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DATE: July 22, 2013

TO: Alliance Network of Providers

FROM: Alliance Provider Services Department

RE: Healthy Families Phase III Transition

As a reminder, the Phase III portion of the Healthy Families to Medi-Cal transition will occur on August 1, 2013.

In this transition period, Central California Alliance for Health (Alliance) expects to receive approximately 9,000 additional members to the Medi-Cal line of business. The membership increases by county are expected to be as below:

- Santa Cruz County 1,600 members
- Monterey County 250 members
- Merced County 7,000 members

The State will be sending us provider information for some of these children, based on who they were seeing under their Healthy Families health plan. The Alliance intends on linking members to existing primary care physicians in our network whenever possible. Members not initially linked, will be made administrative status for the month of August. This means they can seek care from any willing primary care provider within the Alliance service area. They must choose a contracted PCP by the end of August or be auto-assigned to one effective September 1.

As part of this transition, members will have the right to request continued access to their Healthy Families primary care provider through July 31, 2014. Members who request this and whose providers agree, will be placed in an administrative status through July 31, 2014, at which time they will be linked to an Alliance PCP.

We strongly encourage you to check eligibility prior to rendering services. You may check eligibility by using the Alliance Provider Portal, calling the Alliance automated system at 1-800-700-3874 ext. 5501, or by speaking to a Member Services Representative at 1-800-700-3874 ext. 5505.

The Alliance has posted on its website, http://www.ccah-alliance.org/providers.html, under "What's New" a frequently asked questions (FAQ) document regarding the Healthy Families transition, developed by DHCS. While extremely helpful, we draw your attention to fact that the document references the State's TAR process, rather than making it clear that providers should submit any prior authorization requests directly to the specific managed care plan their patient is enrolled in.

For more information regarding the Healthy Families transition please contact your Provider Services Department at (800) 700-3874 ext. 5504.

Healthy Families Program (HFP) Transition to Medi-Cal
Frequently Asked Questions (FAQs) and Answers

FOR PROVIDERS

Last Updated July 19, 2013

TRANSITION INFORMATION

1. **Why is the HFP transition happening?**
   Answer: Pursuant to Assembly Bill (AB) 1494, (Committee on Budget, Chapter 28, Statutes of 2012), all HFP enrollees will transition to Medi-Cal's Optional Targeted Low Income Children's (OTLIC) program, as allowed under federal law, beginning January 1, 2013.

2. **Where can providers obtain information on the HFP transition?**
   Answer: The HFP transition to Medi-Cal website is http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx. The dental website is http://www.denti-cal.ca.gov/WSI/HealthyFamilies.jsp?fname=HealthyFamilies.

3. **What impacts does the HFP transition to Medi-Cal have on HFP providers who may or may not also be Medi-Cal providers?**
   Answer: HFP providers who do, or will, contract with a Medi-Cal plan will be able to continue to see their HFP patients in that plan without interruption. HFP providers who do not contract with a Medi-Cal managed care plan, may no longer be able to see their HFP patients. If the provider chooses to not contract with the Medi-Cal managed care plan, continuity of care provisions allow families to make a request to their Medi-Cal plan to continue to allow their child to see a provider who was their HFP primary care provider (PCP) or who was their HFP treating physician for a specific medical condition. If the out-of-network PCP will accept the contractor or Medi-Cal FFS rates, whichever is higher then the contractor will allow continued access to that provider for a period of no more than 12 months from the date of the child's transition into the Medi-Cal program.

4. **How will physicians be notified regarding their patients that are transitioning to Med-Cal?**
   ***Answer*:** The HFP plans will provide notification to providers of which patients are moving from HFP to Medi-Cal. The member will also receive a series of letters about the transition and may inform the providers as well.

5. **Can providers obtain a list of beneficiaries who have transitioned from the HFP program?**
   Answer: Due to the protected nature of beneficiaries' data, providers will not be given a list of beneficiaries who have transitioned from the HFP program. Providers will be

required to verify eligibility at the time of the beneficiary's appointment to ensure the beneficiary has successfully transitioned into Medi-Cal. Beneficiary eligibility may be verified through the Automated Eligibility Verification System (AVES) at 1-800-456-2387, the Medi-Cal website (https://www.medi-cal.ca.gov/Eligibility/Login.asp), or the Point of Service device. Providers can also obtain beneficiary information from their Medi-Cal plan for beneficiaries that are assigned to them.

