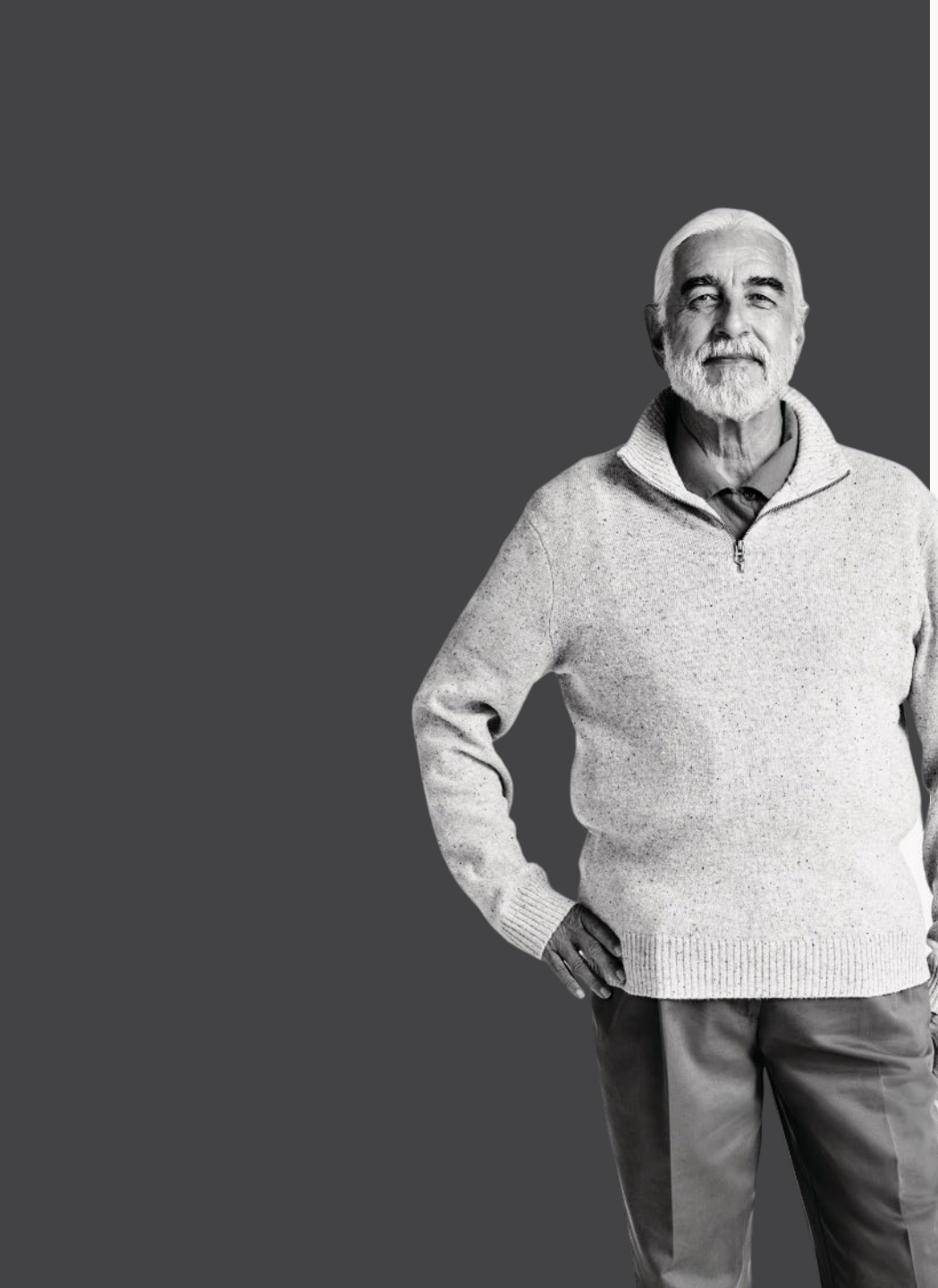

2025 Blue Shield of California HMO D-SNP Enhancements

February 2025

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Agenda

- Overview
  - What is a Dual Eligible Special Needs Plan (D-SNP)
  - Blue Shield TotalDual Plan (HMO D-SNP)
- Blue Shield TotalDual Plan (HMO D-SNP) product benefits
- Value-Based Insurance Design (VBID) model
- Advanced care planning
- Blue Shield TotalDual Plan (HMO D-SNP) enrollment

Your Blue Shield presenter

Julianne Holloway
Director of Medicare Duals,
Consumer Senior Markets

Panelists:

- **Lauretta Kim,** Senior Manager Duals Account Management

Dual Eligible Special Needs Plan (D-SNP) overview

Dual Eligible Special Needs Plan (D-SNP) defined

- Special type of Medicare Advantage plan providing health benefits for people who are fully “dual eligible,” meaning they qualify for both Medicare and Medicaid (Medi-Cal).
- Designed for people who may need more help because of disabilities, age, and/or health conditions.
- Combines and coordinates Medi-Cal, Medicare Part A hospital care, Medicare Part B medical services, and Medicare Part D prescription medication into one plan.
- Provide additional social services to help beneficiaries manage their dual benefits.

Blue Shield TotalDual Plan (HMO D-SNP)

- **Starting in 2025, California dual eligibles must enroll in either an aligned HMO D-SNP, non-HMO D-SNP Medicare Advantage plan, or original Medicare.**
    - Enrollment in an HMO D-SNP plan WITHOUT a matching Medi-Cal Plan is no longer allowed.

- **To enroll in the Blue Shield TotalDual Plan (HMO D-SNP)** where healthcare and related services are provided by Blue Shield (Medicare) and Blue Shield of California Promise Health Plan (Medi-Cal), **eligible members must live in either Los Angeles or San Diego county.**
    - New members cannot enroll in the Blue Shield TotalDual Plan (HMO D-SNP) in Orange and San Bernardino counties, or in Blue Shield Inspire (HMO D-SNP) in Merced, Stanislaus, and San Joaquin counties. These plans will continue providing coverage for members who are already enrolled.

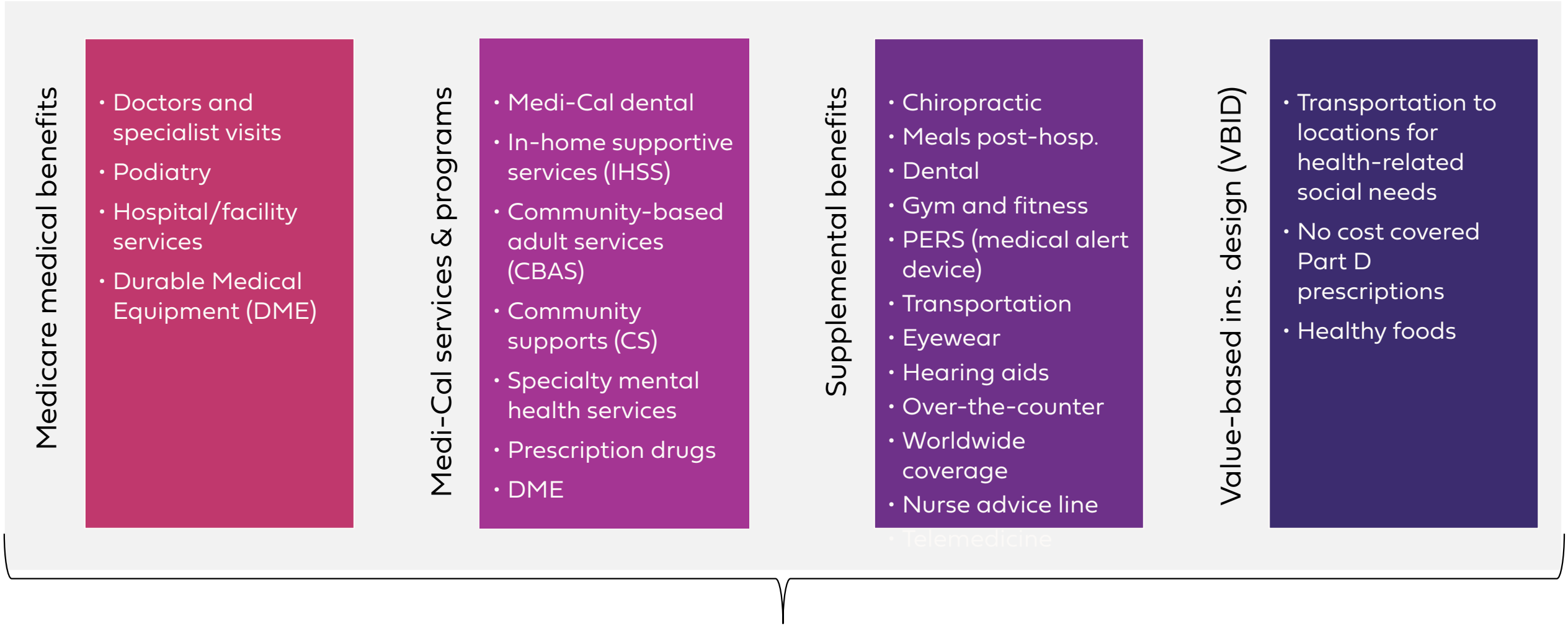
What do Blue Shield D-SNP providers need to know?

- Blue Shield D-SNP Model of Care training is required for new Blue Shield providers, and annually after.
- CMS requires that **every D-SNP member** have a completed Health Risk Assessment (HRA) and Individualized Care Plan (ICP) and prefers the member, caregiver, and provider to participate in completion.
- There are D-SNP-specific quality measures that focus on 1) medication review, 2) functional status assessments, and 3) pain assessments
- Blue Shield D-SNP members have access to employed care/case managers, and social workers.
- Providers cannot bill a dual eligible beneficiary for covered services.
- Eligibility for dual eligible member should be verified every time, since Medi-Cal redeterminations occur continuously.
- Understand the basics of how Medicare and Medi-Cal benefits are coordinated.
- DHCS, CMS and DMHC all oversee D-SNPs in California.

Blue Shield TotalDual Plan (HMO D-SNP) product benefits

Blue Shield TotalDual Plan (HMO D-SNP) Los Angeles and San Diego (H2819-001)	
Benefit	**Benefit limits effective 1/1/25**
Monthly plan premium	**$0** ($28.30 covered by LIS)
Physician/Practitioner services, including doctor's office visits	**$0**
Emergency care/urgently needed care	**$0**
Durable medical equipment (DME) and related supplies	**$0**
24/7 NurseHelp	**$0**
Inpatient hospital care	**$0**
Medicare Part B & D prescription drugs	**$0** for all covered prescriptions
Healthy grocery	**$50** monthly allowance for healthy foods loaded to a pre-paid credit card
Over-the-counter (OTC) items	$70 monthly allowance for non-prescription covered items
Hearing aids	$1,500 annual allowance loaded to a pre-paid credit card
Dental services	**$0** for highly utilized dental services not covered by Medi-Cal to wrap Medi-Cal dental services
Vision care: eyewear	$200 every 24 months for frames or contacts
Transportation: expanded non-medical	$0 48 one-way trips to plan approved locations (i.e., **grocery stores, gyms, hearing aid providers**)
SilverSneakers Fitness (gym benefits)	**$0** for a gym membership at participating locations
Personal Emergency Response System (PERS)	**$0** for an in-home emergency response system to call for help 24/7
Home meal delivery	**$0** for 22 meals and 10 snacks up to 2 discharges annually
Chiropractic services	**$0** for 12 visits annually
Additional telehealth services	**$0** copay for physician consultations by phone or video 24/7/365
Worldwide coverage	20% coinsurance for emergent or urgent care outside U.S. Coinsurance waived if admitted.

Blue Shield TotalDual Plan (HMO D-SNP) benefits in detail



Blue Shield TotalDual HMO Plan (HMO D-SNP) care coordinator

D-SNPs provide care coordination with the member's Medi-Cal plan.

- Help member complete annual health risk assessment (HRA)
- Develop care plans based on the HRA and member's care goals
- Schedule appointments, resolve coverage and/or appointment issues
- Provide information on how to access/connect with benefits and programs
- Work with nurses, social workers and others to help coordinate access to community resources

Balance billing dual eligibles

Balance billing a full dual beneficiary for covered services is illegal under federal and state laws.*

- **There are some exceptions to when a full dual eligible beneficiary may receive a bill:**
  1. When they are responsible for prescription drug copay;
  2. They have a monthly share of cost for Medi-Cal;
  3. The cost is for a benefit not covered by the Medicare Advantage plan or not provided by a Medi-Cal enrolled provider;
  4. The beneficiary is enrolled in a plan with a monthly premium set by the plan and/or;
  5. The beneficiary loses Medi-Cal eligibility (also known as deeming) and is no longer full dual eligible.

* See CMS' The Facts on Balance Billing for additional information..

Prevent balance billing with the Crossover Billing Toolkit

DHCS Crossover Billing Toolkit for Providers Serving Medicare and Medi-Cal patients

- Whether providers see patients under Original Medicare (fee-for-service) or Medicare Advantage (MA) plans, this toolkit is designed to give physicians information about how Medicare billing works under Medi-Cal managed care and how to submit crossover claims to Medi-Cal plans for Medicare patients.
    - Medicare and Medi-Cal Managed Care Provider Fact Sheet

Key points to know:

- While physicians don't need to be contracted with the Medi-Cal plan's network to receive reimbursement for any Medicare cost sharing, the physician must be either 1) registered as an active Medi-Cal provider or 2) apply to receive reimbursement as a "Crossover Only" provider through the DHCS PAVE Provider Portal.

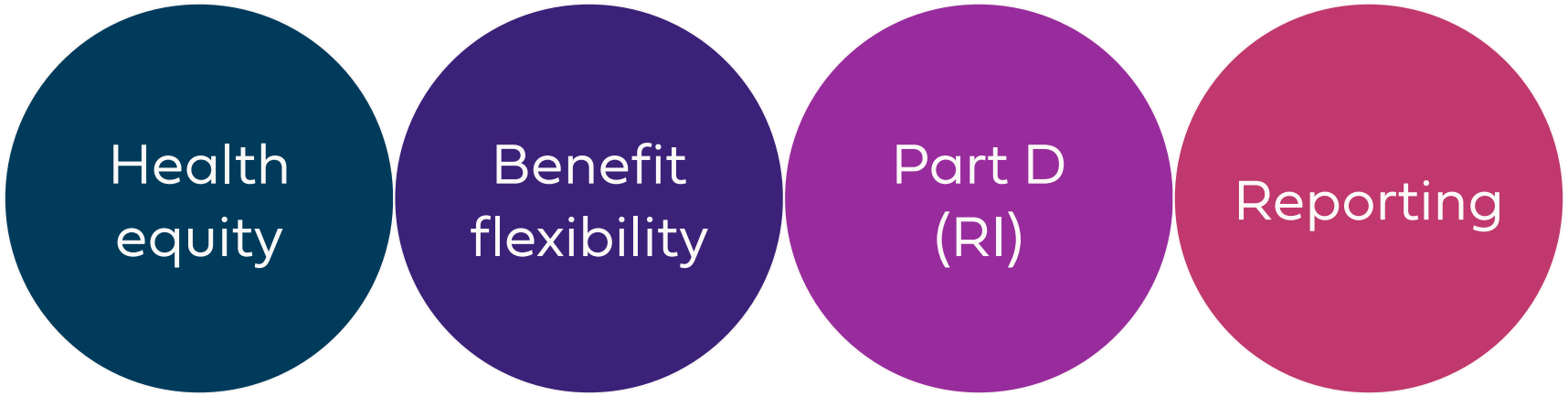
- Medicare physicians don't need to be contracted with Medi-Cal plans to see dual eligible patients.
    - Medi-Cal has responsibility for services and supports not covered under Medicare, including Medicare cost sharing, as well as some long-term care, durable medical equipment, incontinence supplies, and other services and supports.
    - The only role Medi-Cal managed care plans have with respect to physician services for dual eligibles is to adjudicate the payment of crossover claims for any Medicare cost sharing owed under California state law.

Value-Based Insurance Design (VBID) model overview

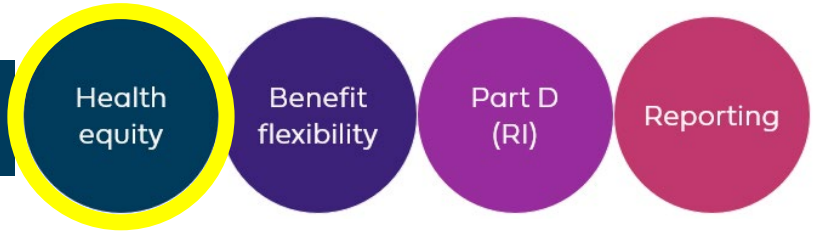
CMS' VBID model defined

- Automatically available to Blue Shield TotalDual Plan members.
- Represents a strategy to minimize or eliminate out-of-pocket costs for high-value services in defined patient populations.
- Objective is to reduce and eventually eliminate financial barriers to high-value health care services.
  - High value health care services are identified through evidence-based analysis.
  - Value reflects the clinical benefit gained relative to the money spent. The more clinically beneficial and cost-effective the service is for a patient group, the lower the out-of-pocket costs.
- VBID goals:
  - Reduce Medicare program expenditures
  - Enhance quality of care
  - Address health equities
  - Modernize Medicare Advantage

Components of VBID



Health equity

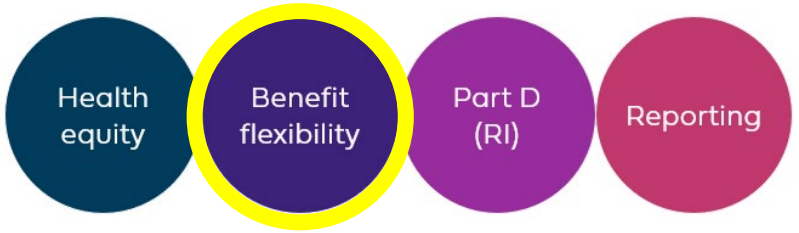


- **Advance Care Planning (ACP)**
  - Inform more members about access to ACP
  - Train providers about ACP, what to do and how to bill
  - Monitor baseline and progress annually

- **Health Equity Plan**
  - Offer programs and services based on Socioeconomic Status (SES) and/or Area Deprivation Index (ADI)
    - SES: Measure of a person's or family's access to resources and social position in relation to others.
    - ADI: Mapping tool that displays the relative socioeconomic conditions of neighborhoods. Areas with greater socioeconomic disadvantage are ranked higher.

  - Address two of three Health Related Social Needs (HRSN)
    - HRSN: Social or economic conditions that affect a person’s ability to maintain their health and well-being.
      - **Food**
      - **Transportation**
      - Housing

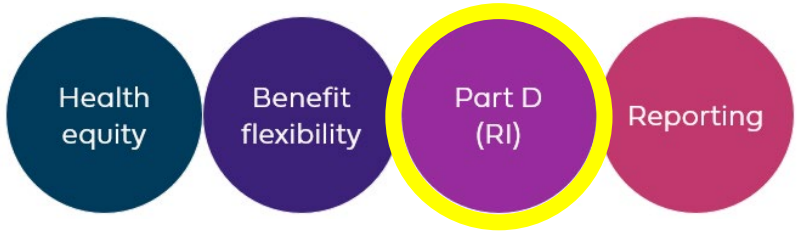
Benefit flexibilities



- **Offer supplemental benefits by targeting enrollees who are most in need**
  - Both health- and non-health related benefits by SES or ADI

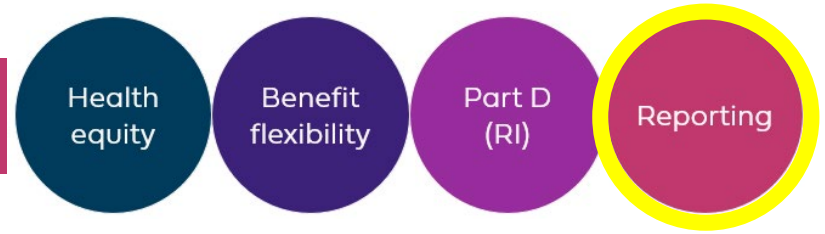
- **Reduce or eliminate cost sharing for Medicare Part C items and services, and covered Part D drugs**

Part D rewards and incentives



- **Offer a member reward or incentive related to Part D benefits**

Reporting



- Additional annual reporting
  - **Advance Care Planning**
  - Health Equity Plan
  - Engagement Survey
  - Member level utilization of VBID benefits
  - Summary level utilization of all benefits

Blue Shield TotalDual Plan (HMO S-DNP) VBID Benefits

Qualifying for VBID benefits

- Enrollees in Los Angeles and San Diego qualify for VBID benefits if they have Part D LIS.
- Full dual eligibles qualify for Part D LIS.
- **Best Available Evidence (BAE)** to update LIS manually when data is delayed between state and federal government.

VBID benefits Blue Shield selected

- VBID benefits embedded as part of overall benefits offered under the plan.
- $50 monthly grocery allowance through pre-paid Healthy+ credit card to be used in-store or online with Walmart for delivery or store pick-up. Coordinates with SNAP and WIC.
- 48 one-way rides to health-related social needs locations (grocery stores, gyms, hearing aid providers, etc.).
- $0 prescription drugs for all covered Part D drugs across all tiers.

- Additionally, Blue Shield is encouraging and supporting providers to engage in advance care planning with the TotalDual plan patients.

Advanced care planning (ACP)

What is advance care planning (ACP)?

- A voluntary, face-to-face discussion between a physician or other qualified health care professional (QHP) and a patient and/or their surrogate(s) to discuss the patient's health care wishes, including if they become unable to make their own medical decisions.*

  - ACP can include discussion about advance directives.
    - An advance directive appoints an agent and records a patient's medical treatment wishes based on their values and preferences.
    - See the state attorneys general website for items typically included in an advance directive in California. Examples include:
      - Do not resuscitate orders
      - Health care power of attorney
      - Health care proxies
      - Living wills

* See Advance Care Planning Fact Sheet published by CMS Medicare Learning Network.

Documenting advanced care planning (ACP)

- ACP services can be provided in facility and non-facility settings and can be billed from any care setting, including an office, a hospital, a nursing home, at home, and through telehealth.

- When engaging with a patient in ACP, providers must fully document the discussion as follows.
  - The fact that the visit was voluntary
  - An explanation of advance directives
  - Who was present
  - The time spent discussing ACP during the face-to-face encounter
  - Any change in the patient's health status
  - The patient's health care wishes if they become unable to make their own decisions

- There are no limits on the number of times you can report ACP for a certain patient in a certain period. When billing ACP multiple times in a year, document changes in the patient's health status or wishes about their end-of-life care.

Coding ACP

- The discussion must be coded using the appropriate ICD-10-CM code. This code shows an administrative exam or an exam diagnosis when ACP services are part of the annual wellness visit (AWV). A specific diagnosis is not needed to bill for ACP services.

CPT code	Billing code descriptions
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Each additional 30 minutes (List separately in addition to code for primary procedure)

- CPT rules about minimum time requirements to report and bill for ACP services.

