

# San Diego LIHP Transition

This document will be updated as new information becomes available. Updated information will be in red.

## San Diego LIHP Provider Q&As

- 1. Will the LIHP enrollee data in MEDS (Medi-Cal Eligibility Data System) identify the name of the primary care clinic, name of the primary care provider (PCP) or both names?**

The LIHP enrollee data in MEDS will identify only the primary care clinic name, not the name of the individual primary care provider.

- 2. How are clinics identified in MEDS in order for enrollees to be matched with their medical home/primary care clinic?**

Clinics are identified by their National Provider Identification (NPI) number.

- 3. Enrollment options are (1) do nothing or (2) choose plan – When is the earliest LIHP enrollees can choose a plan? Can they fill out a Choice form?**

The County of San Diego urges all LIHP enrollees to complete their Medi-Cal Choice form as soon as they receive it. The California Department of Health Care Services (DHCS) will send out the Plan Choice Letter and Form to the LIHP enrollees in November. Providers can also refer LIHP enrollees to the Healthy San Diego Health Care Options (HCO) program for assistance in completing the Medi-Cal Choice Form. HCO staff are available at each of the County of San Diego Family Resource Centers:

[http://www.sdcounty.ca.gov/hhsa/programs/ssp/healthy\\_san\\_diego/index.html](http://www.sdcounty.ca.gov/hhsa/programs/ssp/healthy_san_diego/index.html).

Providers can also assist LIHP enrollees in completing the Medi-Cal Choice Form. A link to the form is available on the Healthy San Diego website and on the LIHP Transition website.

- 4. How do I know if the specialist my patient is seeing under LIHP will accept their new Managed Care Medi-Cal insurance? How does the County LIHP network compare to the Medi-Cal network?**

You will need to contact the Medi-Cal Managed Care plan or the specialist directly to determine if the specialist has agreed to see patients under that plan. LIHP has provided the health plans a list of current LIHP specialists, and DHCS will provide network comparison information to the Medi-Cal health plans.

- 5. How will the County ensure continuity of care with LIHP transition?**

The State has recently released its draft of the Low Income Health Program's (LIHP) Transition Plan, available here: <http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Meetings/DRAFT-RevisedLIHPTransitionPlan.pdf>.

This includes a continuity of care plan for LIHP enrollees who will be transitioning to Medi-Cal on January 1, 2014. San Diego LIHP is also working on a local continuity of care plan with its community stakeholders, including community clinics, providers, health plans, patient advocates, and a variety community members.

Additional guidance from DHCS is also available [here](#).

Medi-Cal beneficiaries enrolled in a managed care plan are protected under the Welfare and Institutions Code Section 1373.96, which allows for the completion of covered services from a non-participating provider if it meets specific conditions. The code can be found on-line at

[http://ca.regstoday.com/law/hsc/ca.regstoday.com/laws/hsc/calaw-hsc\\_DIVISION2\\_CHAPTER2p2.aspx](http://ca.regstoday.com/law/hsc/ca.regstoday.com/laws/hsc/calaw-hsc_DIVISION2_CHAPTER2p2.aspx).

According to the State's LIHP transition plan, one of the conditions included under this code is an approved surgery or procedure that is already scheduled to happen within 180 days of the transition. Individuals will have information concerning any open treatment authorizations (TARs) or pharmacy authorizations (PARs) transferred to their new managed care health plan prior to the transition.

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## 6. Are there any changes to the County Medical Services (CMS) Program?

At this time, County Medical Services (CMS) policies are not affected by the transition of LIHP to Medi-Cal Managed Care. Furthermore, the transition of LIHP enrollees in Medi-Cal will not affect current CMS beneficiaries.

## 7. Where should completed Medi-Cal Choice forms be sent?

Although the Choice form includes instructions to send to Sacramento, County of San Diego residents should drop off completed Medi-Cal Choice forms at any FRC (click the link in question 3 for locations) or mail back to the County using postage-paid envelopes. The address is:

HHSa – MS 0557-A  
P.O. Box 85524  
San Diego, CA 92186-9658

Write "LIHP" in the upper left corner of the envelopes when mailing. This additional step will assist providers and LIHP enrollees to ensure accuracy of information sent to the State.

## 8. Can clinic staff receive a copy of Medi-Cal managed health care plan formulary?

Each Medi-Cal Managed Care plan has a different formulary. The formulary is posted on each health plan's member services website. [See question 36 for additional information on health plans' formularies.](#)

## 9. Will transportation assistance be available for enrollees to get to and from their health care services?

The Medi-Cal Managed Care health plans offer different options for transportation assistance. For more information on transportation assistance available, review the Health Plan Comparison Chart here: [http://www.sdcounty.ca.gov/hhsa/programs/ssp/documents/HSD\\_5\\_02-27-2013.pdf](http://www.sdcounty.ca.gov/hhsa/programs/ssp/documents/HSD_5_02-27-2013.pdf)

## 10. Can providers enroll a person directly with a Managed Care Plan?

Providers can help someone complete the Medi-Cal Choice Form, which is then submitted to the Department of Health Care Services (DHCS) via the Healthy San Diego - Health Care Option (HCO) program. A patient selects the desired health plan and enters the physician number on this form. Physicians can be found via each health plan, or by using the GeoAccess link to the Healthy San Diego Online Provider Directory: <http://www.geoaccess.com/CountyofSanDiego/po/Begin.asp>. Another option is staff can write in the name and address of the clinic in the space to the right of the provider code box on the Choice form and HCO staff will input the code as part of their review. Forms with a blank Doctor/Clinic Code field **must** be submitted to the County for review using the process outlined in question 7. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

## 11. If a Medi-Cal Managed Care provider panel fills up during the LIHP transition, what will happen with the enrollees who selected this provider?

The Managed Care Medi-Cal Division at DHCS has discussed this with the health plans and the plans are aware that providers will be assigned LIHP members even if their panel is full. This policy is in place to ensure that LIHP enrollees can stay with their current provider and will not need to select a new provider because of the change in payor.

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**12. Can providers fax documents to the ASO for e-TARs?**

Providers are strongly encouraged to scan all supporting documents into e-TAR to facilitate ease of access for the providers and health plans serving the enrollees. This will allow the most current information to be available to providers during the LIHP transition.

**13. If an enrollee does not know their Social Security number (SSN), can other identifying information be entered on the Medi-Cal Choice form and then submitted to County for review?**

Yes, clinical staff can enter the date of birth below the SSN section, and HCO staff will be able to look up the enrollee and write in the SSN on the form. Choice forms without an SSN must be submitted to the County for review. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

**14. What percentage of all LIHP enrollees have had a visit with their primary care provider?**

In the latest LIHP Quality Improvement Report, the data shows that 18,640 unduplicated enrollees had a primary care visit in the last quarter from July – September 2013. Of those enrollees, 85% use their medical home site for every primary care visit.

**15. How will Medi-Cal payment be processed for hospital admissions that occur prior to January 1, 2014 and extend into 2014?**

Hospitals will be reimbursed at the LIHP the per diem rate through December 31, 2013, and Medi-Cal Diagnostic Related Group (DRG) payment will be made starting on January 1, 2014.

**16. If open authorizations are sent to the health plans, who determines the continuity of care? Will providers need to re-submit all clinical data to the appropriate health plan with a request for re-authorization?**

Each health plan will determine continuity of care via their current process. Providers will need to work directly with each plan to determine the appropriate review process. Providers may still need to submit data, but if documents are scanned into e-TAR, supporting documents will be more easily accessible for submission to the health plans.

**17. Can a scanned copy of the Medi-Cal Choice form be submitted for quicker processing?**

No, original copies must be submitted to DHCS because they requires original signatures.

**18. What if two Medi-Cal Choice forms are completed for the same person?**

Plan and provider selection are based on the most recent form received by DHCS. If you are unsure if a form has been submitted, complete the form with the most current information available.

**19. What is the process if surgery is scheduled for January 1, 2014 or after, but the hospital received authorization from LIHP in December 2013?**

Providers will need to contact the health plans and inform them that the surgery was authorized by LIHP and that new authorization is needed under continuity of care provisions.

**20. Will providers be able to access information about the Managed Care Medi-Cal health plan their patients have selected prior to January 1, 2014?**

At this time, it is not possible for providers to access this information prior to January 1, 2014. Starting on January 1, 2014, providers should be able to use the Medi-Cal Point of Service (POS) system to identify the plan their patient has selected. [See question 26 for additional information on accessing eligibility and enrollment information from DHCS.](#)

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**21. Will there be any changes to Ryan White services?**

No. LIHP/Ryan White patients will transition to Managed Care Medi-Cal/Ryan White coverage. Ryan White remains the payor of last resort.

**22. If an eTAR is submitted, will LIHP forward that referral to the assigned Managed Care Medi-Cal health plan?**

Open TARs will be provided to each health plan, however the plans will need to work with providers directly for clinical information needed for continuity of care. The plan will also assist with connecting the patient with the provider to provide services for continuity of care.

**23. Will there be a Choice Form for dental services?**

Not at this time. Adult Dental remains uncovered under Denti-Cal, with the exception of emergency services which impact physical health or certain procedures that are precedent to a necessary medical service, such as services needed prior to a surgery. Medi-Cal will cover some additional adult dental services, including dentures, after April 1, 2014. Enrollees can also review the Health Plan Comparison Chart (see question 9) for more detail about dental services provided by the health plans.

**24. What is the DHCS process for issuing new Benefit Identification Cards (BICs)?**

The State will issue Medi-Cal Benefit Identification Cards (BICs) to LIHP enrollees who are transitioning to Medi-Cal after January 1, 2014. These BICs will be mailed to enrollees between December 10 – 21, 2013. The Good Thru date on the current BICs will be extended to January 29, 2014. Providers can run the previous BIC to verify eligibility before the new cards are sent out.

**25. What is the appropriate procedure for providers serving former LIHP enrollees after January 1, 2014, if the former LIHP enrollee is not showing as eligible for any Medi-Cal Managed Care Health Plan, and the former LIHP enrollee should be enrolled in Medi-Cal Managed Care?**

Providers should refer the enrollee to Healthy San Diego for more information on Medi-Cal Managed Care Health Plans and enrollment by either email ([hsd.hhsa@sdcountry.ca.gov](mailto:hsd.hhsa@sdcountry.ca.gov)) or phone 619-515-6584.

**26. Can providers assist patients in contacting DHCS if the patients' plan choice was incorrect?**

Yes, after January 1, 2014, providers can access the DHCS Medi-Cal Eligibility Website at <https://www.medi-cal.ca.gov/Eligibility/Login.asp>. Phone support is also available at 1-800-541-5555. DHCS is updating their enrollment data on an ongoing basis. Medi-Cal beneficiaries can update their information over the phone if the information they submitted in their Choice Form has not been updated in the DHCS Medi-Cal Eligibility system.

**27. Where do I find information on how to fill out the LIHP Transition of Care Form for my patients?**

The form and instructions are available on the LIHP Transition website here: [Notice to Providers with High Risk Enrollees](#). Providers should aim to complete the form as thoroughly as possible, but the form may be submitted even if the provider is not able to complete all fields. Since LIHP enrollees will be able to change managed care health plans after they transition to Med-Cal, the Transition of Care form will assist in ensuring continuity of care, even if an enrollee is defaulted into a plan.

**28. What is the current deadline for submitting the Transition of Care forms?**

Forms will be accepted through December 31, 2013. Starting on January 1, 2014, the forms can be submitted the Medi-Cal managed care health plan.

**29. How and when can providers access the new medical home information for patients transitioning to Managed Care Medi-Cal Health Plans?**

After January 1, 2014, providers can access the DHCS Medi-Cal Eligibility Website here: <https://www.medi-cal.ca.gov/Eligibility/Login.asp>. Phone support is also available at 1-800-541-5555.

**30. Can providers obtain patients' new health plan information prior to the January 1, 2014 transition date?**

The County is reviewing the feasibility of this. However, at this time, DHCS has not provided data on health plan assignments to the County.

**31. Since DHCS has already assigned LIHP enrollees to Managed Care Medi-Cal health plans, what happens to the Medi-Cal Choice Forms that were sent to DHCS?**

DHCS is now processing Choice Forms and will update their eligibility and enrollment system on an ongoing basis.

**32. Should providers help their patients switch to another health plan, if the patient wants to do that?**

If a patient wishes to change health plans and needs assistance completing the Medi-Cal Choice Form, providers may continue to assist in completing the Choice Form.

**33. How long will LIHP case managers stay involved with patients transitioning to Medi-Cal?**

LIHP case management services through Optum and AmeriChoice will continue through March 31, 2014.

