



Provider Frequently Asked Questions

The following questions are asked by physicians and their staff, medical groups/associations, and other providers. This FAQ is intended to help support your outreach with similar audiences. Please email us at info@calduals.org with questions or requests for outreach support. For more information, you and providers can refer to the CCI Physician Toolkit.

Billing Questions

1. Who do I bill when my patient's Medicare and Medi-Cal benefits are separate?

For patients who choose to keep their Medicare and Medi-Cal separate, physicians will need to continue to bill Medicare and Medi-Cal separately. In CCI counties, Medi-Cal crossover claims go to the plans and not the state. Physicians can never balance bill dual eligible patients.

2. Regarding billing for patients who are not part of Cal MediConnect: What if Medi-Cal does not pay the 20%?

There is no change in what Original Medicare will pay for billed charges—generally 80% of the Medicare fee schedule. It's important to note that no change has been made in the rules governing the billing of the 20% co-pay for dual eligible patients. **It continues to be unlawful to bill dual eligible patients.** Instead, the claim for the 20% co-pay should be sent to the patient's Medi-Cal plan—this is known as a “crossover claim.” Medicare providers do not need to be contracted with the Medi-Cal plan in order to bill for the 20%.

Please see the “How to Submit Crossover Claims,” “Payment” and “Providing Fee-For-Service” pages in the CCI Physician Toolkit for more information.

Contracting Questions

3. If I have a contract with a Cal MediConnect plan for other products (PPO, EPO, HMO, etc.), can I still see Cal MediConnect members?

Yes, you may see those members for a limited amount of time under the Continuity of Care provision. However, you must enter into a Cal MediConnect contract with the plan or their delegated entity in order to



continue seeing Cal MediConnect members beyond the time limited period of Continuity of Care.

Please see the “Contracting” and “Continuity of Physician Care” pages in the CCI Physician Toolkit for more information.

4. Do I have to be part of an IPA or a medical group to be part of Cal MediConnect?

Cal MediConnect plans have expanded their networks and do contract directly with some providers. With that said, for physician services, many health plans work through medical groups and IPAs. Please contact provider services at the plans that you’re interested in working with for more detailed information.

Please see the “Contracting” page in the CCI Physician Toolkit for more information.

5. How many Cal MediConnect plans can I contract with?

You may contract with as many Cal MediConnect plans as you would like. Call the provider services department of the respective plan/s you’re interested in joining.

Please see the “Contracting” page in the CCI Physician Toolkit for more information.

6. How can I participate as a provider in Cal MediConnect?

If you are part of an IPA or medical group, you may already be part of the Cal MediConnect network. Check with your IPA or medical group to get more information. If you don’t belong to a medical group or IPA, you should contact the provider services department for any Cal MediConnect plans you’re interested in contracting with.

Please see the “Contracting” page in the CCI Physician Toolkit for more information.

7. Many providers have questions and complaints about contracting with plans and reimbursement rates. These are plan-specific questions and we refer people to the Cal MediConnect plans or their delegated entity they’re contracted with. In cases where the provider is only participating in Medicare



fee-for-service, we refer them to the Cal MediConnect plans' provider services departments in their county. We encourage you to speak with your leadership on how to answer these types of questions.

Miscellaneous Questions

8. How can providers request continuity of care?

The first step is to contact the Cal MediConnect plan in question and let them know that you want to request continuity of care for a patient. As an out-of-network physician, you must be willing to accept payment from the Cal MediConnect plan, which is the applicable Medicare or Medi-Cal rate or plan's rate, whichever is higher. This is typically 80% of the Medicare fee schedule plus any co-payments owed under state law. You must also have a prior relationship with the patient.

Please see the "Continuity of Physician Care" page in the CCI Physician Toolkit for more information.

9. How long does it take the plan to get an authorization for service approved?

This can vary from plan to plan, but all plans are subject to state and federal regulations regarding minimum authorization timeframes. Please contact the plan in question for more detailed information.

10. Will the Cal MediConnect member's Care Coordinator be able to work with me and my staff?

Yes. As the Cal MediConnect member's provider, you will be part of their Interdisciplinary Care Team (ICT). The member's Care Coordinator, also part of the ICT, will facilitate communications between you and other providers, help share information with your patients' caregivers, help arrange follow-up appointments, help your patients manage their medications and prescriptions, and connect your patients with important community-based services. Each Cal MediConnect will also conduct a Health Risk Assessment (HRA) as your patients enter the program. The Care Coordinator will facilitate you receiving the HRA data.