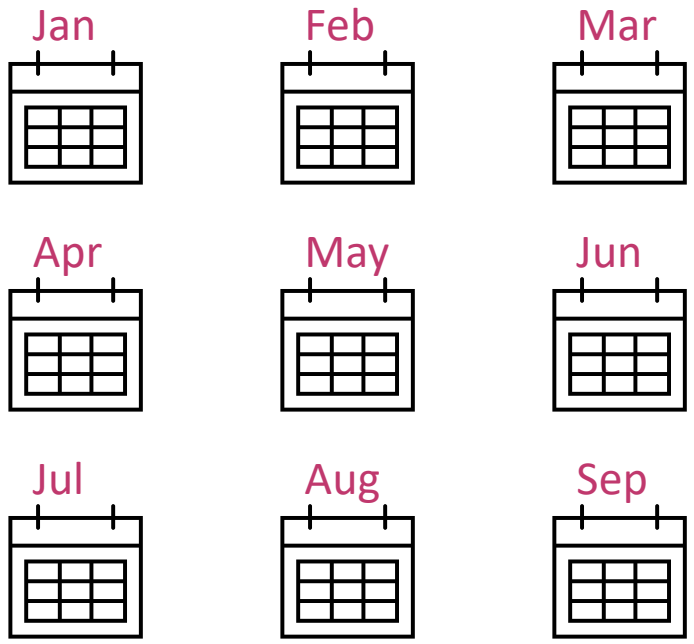
ACP minutes	CPT codes
15 or less	Don't bill any services
16-45	99497
46-75	99497 + 99498 (1 unit)
76-105	99497 + 99498 (2 units)

Blue Shield TotalDual Plan (HMO D-SNP) enrollment

NEW 2025 dual eligible/LIS monthly Special Enrollment Period (SEP)

Monthly SEP (Jan – Sept)

Duals/LIS **CAN ONLY** enroll into an Integrated D-SNP or Original Medicare with a Prescription Drug Plan (PDP).



Annual Enrollment Period (Oct – Dec)

Duals/LIS can enroll into an Integrated D-SNP, a Medicare Advantage Prescription Drug Plan (MAPD) or Original Medicare with a Prescription Drug Plan (PDP).

How to refer members

Dual eligible beneficiaries can change plans year-round.

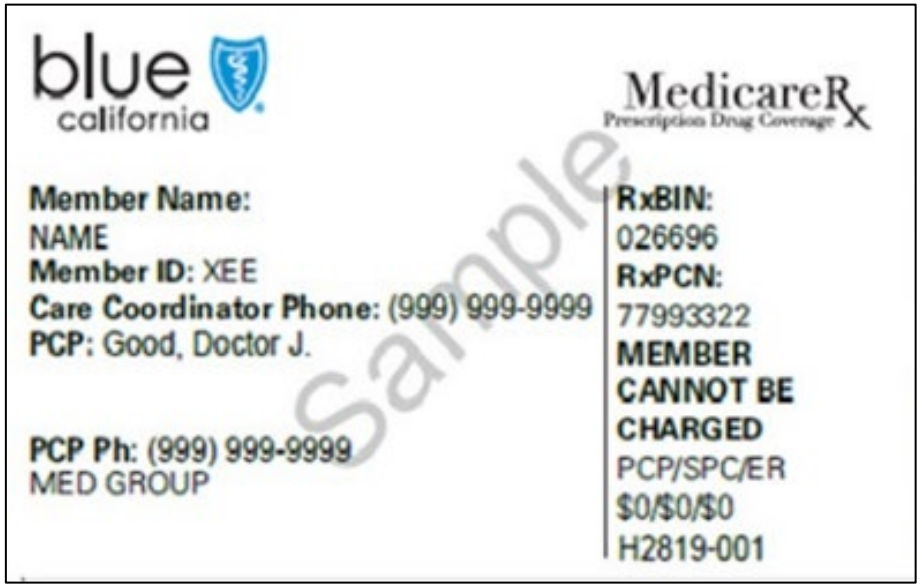
Beneficiaries in Los Angeles or San Diego who may be a good fit for the plan can learn more and enroll:

- Online
- Over the phone - (844) 490-2446 (TTY: 711)
- Booking an appointment with a Blue Shield Medicare Adviser
- Attending a seminar online or in person

D-SNP member outreach

Current D-SNP members	Potential D-SNP members	D-SNP member outreach enhancements
• Simplified, warm letter that highlights VBID benefits and lets member know they are "all set" for 2025. • Custom plan guide with tips re. how to access all benefits.	• Simplified direct mail and broker/sales materials (6th-grade literacy) highlighting plan and VBID benefits. Materials available in English and Spanish. • New digital video on Paid Social and YouTube to drive awareness.	• Blue Shield D-SNP member website • Warm welcome/ onboarding experience for new members • Bi-annual D-SNP member newsletter • D-SNP calendars

Blue Shield TotalDual Plan (HMO D-SNP) member ID cards



* To view a digital copy of the member's ID card, log in to Provider Connection and click *Check eligibility*. Enter the required information to see the member's eligibility and their member ID card.

D-SNP Medi-Cal redeterminations

- Blue Shield TotalDual Plan (HMO D-SNP) members undergo Medi-Cal redeterminations (eligibility review) based on the month they were originally effective for Medi-Cal.

- Blue Shield's *Duals Special Programs and Retention Team* will:
  - Assist members with redetermination if needed
  - Conduct outbound phone calls to Blue Shield HMO D-SNP members who lose Medi-Cal to help them regain eligibility, if possible
  - Help D-SNP members secure LIS and/or other programs and services.

- **MEMBERS/CAREGIVERS ONLY** can contact the *Duals Special Programs and Retention Team* at **(844) 378-4181 [TTY: 711]**, Monday through Friday , 8 am to 5 pm, or email them at BSCPHPEnrollmentSPR@blueshieldca.com.

Resources

Medicare and Medi-Cal resources to support you

Medi-Cal covered benefits and services (DHCS)
Is your Medicare test, item, or service covered? (Medicare.gov)
Medicare and Medi-Cal managed care provider fact sheet (DHCS)
Crossover Billing Toolkit for Medicare providers serving Medicare and Medi-Cal patients (DHCS)
Integrated care for dual eligible beneficiaries (DHCS): Enrollment information, policy resources, workgroups, outreach materials
DME fact sheet for California advocates (Justice in Aging)
Medicare Advantage Value-Based Insurance Design (VBID) model (CMS) • VBID overview (CMS) • VBID fact sheet (CMS)
Blue Shield Dual Special Needs Plans (D-SNP) website • 2025 Blue Shield plan documents • Blue Shield D-SNP model of care: Overview and access to training

Blue Shield resources to support you

Action	Support
Provider Connection Support – no log in required	• Provider Connection Reference Guide • Provider Connection website registration instructions for Provider, MSO and Billing accounts and additional tutorials • Online text-based website help available from every page – no log in required.
Provider Data Management	• How to attest & update provider demographic data
Blue Shield Provider Service at **(800) 541-6652** Blue Shield Promise Provider Service at **(800) 468-9935** Live chat from Provider Connection – log in required.	• General help with website if you can't find answers in the resources above. • Removal or disabling of an Account Manager for your organization. • Provider and Tax ID association for one of your claims.
Provider Information & Enrollment at **(800) 258-3091** **bscproviderinfo@blueshieldca.com**	• Provider network inquiries and applications • Credentials (Can also email credentialling dept at bscinitialapp@blueshieldca.com)
Check member eligibility/view Member ID	• Log in to Provider Connection and click Check eligibility. Enter the required information to see the member's eligibility and their member ID card.
Blue Shield and Blue Shield Promise prior authorization forms and lists	• Blue Shield (including Medicare) prior authorization list and forms – no log in required.
AuthAccel Online Authorization System training – no login required.	• Instructions are also linked to each AuthAccel launch page (login required)
Claims resources (Log in required for submission of claims and appeals)	• How to submit claims – no log in required • Claim issues & disputes – no log in required
Provider Connection News & Education section	• View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials.

Thank you