



2023 Plan Closures and Transitions FAQ Blue Shield of California Health Plan and Blue Shield of California Promise Health Plan

Blue Shield Coordinated Choice Plan (HMO) and Blue Shield Promise Cal MediConnect (HMO MMP) Plans end December 31, 2022. All members will automatically transition into an existing Blue Shield Medicare Advantage Prescription Drug Plan (MAPD) or Dual Eligible Special Needs Plans (D-SNP) on January 1, 2023. The questions below address specifics of these plan transitions.

Table of Contents

Blue Shield Coordinated Choice Plan Transition	1
Blue Shield Promise Cal-MediConnect (CMC) Plans Transition	3
Provider information related to plan closures and transitions	5
D-SNP terminology and general questions	8

H5928_22_782A_C 11102022

Blue Shield Coordinated Choice Plan Transition

1. Why is the Blue Shield Coordinated Choice Plan ending?

The Blue Shield Coordinated Choice Plan (Coordinated Choice) is designed as a “look-alike” Dual Eligible Special Needs Plan (D-SNP) utilizing Blue Shield’s Medicare network. CMS is requiring all D-SNP “look-alike” plans with 80% or more dual eligible enrollees to close effective December 31, 2022. All Blue Shield Coordinated Choice Plan members will be transitioned to another Blue Shield Medicare Advantage HMO or HMO D-SNP plan effective January 1, 2023.

2. How will Blue Shield transition Blue Shield Coordinated Choice Plan members to other plans?

Members will be automatically transitioned into a compatible Blue Shield Medicare Advantage HMO or HMO D-SNP plan. Most full dual enrollees will move to an HMO D-SNP plan. All other enrollees will move to a Blue Shield Medicare Advantage plan that offers low copayments and deductibles while maintaining rich benefits. Members will receive services through their Blue Shield Coordinated Choice Plan through December 31, 2022. Beginning January 1, 2023, members will receive services through their new plan without a gap in coverage. Below is a crosswalk of where existing Blue Shield Coordinated Choice Plan members will transition effective January 1, 2023.

Counties	Members	2023 Plan
Santa Clara & Fresno	All	Blue Shield Inspire (HMO) H0504-047
Merced, San Joaquin, & Stanislaus	Full dual	Blue Shield Inspire (HMO D-SNP) H5928-054
	Non & partial dual	Blue Shield Inspire (HMO) H0504-047
Riverside & San Bernardino	All	Blue Shield 65 Plus Choice Plan (HMO) H0504-040
Los Angeles	Full dual	Blue Shield TotalDual Plan (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise
	Non & partial dual	Blue Shield Inspire (HMO) H0504-043
Orange	All	Blue Shield Inspire (HMO) H0504-043
San Diego	Full dual	Blue Shield TotalDual Plan (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise
	Non & partial dual	Blue Shield Advantage Optimum Plan 1 (HMO) H5928-010

3. [What must Blue Shield Coordinated Choice Plan members do during the transition?](#)

Nothing, if they choose to stay with Blue Shield and move into the plan(s) selected for them. In the event members wish to switch to a different Blue Shield plan, they have the option do so by working with their broker or by calling our Medicare Direct Sales team at 800-488-8000 (TTY: 711) 8:00 a.m. to 8:00 p.m., seven days a week. Members are also free to work with their broker to select a plan with another insurer.

4. [Can Blue Shield Coordinated Choice Plan members continue to see their current provider?](#)

The IMAPD or D-SNP HMO plan into which members will transition includes most of the same providers as the Blue Shield Coordinated Choice Plan. In the unlikely event that a member is unable to keep their provider, they will be notified 60 days prior to the transition and Blue Shield will help the member find a network provider that meets their needs.

5. [Will Blue Shield Coordinated Choice Plan members receive a new member ID card?](#)

Members will receive their new member ID card prior to the January 1, 2023, effective date. They will keep their existing subscriber ID number when they move to their new plan.

6. [Is there a phone number Blue Shield Coordinate Choice Plan members can call if they need help?](#)

Yes, members can call the Customer Care phone number located on the back of their current member ID card.

Blue Shield Promise Cal-MediConnect (CMC) Plans Transition

1. Why are Blue Shield Promise CMC plans ending?

Per the Department of Health Care Services (DHCS), CMC plans will end on December 31, 2022. All CMC members will move into an Exclusively Aligned Enrollment (EAE) Dual Special Needs Plan (D-SNP) with a matching Medi-Cal plan. An EAE D-SNP is designed to coordinate care for full dual eligible beneficiaries with both Medicare and Medi-Cal. Members will receive integrated materials with Medicare and Medi-Cal benefit information, including a single member ID card, member handbook, directory, formulary, summary of benefits, and annual notice of change.

2. How will full dual member transition to EAE D-SNPs?

Blue Shield Promise CMC members will be automatically enrolled into the Blue Shield TotalDual Plan EAE D-SNP and have their Medi-Cal coverage aligned to match Blue Shield Promise Medi-Cal plans in Los Angeles and San Diego counties. Members will receive services from their CMC plan through December 31, 2022. Beginning January 1, 2023, members will receive services through their new plan without a gap in coverage. Below is a crosswalk of where existing Blue Shield Coordinated Choice Plan members will transition effective January 1, 2023.

Counties	Members	2023 Plan
Los Angeles (HMO-MMP) H0148-002	All	Blue Shield TotalDual Plan (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise
San Diego (HMO-MMP) H0148-001	All	Blue Shield TotalDual Plan (HMO D-SNP) H5928-005 with matching Medi-Cal through Blue Shield Promise

3.

4. What must CMC members do during the transition?

Nothing, if they choose to stay with Blue Shield Promise and move into the plan(s) selected for them. In the event members wish to switch, they have the following options:

- Join an EAE D-SNP offered by another carrier in their county during the Annual Enrollment Period.
- Join a different Medicare Advantage health plan. If they choose a different Medicare Advantage health plan and a matching Medi-Cal plan is available, their Medi-Cal plan will be updated to match.
- Change to Original Medicare, Fee-For-Service coverage managed by the Federal Government. Their Medi-Cal plan will remain the same.
- They may be eligible to enroll in Program of All-Inclusive Care for the Elderly (PACE).

5. Can CMC members continue seeing their current provider after the transition?

The Blue Shield TotalDualPlan EAE D-SNP will include many of the same providers as the member's CMC plan. In the unlikely event that a member is unable to keep their provider, they will be notified at least 60 days prior to the transition and Blue Shield will help the member find a network provider that meets their needs.

6. Will CMC members receive a new member ID card?

Members will receive a new member ID card with a new member ID number prior to the January 1, 2023, effective date.

7. Is there a phone number CMC members can call if they need help?

Members can access the [TotalDualPlan Transition](#) page on blueshieldca.com for a summary of key information related to CMC plan closures and transitions. They can also call Customer Care at (855) 905-3825 (TTY: 711), 8 a.m. to 8 p.m., seven days a week.

Provider information related to plan closures and transitions

1. Must providers participate in Medicare and Medi-Cal to see members in D-SNP plans?

No. Only Medicare is required.

2. Will providers who have Medi-Cal and/or CMC be automatically added to Blue Shield's Medicare network?

No.

3. Must a provider's contract be revised in order to see patients in these new plans?

If you have an existing Medicare HMO contract with Blue Shield, the same terms and conditions will apply to members transitioning from the Blue Shield Coordinated Choice Plan and Blue Shield Promise CMC to Medicare Advantage plans and D-SNP plans.

4. How will a provider know if they are contracted with Blue Shield for these plans?

For network participation inquiries and applications, contract questions, credentials, etc., please contact Provider Information and Enrollment at (800) 258-3091. You may also email Provider Information and Enrollment at BSCProviderInfo@blueshieldca.com. Additionally, you can reach out to your provider relations representative.

5. How will transitioning members be assigned to providers?

Members will be able to retain their doctor if there is a Medicare HMO contract in place for that practitioner in the group.

- If a PCP isn't available in the member's current IPA/medical group and is available in a different one, the member will be assigned there.
- If a PCP is not available at all, the member will be assigned to a new provider in their current IPA/medical group.
- If neither the PCP nor the IPA is available, the member will be assigned to a new provider in a new IPA/medical group.

6. What will happen to any benefits, items, or services that members are receiving before they transition?

Members' open authorizations under their current plan will be copied to their new plan to ensure continuity and access to care remains intact throughout the transition.

7. What is the policy for continuity of care?

If a member is currently receiving medical and/or behavioral health services from a specific provider and wants to continue, they can for up to 12 months if that provider is contracted directly with Blue Shield and/or is listed on [medicare.gov](https://www.medicare.gov). The following requirements apply:

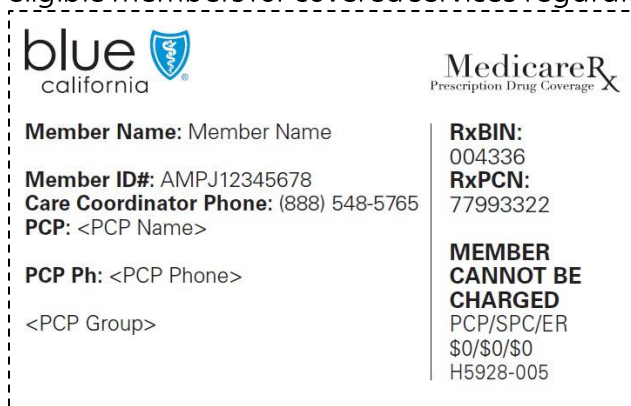
- Member has seen the provider at least once during the prior 12 months for a non-emergency visit.
- Provider does not have documented quality of care concerns.
- Provider accepts payment from the plan at the plan's rate (a minimum of Medicare fee schedule). The member cannot be balance billed.