6. **What delivery system will transitioning children in Medi-Cal receive services through?**
   Answer: Transitioned children will receive health care services through Medi-Cal managed care plans, while dental services will be through the fee-for-service delivery system in most counties. Beneficiaries receiving dental treatment in Sacramento County which is a mandatory dental managed care county will receive treatment under a dental managed care plan. Beneficiaries in Los Angeles County have the option to receive services under the fee-for-service or dental managed care plan delivery systems.

7. **What are the "Continuity of Care" requirements for Medi-Cal managed plans? What are the circumstances that allow HFP children to stay with their in-network and out-of-network PCP?**
   Answer: The Medi-Cal managed care contract requires plans to allow transitioning HFP beneficiaries to automatically stay with their PCP, if their PCP is also part of the Medi-Cal plan network. If a PCP is not part of the Medi-Cal plan network, transitioning HFP beneficiaries can request to continue seeing their out-of-network PCP for up to 12 more months after the transition. If the out-of-network PCP will agree to the plan's rates, the plan must approve the provider to join the plan. If the PCP will not agree to plan rates, the transitioning beneficiary must choose a new PCP in the Medi-Cal plan network.

   If a transitioning beneficiary is undergoing treatment as outlined in Health and Safety Code 1373.96, they may continue to see their treating provider, even if the provider is not in the Medi-Cal network. If the provider is out-of-network and they will accept the Contractor or Medi-Cal FFS rates, whichever is higher then the Contractor will allow continued access to that Provider for a period of no more than 12 months from the date of the child's transition into the Medi-Cal program.

8. **What kinds of information is available regarding continuity of care that physicians can provide to their patients?**
   Answer: Medi-Cal managed care plans have continuity of care information that they can offer providers and their members.

9. **How will medications be affected? Will the patient have to change medications because of some formulary? How can patients stay on medications that they are taking and are stable because they are taking?**
   Answer: It is up to the Medi-Cal managed care plan to approve all medications that are medically necessary. If a medication had been previously approved as medically necessary and it is covered by the Medi-Cal managed care formulary, there should be little to no disruption in continuing to fill the medication.

If there are differences in formularies between HFP and the Medi-Cal managed care plans, a drug that is not covered in Medi-Cal managed care would not be automatically approved. However, if a prescription drug is medically necessary and is not available through the Medi-Cal formulary, plans can follow prior authorization procedures to have Medi-Cal cover the formulary.

10. **How do patients stay with the same specialists? If they need to change specialists, how does one find equally qualified specialists (i.e., physicians who know how to take care of kids with special needs)?**
Answer: Patients can work directly with their Medi-Cal managed care plans to coordinate medically necessary services. If their HFP specialists are also part of the Medi-Cal plan, they can continue to see the specialists with no disruptions. If the patient is seeing the specialist for a treatment covered by Health and Safety Code 1373.96, they can ask to plan to continue to see that specialist and the plan can approve continued treatment as long as the specialist would accept the Contractor or Medi-Cal FFS rates, whichever is higher. If neither of these circumstances is feasible, their PCP can recommend an in-network specialist.

11. **Will the Medi-Cal benefits be the same as HFP benefits?**
Answer: Generally, medical, dental, and vision are covered for transitioned children. A benefits comparison chart is available at the following website: http://www.dhcs.ca.gov/services/hf/Pages/FAQBenefitsComparisonChart.aspx. Some services, such as dental, mental health, and substance use disorder may be "carved out" of the plan's benefits, but will still be covered by Medi-Cal. The Medi-Cal managed care health plan will refer beneficiaries to Medi-Cal FFS providers for these services, if they are not covered by the plan.

    Also, applied behavioral analysis (ABA) services are not a benefit of California's Medicaid program. Under Medi-Cal, your child may continue to receive behavioral health services, including ABA, if he/she is eligible under the Developmental Services' (DDS) Home and Community Based Services (HCBS) waiver provided through the regional centers and meets eligibility for such services. DDS provides other behavioral health services to Medi-Cal beneficiaries who meet specified eligibility criteria through the HCBS waiver program or DDS' 1915(i) State Plan Amendment. Additionally, based upon the medical necessity criteria, children in Medi-Cal with a diagnosis of autism may be prescribed occupational, physical, and speech therapy services. DHCS will continue to work with its health plans to connect children enrolled in Medi-Cal to needed services.

12. **Do providers have to collect premiums and/or copayments from beneficiaries who have transitioned from HFP?**
Answer: Providers do not have to collect premiums and/or copayments from beneficiaries. An administrative vendor contracted with DHCS will manage the monthly premium collection process from beneficiaries. There are currently no copayments for Medi-Cal services.

