cal Plan, will need to check that plans website for detailed offerings.

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# Community Supports

**Community Supports are benefits/services provided by local organizations contracted through their Medi-Cal plan to help every person reach their full health potential**

- These services support decrease utilization of hospital care, nursing facility care, and emergency department (ED) use by addressing social determinates of health (SDoH)
- If members qualify, there are up to 14 types of services that can help with health and well-being
- Just because one health plan covers these services, doesn't mean another will

# Community Supports Available to D-SNP Members if Enrolled with Health Net, CalViva Health or CHPIV, *if they Qualify*

1. Asthma Remediation
2. Community Transition Services/Nursing Facility Transition Services to a Home
3. Day Habilitation Programs
4. Environmental Accessibility Adaptation (Home Modification)
5. Housing Transition Navigation
6. Housing Deposit (up to \$6,000)
7. Housing Tenancy and Sustaining Services
8. Medically Tailored Meals
9. Nursing Facility Transition/Diversion to Assisted Living Facilities
10. Personal Care Services and Homemaker Services
11. Recuperative Care
12. Respite Services
13. Short-Term Post-Hospitalization Housing
14. Sobering Centers

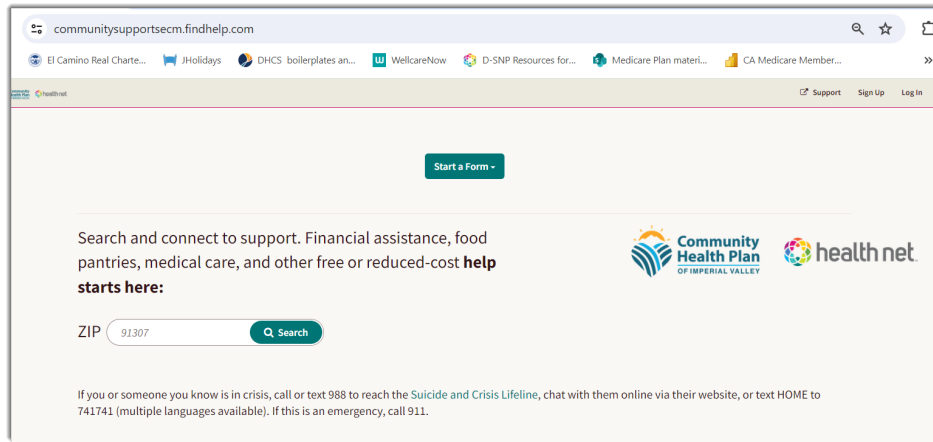
DSNP Members who are unaligned/have different health plan for their Medi-Cal Plan will have access to the Community Supports offered by that Health Plan.