8. Where can I find a list of benefits covered under Medi-Cal?

See DHCS' [core set of benefits](#) provided under Medi-Cal.

9. What information on the member ID card indicates EAE D-SNP enrollment?

The Blue Shield TotalDual Plan EAE D-SNP member ID card for Los Angeles and San Diego specifically states "MEMBER CANNOT BE CHARGED. The contract and PBP number "H5928-005" is also an indicator. Note, there are state and federal regulations that require providers to check for eligibility to ensure they are not billing full dual eligible members for covered services regardless of the plan in which they are enrolled.



10. Will the CMC provider manual be retired as of 1/1/23?

Yes. Starting 1/1/23, providers will refer to the HMO IPA/Medical Group Procedures Manual located on [this page](#) of Provider Connection. Providers will no longer refer to the Cal MediConnect Provider Manual.

11. Will there be changes to billing codes because of these plan transitions?

For services provided beginning 1/1/2023, providers must submit these records using the member's Blue Shield Medicare Advantage member ID. These records should be submitted electronically using the existing Blue Shield clearinghouse payer ID. Payer IDs for Blue Shield and Blue Shield Promise are different. The provider should contact their clearinghouse to confirm the correct payer ID.

12. Who can I contact if I have questions?

Contact your provider relations representative or call Provider Customer Service at (800) 541-6652. You can also live chat with Provider Customer Service by logging into Provider Connection and navigating to the [Contact us](#) page.

D-SNP terminology and general questions

1. What is a Medi-Cal Managed Care Plan (MCP)?

A MCP is a health plan that manages a member's covered Medi-Cal benefits and coordinates with county providers to ensure members receive any Medi-Cal benefits that are carved out. D-SNPs coordinate with a member's MCP to ensure the member receives all covered Medicare and Medi-Cal health care services.

2. What are full, partial, and non-duals?

Full, partial, and non, refer to the Medicare beneficiary's level of Medi-Cal eligibility.

- **Full dual** beneficiaries have Medicare and full Medi-Cal coverage, meaning they can access all covered Medi-Cal services and benefits.
- **Partial dual** beneficiaries have Medicare and partial Medi-Cal coverage, but only receive financial assistance from Medi-Cal to help pay for out-of-pocket costs. They do not have access to covered Medi-Cal benefits or services.
- **Non-dual** beneficiaries only have Medicare and no Medi-Cal coverage at all.

3. What is a Dual Eligible Special Needs Plan (D-SNP)?

A D-SNP is an Individual Medicare Advantage (IMAPD) HMO plan designed specifically to support full dual eligible beneficiaries. A full dual eligible beneficiary is someone who receives both Medicare and Medi-Cal benefits. D-SNP plans cover Medicare benefits and are contractually obligated to coordinate a member's Medi-Cal benefits. Only full dual eligible beneficiaries are eligible to enroll in D-SNP plans. In 2023, D-SNPs will be categorized as either Exclusively Aligned Enrollment (EAE) D-SNPs or Non EAE D-SNPs.

4. What is an Exclusively Aligned Enrollment D-SNP (EAE D-SNP)?

An Exclusively Aligned Enrollment (EAE) D-SNP has an affiliated Medi-Cal plan offered within the same service area. This allows full dual eligible individuals to receive Medicare and Medi-Cal benefits from two plans within the same organization. **Example:** Blue Shield is the D-SNP carrier that manages a full dual eligible member's Medicare coverage and Blue Shield Promise manages the member's Medi-Cal coverage.

5. What is a Non-Exclusively Aligned Enrollment D-SNP (Non-EAE D-SNP)?

A Non-Exclusively Aligned Enrollment (Non-EAE) D-SNP is when the D-SNP does not have an affiliated Medi-Cal plan offered within the same service area. **Example:** Blue Shield is the D-SNP carrier that manages a full dual eligible member's Medicare coverage, but a different carrier manages the member's Medi-Cal coverage because Blue Shield Promise does not have an affiliated Medi-Cal Plan in that member's county.