13. **How many physicians who had HFP patients will not keep them as Medi-Cal patients? Will there be enough providers for the newly transitioned patients?**
Answer: Please refer to the network adequacy documents posted on the HFP transition to Medi-Cal website by transition Phase for more information: http://www.dhcs.ca.gov/services/hf/Pages/HFPNetworkAdequacy.aspx

14. **What information is available for providers to address patient concerns regarding network adequacy?**
Answer: The implementation plans and network adequacy reports have a lot of information on how the State is preparing and working through the transition. These reports are available through the DHCS website and can be viewed by both providers and patients at: www.dhcs.ca.gov/services/hf/Pages/HFPNetworkAdequacy.aspx.

15. **Is there a change in how vaccines are reimbursed?**
Answer: Yes. Previously providers purchased vaccine themselves and obtained reimbursement from HFP insurance plans. As patients are transitioned to Medi-Cal, providers can participate in the Vaccines For Children (VFC) program http://www.cdc.gov/vaccines/programs/vfc/providers/index.html. Providers can order vaccines from the VFC Program and then obtain reimbursement from Medi-Cal for only the administration fees.

MEDI-CAL PROVIDER INFORMATION

16. **How can HFP providers enroll into fee-for-service Medi-Cal?**
Answer: Medi-Cal provider enrollment information is available on the following website: http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp.

17. **What if a physician takes fee-for-service Medi-Cal, but is not contracting with an HMO? How does a physician find an HMO and sign up to keep patients?**
Answer: They can contact the Medi-Cal managed care plans in their county directly. All Medi-Cal plans are always looking to contract with qualified providers to keep their networks healthy and open. Most plans have separate contact information for providers that can be found on their websites. For a list of which plans operate in which counties, go to: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx. This page also provides links to each plan's web page.

18. **How can HFP providers enroll into Medi-Cal Managed Care Plan?**
Answers: HFP providers can contact the Medi-Cal managed care plans in their county directly. Most plans have separate contact information for providers that can be found on their websites. For a list of which plans operate in which counties, go to: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx. This page also provides links to each plan's web page.

19. **How can providers become Mental Health Plan providers?**
Answer: Providers interested in becoming mental health plan providers should contact the mental health plan(s) that they wish to contract with to inquire about becoming a

mental health plan provider. Mental health plans certify their contracted organizational providers, credential their individual, and group providers.

20. **Is there a Medi-Cal provider manual?**
Answer: The Medi-Cal provider manual is on the Medi-Cal website: www.medi-cal.ca.gov at http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp.

21. What is the process for treatment authorization requests (TARs) under Medi-Cal? What is the timeframe for response from Medi-Cal? Can the TARs be expedited?
Answer: Information on Medi-Cal's TAR process can be found in the provider manual. A TAR overview is available on the following website: http://files.medi-cal.ca.govpublications/masters-mtp/part1/tar_z01.doc. Information on field offices are on the following website: http://files.medi-cal.ca.govpublications/masters-mtp/part2/tarfield_m00i00o01o03o04o06o07o08o11a02a04a05a06a07a08p00l00.doc.

22. How are claims processed through Medi-Cal managed care?
Answer: Providers who have rendered approved and covered services to a Medi-Cal managed care plan member must submit their claims to the Medi-Cal health plan or its subcontractor. The plan is responsible for reimbursement to providers directly – providers do not need to submit any claims to the Medi-Cal program directly. Providers are responsible for ensuring that the claim is a "clean claim", or a claim that can be processed without needing additional information from the provider or from a third party.

Per the Medi-Cal managed care contract, Exhibit A, Attachment 8, Provision 5, the Medi-Cal managed care plan will pay 90% of all clean claims from providers who are in individual or group practices or who practice in shared health facilities, within 30 days of the date of receipt and 99% of all clean claims within 90 days. The date of receipt is the date the plan receives the claim, as indicated by its date stamp on the claim. The date of payment shall be the date of the check or other form of payment.

23. How does the transition impact reimbursement rates?
Answer: Reimbursement rates are based on the Medi-Cal managed care plan's contract with the provider. Providers will need to discuss specifics with their plan.

24. Will physicians need to accept capitation rates even for special needs patients who are seen frequently?
Answer: Physicians, or their groups, can negotiate their payment rates with a Medi-Cal managed care plan. Some may be paid a capitation rate; some may be paid on a FFS basis.