# Community Supports by HN, CVH or CHPIV- How to refer your patient...use **FINDHELP**

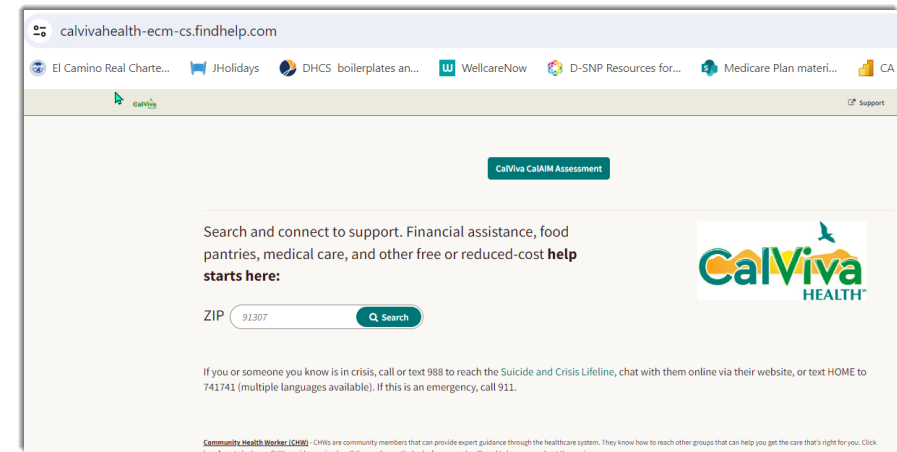
HN and CHPIV

<https://communitysupportsecm.findhelp.com>



Fresno/Kings/Madera

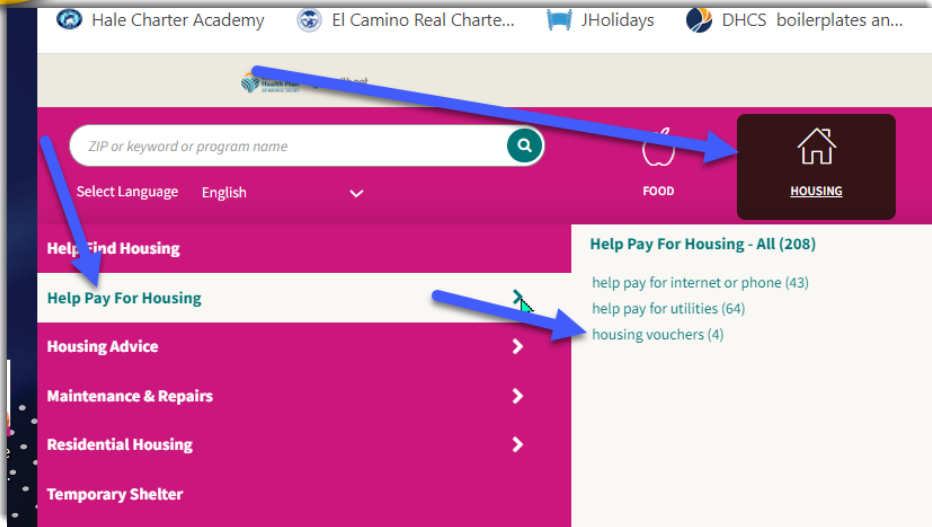
<https://calviva.findhelp.com/>



# Example: Find Help- Paying for Housing

1

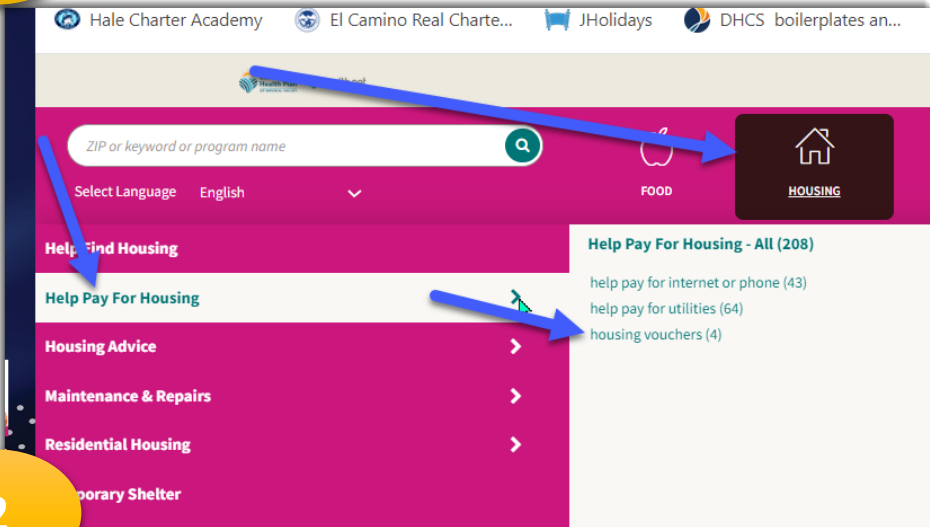
## Select Service Type



# Example: Find Help- Paying for Housing

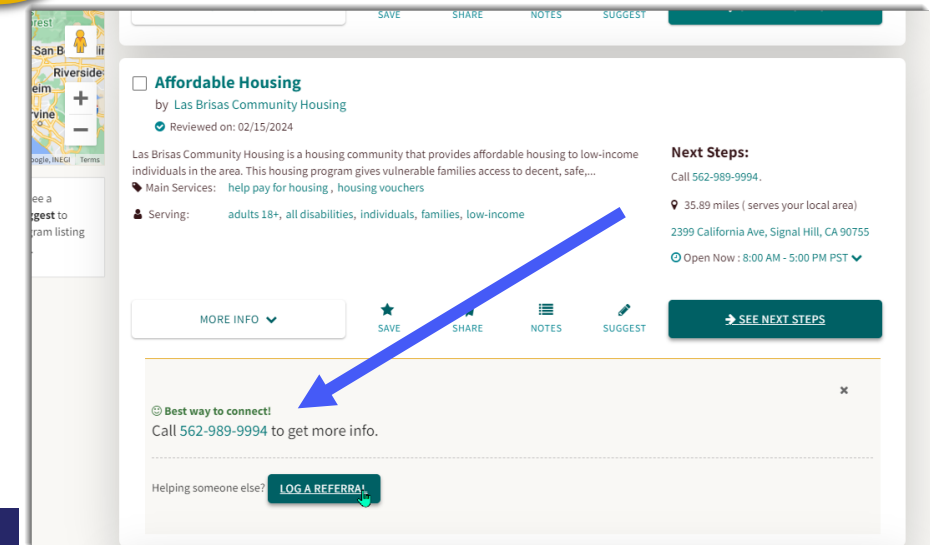
1

## Select Service Type



2

## Select Provider to see best connect process

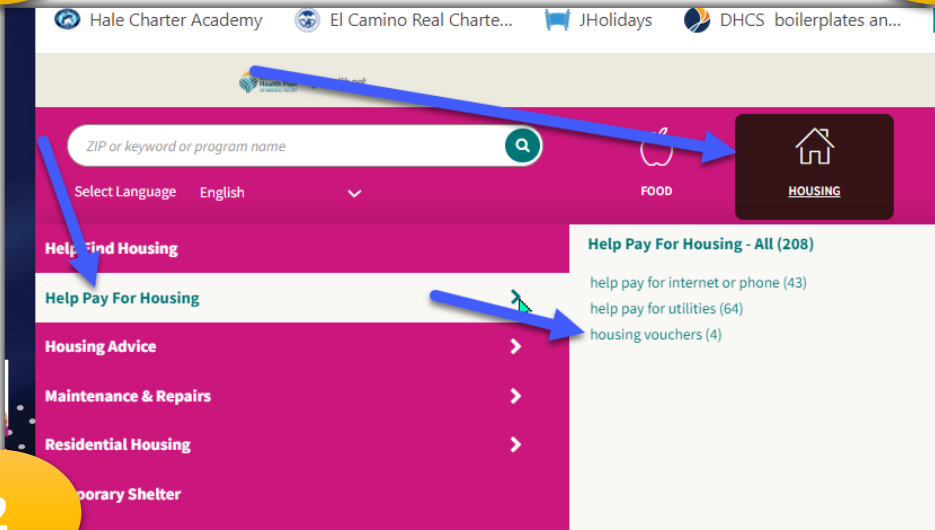


In Partnership with CalViva HEALTH

# Example: Find Help- Paying for Housing

1

Select Service Type



3

Submit referral, if response is preferred

**The form below is NOT sent to the program. Please follow the program's "Next Steps" to get help. [Learn more...](#)**

This form:

- Sends you "Next Steps" to contact this program, if email/text selected as the "Best Way to Reach You."
- Records the program's information in your [Referrals For Me](#) dashboard.
- Creates an account if you don't have one.

---

**Eligibility** To qualify for reduced rent, households must earn less than 60% of the area median income.

Who is this for?  For myself or my family  
 I'm referring someone else

Your Name \*

Your Email Address

Your Phone Number

Best way to reach you\*  Email  
 Text message  
 Phone call

Comment [Add a comment...](#)

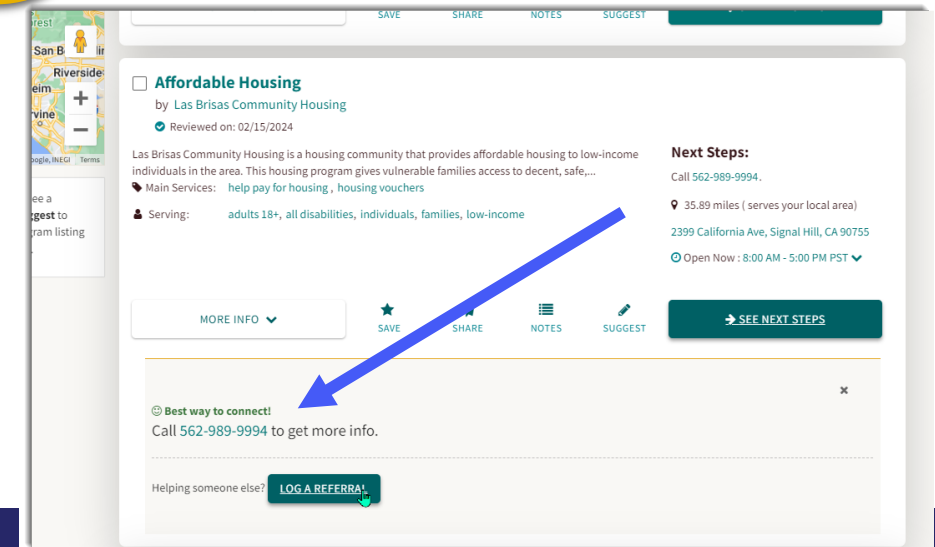
**The form above is NOT sent to the program.**

This form:

- Sends you "Next Steps" to contact this program, if email/text selected as the "Best Way to Reach You."
- Records the program's information in your [Referrals For Me](#) dashboard.
- Creates an account if you don't have one.

2

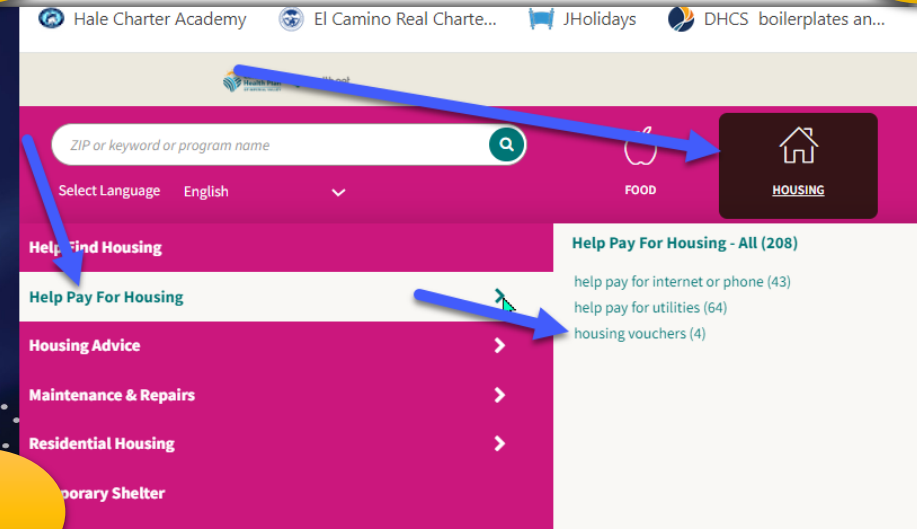
Select Provider to see best connect process



# Example: Find Help- Paying for Housing

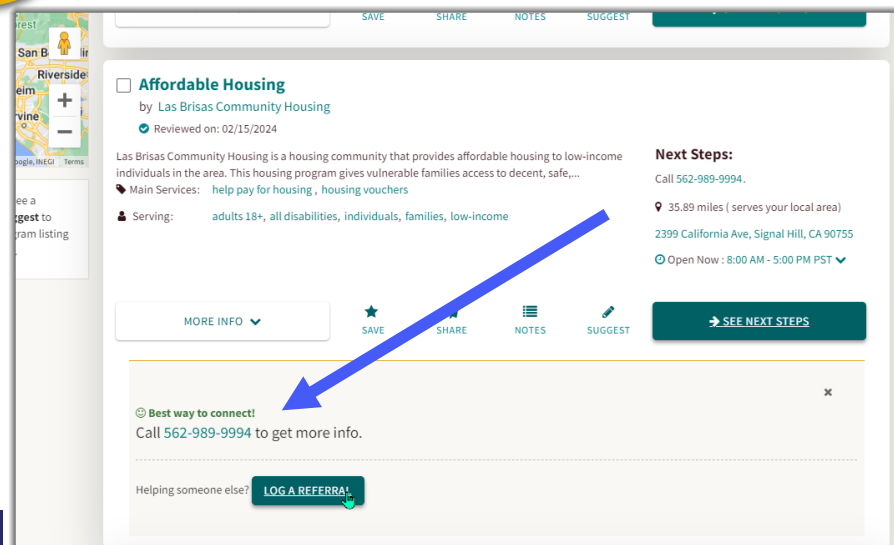
1

Select Service Type



2

Select Provider to see best connect process



3

Submit referral, if response is preferred

**The form below is NOT sent to the program. Please follow the program's "Next Steps" to get help. [Learn more...](#)**

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**Eligibility** To qualify for reduced rent, households must earn less than 60% of the area median income.

**Who is this for?**  For myself or my family  
 I'm referring someone else

**Your Name \***

**Your Email Address**

**Your Phone Number**

**Best way to reach you\***  Email  
 Text message  
 Phone call

**Comment** [Add a comment...](#)

**The form above is NOT sent to the program.**

This form:

- Sends you "Next Steps" to contact this program, if email/text selected as the "Best Way to Reach You."
- Records the program's information in your [Referrals For Me](#) dashboard.
- Creates an account if you don't have one.

**SUBMIT**

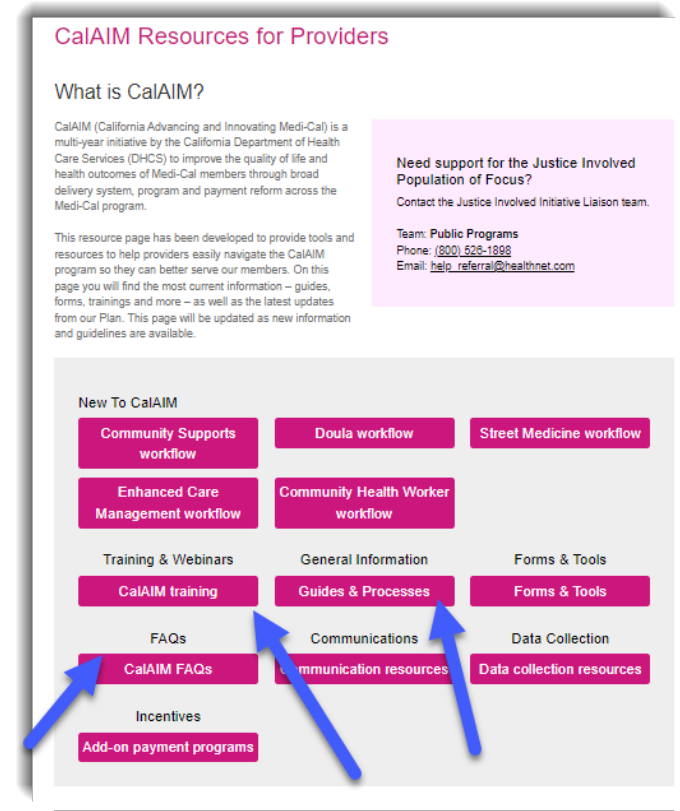
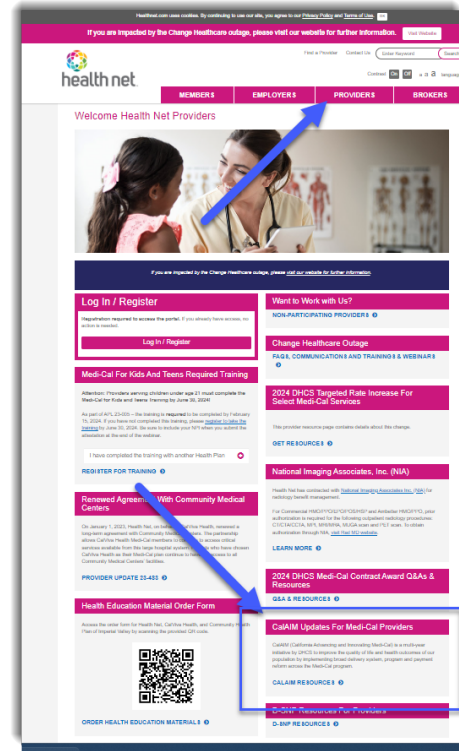
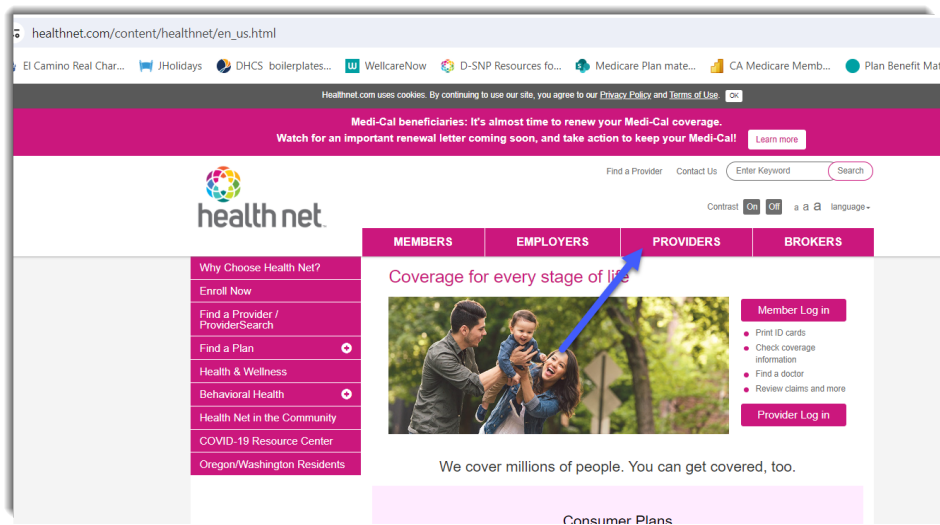
4

What happens next:

- Referral will generate a "notification" to the Community Supports(CS) provider
- CS Provider connects with member
- CS providers checks CS authorization guide to qualify the member
- Request for member to complete the Consent Form (required for authorization)
- CS Provider submits an authorization to the plan
- When auth approved, CS provider completes assessment and provides services

# Where to Find More Details on Community Supports

Similar to accessing our D-SNP Resources for Providers webpage, you can access the CalAIM Resources where you can find much more details on Community Supports



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# Care Management & Care Coordination

Provided by the Health Plan

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# Wellcare D-SNP Program + Medi-Cal Care Coordination



## 100% coordination of all Medicare and Medi-Cal covered benefits & services

- Delivered by our internal Population Health Management Team ~100 employees (not delegated to provider groups)
- Clinical (RN) and non-clinical support
- Most Program Coordinators are bi-lingual (Spanish)
- On-shore resources
- Can do Zoom with member if they want face to face
- 1-833-340-0083 Caller ID is “Wellcare”
- After hours calls will be returned the next business day
- This support is IN ADDITION Member Services

# How to get a Care Coordination Support for Your Patient

## SIMPLE!!!

Access your Provider Portal Account, Call us, or Email!

**Wellcare Case Management/Care Coordination Team**

**1-833-340-0083**

**(Monday through Friday, 8AM – 8PM EST)**

**[CenteneCMEscalationsMedicare@centene.com](mailto:CenteneCMEscalationsMedicare@centene.com)**

The screenshot displays the HealthNet provider portal interface. At the top, there is a navigation bar with the HealthNet logo and icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar, there are dropdown menus for 'Viewing Eligibility For:' (set to TIN) and 'Plan Type' (set to Medicare/Cal MediConnect), followed by a green 'GO' button. The main content area features a sidebar on the left with a menu of options: Overview, Cost Sharing, Assessments, Health Record, ADT, Care Plan, Authorizations, Pharmacy PDL, Referrals (highlighted in blue), Coordination of Benefits, Claims, Schedule of Benefits, Document Resource Center, and Notes. The main form area contains a 'Back to Eligibility Check' button, a '\*Source' dropdown menu set to 'Case Management', and a '\*Date' field set to '08/29/2022' with time selectors for '2', '9', and 'PM'. There are input fields for 'Last Name, First Name' and 'Phone Number, Extension'. Below these is a large text area for 'Additional Comments'. At the bottom of the form, there 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.

# D-SNP Case Management (Clinical) & Care Coordination

## Health Plan vs Provider Group Responsibilities (see Provider Operations Manual)

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

Once enrollment is confirmed, contact the Wellcare Case Management/Care Coordination Team directly

**1-833-340-0083**

<mailto:CenteneCMEscalationsMedicare@centene.com>



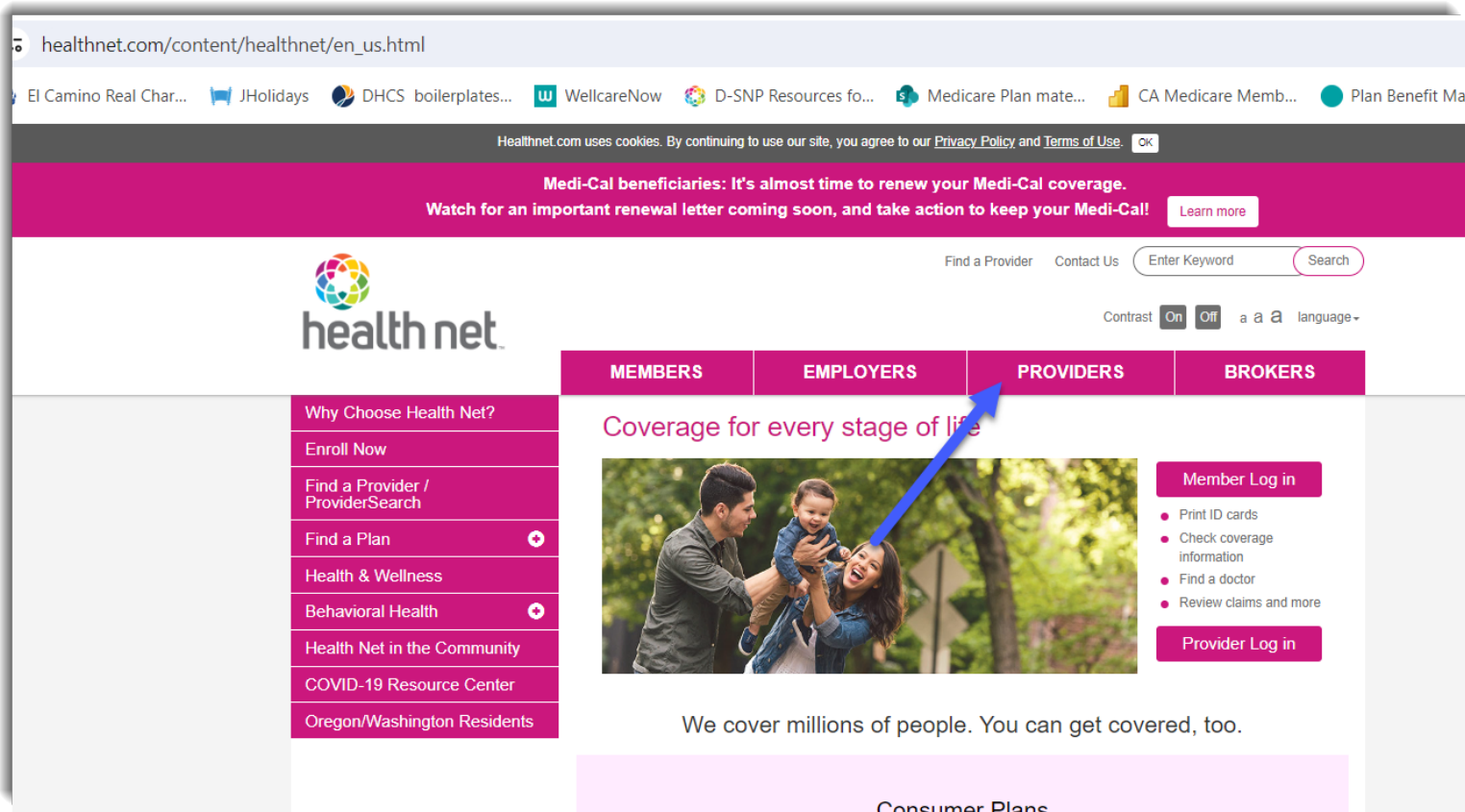
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# Where to Find Provider Facing Information for D-SNP

Simple! Just go to **healthnet.com** or the **Provider Library** to find our ***D-SNP Resources for Providers*** Website

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# How to Reach *D-SNP Resources for Providers* Web Page from healthnet.com



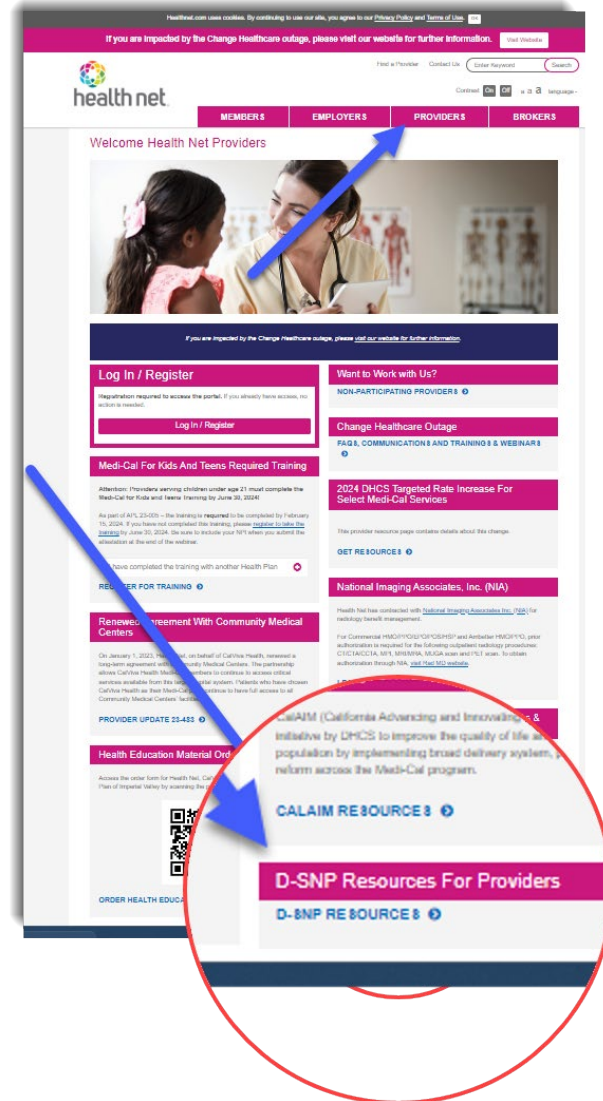
From Healthnet.com:

[https://www.healthnet.com/content/healthnet/en\\_us.html](https://www.healthnet.com/content/healthnet/en_us.html)

1. Click on the “Providers” tab on the top right

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

# How to Reach *D-SNP Resources for Providers* Web Page from healthnet.com



From Healthnet.com:

[https://www.healthnet.com/content/healthnet/en\\_us.html](https://www.healthnet.com/content/healthnet/en_us.html)

1. Click on the “Providers” tab on the top right
2. Down towards the bottom right, click on “D-SNP Resources for Providers”

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

# You got there! *D-SNP Resources for Providers* Web Page

The screenshot shows the Health Net website interface. At the top left is the Health Net logo. To the right are links for 'Find a Provider' and 'Contact Us', a search bar with 'Enter Keyword' and a 'Search' button, and a 'Contrast' toggle set to 'On' with 'Off' and 'language' options. Below this is a navigation bar with tabs for 'MEMBERS', 'EMPLOYERS', 'PROVIDERS', and 'BROKERS'. The 'PROVIDERS' tab is selected. On the left is a vertical menu with items: 'COVID-19 Resource Center', 'Find a Provider', 'Find a Plan' (with a plus icon), 'Why Choose Health Net?', 'Oregon/Washington Residents', 'Enroll Now', 'Health & Wellness', and 'Health Net in the Community'. The main content area is titled 'D-SNP Resources for Providers'. It contains a paragraph about the transition to D-SNP on January 1, 2023. Below this are two bullet points: one about an integrated approach to care coordination and another about extra resources and support. A paragraph follows, stating the content is a guide for providers impacted by the transition in 2023. At the bottom of the main content area is a grid of four boxes: 'D-SNP FAQs' (with a sub-header 'What you need to know about D-SNP.' and a 'D-SNP FAQs' button), 'Trainings And Webinars' (with a sub-header 'What you need to know about D-SNP-related trainings and webinar sessions including office hours.' and a 'Trainings and Webinars' button), 'Communications' (with a sub-header 'Stay informed on the latest news and information for you and your patients.'), and 'Historical Information' (with a sub-header 'Content that is no longer needed or relevant.').

**Last Step!**

**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*

# How to Reach *D-SNP Resources for Providers* Web Page from the Provider Library



HealthNet.com

Enter Keyword

Search

Contrast On Off a a a language

Choose a Line of Business:

PROVIDER LOGIN

LINE OF BUSINESS

[Medi-Cal](#)

[Medicare Advantage](#) **CLICK!**

[EPO](#)

[HMO](#)

[HSP](#)

[Cal MediConnect](#)

[PPO](#)

[Prison Health Care  
Provider Network](#)



## 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

**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



In Partnership with CalViva Health

# How to Reach *D-SNP Resources for Providers* Web Page

The screenshot shows the HealthNet website 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 search bar are contrast controls (On/Off) and a language dropdown menu. The main navigation bar has two tabs: "PROVIDER LOGIN" and "LINE OF BUSINESS". On the left side, there is a vertical menu under the heading "MEDICARE ADVANTAGE". The menu items are: "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". A blue arrow points from the "D-SNP" menu item to the "D-SNP" link in the main content area. A hand cursor icon with the word "CLICK!" is positioned over the "D-SNP Resources for Providers" hyperlink in the main content area. The main content area has a heading "D-SNP" and a paragraph that says "Please refer to the [D-SNP Resources for Providers](#) page for information and materials related to D-SNP."

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. And then Click on the “D-SNP Resources for Providers” hyperlink

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

# You got there! *D-SNP Resources for Providers* Web Page

The screenshot shows the Health Net website interface. At the top left is the Health Net logo. To the right are links for 'Find a Provider', 'Contact Us', and a search bar with the text 'Enter Keyword' and a 'Search' button. Below these are 'Contrast' options (On/Off) and a 'language' dropdown. A navigation bar with four tabs: 'MEMBERS', 'EMPLOYERS', 'PROVIDERS', and 'BROKERS' is visible. The 'PROVIDERS' tab is selected. On the left is a vertical menu with items: 'COVID-19 Resource Center', 'Find a Provider', 'Find a Plan' (with a plus icon), 'Why Choose Health Net?', 'Oregon/Washington Residents', 'Enroll Now', 'Health & Wellness', and 'Health Net in the Community'. The main content area is titled 'D-SNP Resources for Providers'. It contains a paragraph about the transition to D-SNP on January 1, 2023. Below this are two bullet points: one about an integrated approach to care coordination and another about extra resources and support. A paragraph follows, stating the content is intended as a guide for providers. At the bottom of the main content area is a grid of four boxes: 'D-SNP FAQs' (with a sub-description and a button), 'Trainings And Webinars' (with a sub-description and a button), 'Communications' (with a sub-description), and 'Historical Information' (with a sub-description).