**34. What happens if a patient runs out of medication critical to their treatment during the transition period?**

Patients should continue to receive current medication until they schedule an appointment with their primary care provider after January 1, 2014. Patients may also be able to receive a 72-hour emergency supply of medication at their pharmacy. After January 1, 2014, pharmacy benefits will be determined by the Medi-Cal Managed Care plan.

**35. What happens if a medication is not on the formulary for a patient's new health plan?**

The Primary Care Provider should contact the health plan to determine what medication options are most appropriate.

**36. How will providers know if a patient's medication is not on the new health plan formulary?**

Providers can contact the Managed Care Med-Cal health plans directly to determine if medication is on the health plan formulary. Contact information is available here:

<http://www.sdcounty.ca.gov/hhsa/programs/ssp/documents/ContactInformationforLIHPEnrollees.pdf>

Health Plan Formulary information is also available here:

Community Health Group Medi-Cal Drug Formulary

<http://www.chgsd.com/formulary/formulary/CHG-MediCal.pdf>

Care 1st Health Plan Medi-Cal Drug Formulary

<https://www.care1st.com/media/pdf/medi-cal/medi-cal-formulary.pdf>

Molina Healthcare Medi-Cal Drug Formulary

[http://www.molinahealthcare.com/providers/ca/medicaid/drug/PDF/CADrugFormulary\\_2013.pdf](http://www.molinahealthcare.com/providers/ca/medicaid/drug/PDF/CADrugFormulary_2013.pdf)

Health Net Medi-Cal Recommended Drug List

[http://www.healthnet.com/static/general/unprotected/pdfs/ca/pharmacy/medical\\_intro.pdf](http://www.healthnet.com/static/general/unprotected/pdfs/ca/pharmacy/medical_intro.pdf)

Kaiser Permanente Comprehensive Formulary

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[https://healthy.kaiserpermanente.org/static/health/en-us/pdfs/nat/Medicare\\_2014\\_NAT/comprehensive\\_formulary.pdf](https://healthy.kaiserpermanente.org/static/health/en-us/pdfs/nat/Medicare_2014_NAT/comprehensive_formulary.pdf)

**37. What is the timeline when LIHP enrollees should expect to receive their Welcome Packet and Medi-Cal Benefits Identification Card (BIC)?**

If patients were enrolled in LIHP before December 1, 2013, then they should receive a Welcome Packet and BIC before January 1, 2014. Patients who enrolled in LIHP after December 1, 2013, should receive the Welcome Packet and BIC during the month of January 2014. If a LIHP enrollee receives the Welcome Packet and there is no BIC card included, the LIHP enrollee has already been issued a BIC.

**38. Where should providers refer LIHP enrollees who have not received their Welcome Packet and BIC in the timeframe stated in question 37?**

If a LIHP enrollee has not received his/her BIC, needs a replacement, or is concerned that his/her address may not be correct, the LIHP enrollee can call the ACCESS Call Center at 1-866-262-9881 or visit a Family Resource Center (FRC) for assistance. For a list of FRCs, visit:

[http://www.sdcounty.ca.gov/hhsa/programs/ssp/low\\_income\\_health\\_program/](http://www.sdcounty.ca.gov/hhsa/programs/ssp/low_income_health_program/)

When accessing services, Medi-Cal beneficiaries do not need the BIC as the provider can look up eligibility by name and social security number.

**39. Under current guidelines, Medi-Cal beneficiaries can only be eligible for Ryan White (RW) dental secondary. Enrollment into that program requires a different enrollment form. Are the LIHP/RW dual enrollees going to be automatically transitioned into dental secondary?**

No, LIHP/RW dual enrollees will need to complete the secondary application.

**40. Instead of screening for LIHP eligibility, will the RW clinics screen for Medi-Cal eligibility?**

Yes, all clinics are required to screen for other payer sources, including Medi-Cal.

**41. Will persons referred to Medi-Cal still be given 60 days of RW eligibility?**

Yes, additional time will be given if there is any delay in processing the application.

**42. Will there be staff at RW clinics that can check Medi-Cal status for those referred to Medi-Cal?**

RW has a Medi-Cal eligibility specialist who can check the status of Medi-Cal applicants as well as current beneficiaries.

## Department of Health Care Services Q&As

[www.dhcs.ca.gov](http://www.dhcs.ca.gov)

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