DENTI-CAL PROVIDER INFORMATION

25. How can HFP providers enroll into Denti-Cal?
Answer: Denti-Cal provider enrollment information is at the following web link: http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_28_Number_11.pdf.

Additionally, Denti-Cal has developed a Provider Enrollment Tool Kit, filled with helpful hints, tutorials, and provider enrollment assistance events, to facilitate the provider enrollment process at the following web link: http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=enrollment_tool_kit. For information on how to apply as a Preferred Provisional Provider with the Denti-Cal program, please review this Denti-Cal Provider Bulletin: http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_28_Number_20.pdf.

26. **Is there a Denti-Cal provider manual?**

Answer: The Medi-Cal provider manual on the Medi-Cal website: www.medi-cal.ca.gov at http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp. The Denti-Cal Provider Handbook can be found on the Denti-Cal website: http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual.

27. What is the process for treatment authorization requests (TARs) under Denti-Cal? What is the timeframe for response from Denti-Cal? Can the Denti-Cal TARs be expedited?

Answer: The TAR process overview can be found in the Medi-Cal Program Provider Handbook Section 2 – Program Overview Pages 2-17 through 2-20 (Overview of TAR and Claim Processing) found under this website link: http://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf#page=25. Information and directions for completing the TAR/Claim forms can be found in Section 6 of the Provider Handbook starting on page 6-6. Once TARs and Claims are received, all forms are reviewed for errors and corrected if necessary. TARs then go through a series of manual and automatic transactions to identify if the services listed should be approved, modified, denied, or if a Resubmission Turnaround Document (RTD) needs to be issued for additional information. Denti-Cal has sixty (60) Calendar days to process, final adjudicate, or issue a RTD for all TARs; and ninety (90) calendar days for all Claims. For TARs/Claims that an RTD has been issued and additional information is requested, the time for a response from Denti-Cal restarts from the date they receive the corrected RTD and requested additional information. Denti-Cal TARs cannot be expedited.

28. **How are claims processed through Denti-Cal?**

Answer: Claims are processed the same way as TARs (see answer to #27).

29. How does the transition impact reimbursement rates?

Answer: Providers will be reimbursed at Medi-Cal Dental reimbursement rates. For information on the Schedule of Maximum Allowances, please visit the following web link (Section 5 of the Provider Handbook): http://www.denti-cal.ca.gov/provsrvcs/manuals/handbook2/handbook.pdf#page=163.

CONTACT INFORMATION

30. Beneficiary contacts for:

a. Information regarding HFP Transition to Medi-Cal call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.

b. Changes to health plans call Health Care Options (HCO):

   i. English 1-800-430-4263

   ii. Arabic 1-800-576-6881

   iii. Armenian 1-800-840-5032

   iv. Cambodian 1-800-430-5005

   v. Cantonese 1-800-430-6006

   vi. Farsi 1-800-840-5034

   vii. Hmong 1-800-430-2022

   viii. Korean 1-800-576-6883

   ix. Mandarin 1-800-576-6885

   x. Russian 1-800-430-7007

   xi. Spanish 1-800-430-3003

   xii. Tagalog 1-800-576-6890

   xiii. Vietnamese 1-800-430-8008

   xiv. Other Languages 1-800-430-4263

   xv. TTY/TDD 1-800-430-7077

   xvi. Visit the HCO website for information about the health plans at www.healthcareoptions.dhcs.ca.gov.

c. Information on Medi-Cal eligibility, please contact a local County Social Services office: http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal-HowtoApply.aspx.

d. Denti-Cal Beneficiary Customer Service line is 1-800-322-6384, Monday through Friday, 8 a.m. to 5 p.m.

e. Medi-Cal Premium Payments is 1-800-880-5305, http://www.dhcs.ca.gov/services/Pages/Medi-CalPremiumPayments.aspx.

f. DHCS Mental Health Ombudsman line is 1-800-896-4042, Monday through Friday, 8 a.m. to 5 p.m.

g. Other Medi-Cal contacts: http://www.dhcs.ca.gov/services/medi-cal/Pages/Contacts.aspx

31. How can providers submit questions, concerns, and suggestions regarding the HFP transition?

Answer: Inquiries regarding the HFP transition to Medi-Cal can be emailed to: dhcshealthyfamiliestransition@dhcs.ca.gov.

32. What are plans' contacts for providers?

Answer: Medi-Cal managed care plan directory is on the following website: http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx.