Date: DRAFT

ALL MCP LETTER DRAFT

**TO:** ALL MEDI-CAL MANAGED CARE HEALTH PLANS OPERATING

IN COORDINATED CARE INITIATIVE COUNTIES

**SUBJECT:** PCP ASSIGNMENT IN MEDI-CAL MANAGED CARE FOR LONG-TERM SUPPORT SERVICES

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to advise Medi-Cal managed care health plans (MCPs) operating in the eight Coordinated Care Initiative (CCI) counties of the requirement that they only assign a Primary Care Physician (PCP) to beneficiaries for Medi-Cal managed care for Managed Long-Term Support Services (MLTSS) under limited circumstances.

**BACKGROUND:**

In January 2012, Governor Brown announced his intent to enhance health outcomes and beneficiary satisfaction for low-income Seniors and Persons with Disabilities by shifting service delivery away from institutional care to home- and community-based settings. Governor Brown enacted the Coordinated Care Initiative (CCI) by signing Senate Bill (SB) 1008 (Chapter 33, Statutes of 2012) and SB 1036 (Chapter 45, Statutes of 2012).

Under the CCI, many dual eligible beneficiaries are eligible for Cal MediConnect, a new program that merges Medicare and Medicaid services. Those not enrolled in Cal MediConnect must still enroll into a MCP for their MLTSS. Those in MLTSS will continue to receive Medicare services as they have been (either through Medicare Fee-For-Service or Medicare Advantage).

One requirement of the CCI prohibits MCPs from assigning a PCP for MLTSS, except in limited circumstances and for limited reasons:

**Welfare and Institutions Code (WIC) Section 14182.17(d)**

**(3)** Ensure that the managed care health plans arrange for primary care by doing all of the following:

(A) Except for beneficiaries enrolled in the demonstration project pursuant to Section 14132.275, forgo interference with a beneficiary's choice of primary care physician under Medicare, and not assign a full-benefit dual eligible beneficiary to a primary care physician unless it is determined through the risk stratification and assessment process that assignment is necessary, in order to properly coordinate the care of the beneficiary or upon the beneficiary's request.

By law, the MCP shall assign a PCP to partial-benefit dual eligible beneficiaries receiving primary or specialty care through the MCP, and such beneficiaries may request a PCP assignment from the MCP.

**PCP ASSIGNMENT POLICY:**

MCPs may only assign a beneficiary a PCP for MLTSS if the beneficiary: 1) requests a PCP; and/or 2) needs a PCP based on assessment, including if that assessment determines that the beneficiary does not have an existing PCP. The MCP will determine if there is an existing PCP by analyzing historical Medicare claims data provided by DHCS; any beneficiary who has claims experience with a physician in the last 12 months will be considered to have a PCP. Not counting beneficiaries who have requested a PCP for MLTSS and those with no existing PCP, the MCP will assign a PCP for MLTSS to no more than 10 percent of all other full dual beneficiaries.

When a beneficiary already has an existing PCP and a PCP is assigned for MLTSS, authorization authority will not be required from the MLTSS PCP for any service. Both the beneficiary and their existing PCP will be clearly informed by the MCP of the MLTSS PCP’s coordination-only role.

MCPs may continue with their existing policies regarding PCP assignment for 30 days from the issuance of this letter.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations and other contract requirements as well as DHCS guidance, including APLs and DPLs.

Please contact your Medi-Cal contract manager with any questions.

Sincerely,

Margaret Tatar, Acting Deputy Director

Health Care Delivery Systems