Please see the "Care Coordination" page in the CCI Physician Toolkit for more information.



11. How can I ensure that my Cal MediConnect member is assigned to my office and not another provider?

When the member enrolls in the Cal MediConnect program, he/she must be assigned to their existing PCP as long as the PCP is in the network of the plan, unless the member requests another provider. Plans that are contracted with delegated entities are required to assign the Cal MediConnect member to their PCP's delegated entity.

12. What have been the savings to the State with this program?

Cal MediConnect is a multi-year program, so the exact state savings are not yet available. More information will be available in the near future.

13. Can I keep my patients when they join Cal MediConnect?

If your patient joins a Cal MediConnect plan and you are in the plan network, your patient may request to continue seeing you by contacting the health plan's Member Services. If your patient joins a Cal MediConnect plan and you want to join the plan's network, contact the health plan in your county. Please note that most health plans contract with IPAs and medical groups.

If your patient joins a Cal MediConnect plan and you remain out-of-network, continuity of care allows you to continue seeing your patient for up to 12 months, if you and the plan agree to terms. After the continuity of care period, you likely will have to contract with the Cal MediConnect plan to continue seeing your patient.

If your patient is in Original Medicare (fee-for-service) or a Medicare Advantage plan and joins a Medi-Cal plan, you may continue seeing that patient as usual. You do not need to contract with the Medi-Cal plan to continue seeing your patient.

14. What are the steps for processing Continuity of Care requests?

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

1. The enrollee advises the physician that s/he has enrolled in a Cal MediConnect plan and determines whether or not the physician is part of the plan's network. OR: The physician, upon checking the enrollee's eligibility,



advises the enrollee that s/he is enrolled in a Cal MediConnect plan and informs the enrollee whether or not the physician is part of the plan's network.

2. If the physician is not part of the plan's network, the enrollee, their representative or the physician contacts the Cal MediConnect plan and tells the plan that they want to continue treatment based on the pre-existing relationship.

- Plans must allow continuity of care requests by phone.
- It is the plan's responsibility to first attempt to validate the pre-existing relationship through Medicare claims data before requesting evidence from the enrollee or provider.

3. The Cal MediConnect plan works with the physician and makes a good faith effort to determine:

- Whether the physician will accept the higher of the Medicare or plan rate for services, and
- Whether there are quality issues that would prevent the physician from being eligible to participate with the plan for this enrollee.

If an agreement is reached between the Cal MediConnect plan and the physician, the enrollee can continue receiving Medicare services from the physician for up to 12 months. At the discretion of the Cal MediConnect plan, this continuity of care period may be extended.

15. How am I involved with the care coordination of my patients in Cal MediConnect?

- **Health Risk Assessment**
All people enrolled in a Cal MediConnect plan are offered a Health Risk Assessment. The assessment is designed to determine what health care and social supports the patient needs and to identify existing gaps in care or continuity of care needs. Health Risk Assessments identify an enrollee's primary, acute, long-term services and supports (LTSS), behavioral health and functional needs. The results of the assessment are shared with the enrollee and their health care providers. In some cases, you may automatically receive the results for your patients. You can always request your patient's HRA results.



- **Interdisciplinary Care Team**

As a physician, you play a key role in the Interdisciplinary Care Team (ICT). The ICT provides the infrastructure for receiving and sharing information about your patients and makes it easier for your patients to get the various services and treatments they need. The core team members will be the enrollee, the primary care provider, and the enrollee's Cal MediConnect plan Care Coordinator. Depending on the enrollee's desires and circumstances, the ICT may also include specialty physicians, a hospital discharge planner, nursing facility representative, physical therapist, social worker, personal care services provider, family member, and relevant social and supportive service providers.

- **Care Coordinators**

Cal MediConnect plans provide enrollees with Care Coordinators. These coordinators will either be licensed medical professionals or overseen by a licensed medical professional. Care Coordinators do not replace the important role of physicians in directing care for patients, but can help provide the case management support and smooth flow of information that can reduce administrative burdens for physicians' offices. The Care Coordinator is a key point of contact for the enrollee and their providers about care coordination.

- **Individualized Care Plan**

Physicians can help develop an Individualized Care Plan (ICP) for their patients as a member of the Interdisciplinary Care Team (ICT). The plan must reflect the enrollee's specific goals, needs, and preferences, identifying what services and supports an enrollee needs, how the ICT will help the enrollee access those services and supports, and will include measurable objectives and timelines to meet an enrollee's needs.