**Last Step!**

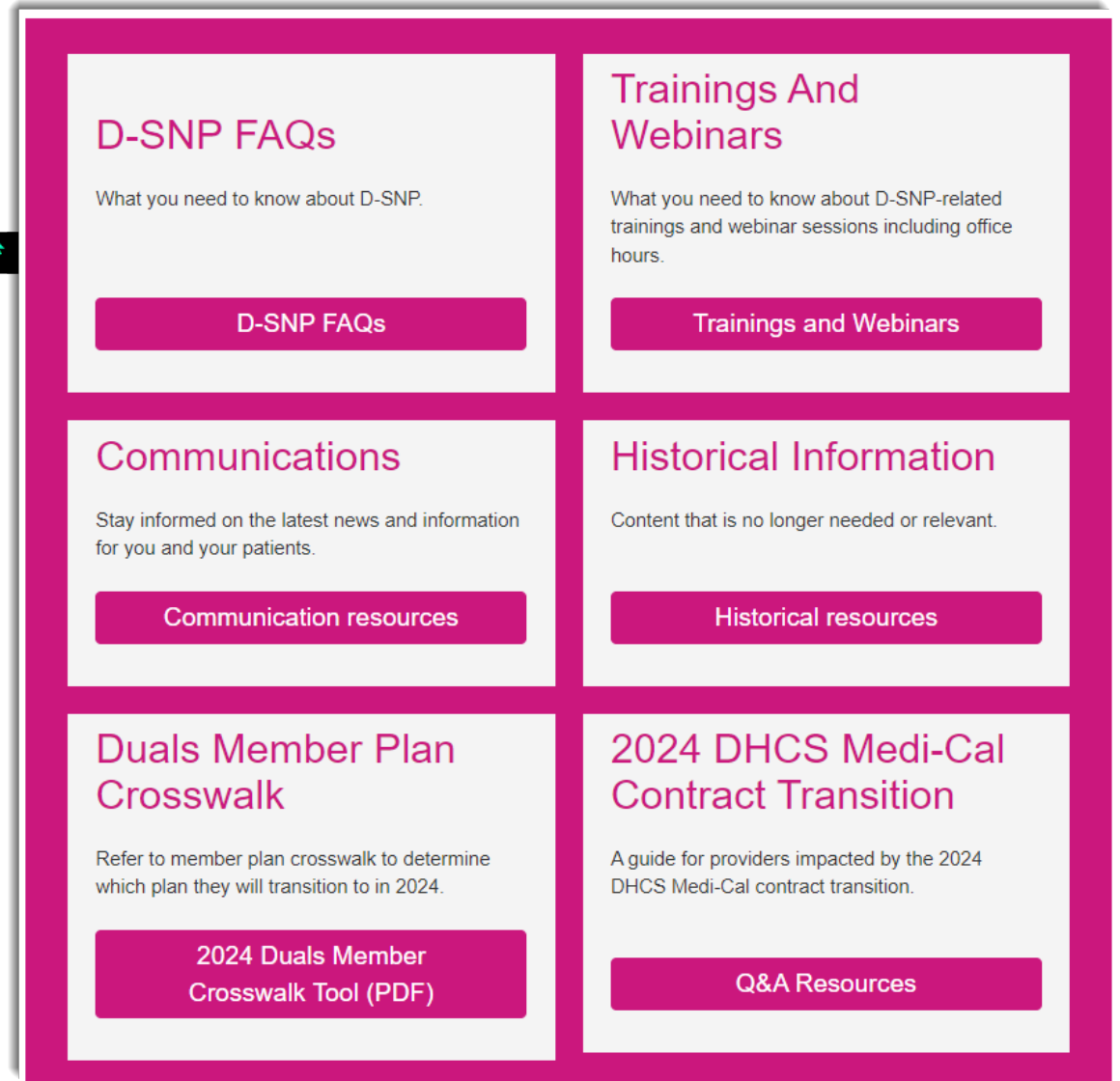
**Save the “D-SNP Resources for Providers” web page as a favorite on your browser**

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

# What you will find on the *D-SNP Resources for Providers* Webpage

- “D-SNP FAQs”- Common D-SNP related questions and answers
- “Trainings and Webinars” - Training material and on-demand webinars for annual D-SNP related changes
- “Communication Resources”- D-SNP related communications, updates and flyers
- & More

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



# Which Number do I Call for Provider Support?

Wellcare by HN  
DSNP Covered  
Services

Medicare  
Provider  
Services

800-929-9224

HN Medi-Cal/  
CVH/ CHPIV Medi-  
Cal Services NOT  
covered by  
Medicare

Health  
Net/CVH/  
CHPIV Provider  
Services

888-893-1569

Clinical Case  
Management or  
Care Coordination

Medicare Care  
Management  
Team

833-340-0083

Pharmacy  
Part D Rx

Pharmacy  
Support

800-548-5524  
option 3

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# Thank You

For any follow up questions, please call Provider Services

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