Sonoma Developmental Center Closure

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• PHC contracts with California to provide Medi-Cal benefits for individuals in 14 Counties

• Medi-Cal managed health plan and works similar to an HMO.

• Enrollment in Partnership is mandatory for those who qualify for Medi-Cal in those 14 counties

• Non-Profit, County Organized Health System (COHS)

• Current Membership: 568,327 members as of 5/1/17
Mission:
To help our members, and the communities we serve, be healthy.

Vision:
To be the most highly regarded managed care plan in California.
• Dental Care: Denti-Cal

• Alcohol & Other Drug Enhanced Services (AODS): County

• Moderate to Severe Mental Illness: County

• Medicare Services / Benefits: Medicare
## PHC offers these additional benefits & services that traditional Medi-Cal does not:

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<th>Service</th>
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<td>Pulmonary Rehabilitation</td>
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<td>Chiropractor</td>
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<td>Clinical Support &amp; Case Management: Care Coordination Department 1-800-809-1350</td>
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<td>Provider &amp; Member Support: Member Services Department 1-800-863-4155</td>
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How Do Individuals Get Enrolled in PHC?

1. Fill out Medi-Cal application at local Health & Human Services Dept.
2. County staff review and approve Medi-Cal eligibility. The individual is granted Medi-Cal and is assigned a Medi-Cal AID code.
3. On the 1st of the following month the individual is assigned to PHC depending on the Medi-Cal AID code and county of residence.
• PHC cannot disenroll members from the health plan; only California State Ombudsman’s office can do this for any member residing in one of our 14 counties.

• County Medi-Cal eligibility staff can update the Medi-Cal “resident county code” to remove PHC assignment for future months.

• If Medi-Cal renewal is delayed 60 days or less, the county will reassign to PHC with no gap in Medi-Cal coverage.

• If Medi-Cal renewal is delayed over 60 days, the county will wait to reassign to PHC until the 1st of the following month.

• Individuals will lose PHC eligibility if they do not follow up with their Medi-Cal eligibility worker at the county.

• State BIC (Benefits Identification Card) is not the same as PHC ID card and does not confirm PHC eligibility.
Once Assigned to Partnership HealthPlan of California:

• During the 1st month, the member can see any Medi-Cal provider willing to bill PHC.

• During the 2nd month, the member will be auto assigned to a Primary Care Physician in PHC’s network if one is not selected

• 2 mailings are sent to address on file
Dear Member,

Welcome to Partnership HealthPlan of California! As a Medi-Cal recipient you are automatically enrolled in Partnership HealthPlan of California (PHC).

Please read this letter carefully so that you understand how to use the information.

In the next 4.5 days, you will receive a selection form, a list of primary care providers, and a PHC Member Handbook.

PHC Identification (ID) Card - The ID card lists the same phone number as your assigned primary care provider. If you call the number on the ID card, you will be connected to the provider. If you need one before that date, you can go to any Medi-Cal provider who is willing to bill PHC the Medi-Cal covered services. You can begin receiving medical care from your assigned PCP on the “PCP Effective Date” printed on your identification card.

Changing Your Primary Care Provider:

- If you prefer to be assigned to the PCP printed on the ID card, you can choose a different PCP from the Doctor Directory you will receive in a few days. After you have picked your PCP, return the selection form to PHC using the postage paid return envelope or call PHC’s Member Services Department. If you choose your selection after the 15th of the month, you will be required to wait until the start of the next month.

If you are assigned to the PCP printed on your ID card, you do not need to do anything. Accept all your PCP’s letters for a check-up. You should have a check-up within 120 days from the date you became eligible for Medi-Cal.

If you have any questions or if you are in the middle of treatment and need to change your PCP or require a referral, please call PHC’s Member Services Department for help coordinating these services. You can reach us by calling (800) 884-9355. We’re available to help you Monday – Friday, 8:00 a.m. – 5:00 p.m. TTY users should call the California Relay Service at (800) 735-2929 or call TTY.

You may return this letter or member packet.

Don’t forget to visit our website at www.phcp.org.

Sincerely,

Member Services Department
Partnership HealthPlan of California

First Mailing Includes:

Welcome Letter & Member ID Card

Contact information to call PHC and select a Primary Care Physician (PCP)
Member Services Department

1-800-863-4155
Monday – Friday
8:00 am – 5:00pm
www.partnershiphp.org

• Information about health benefits
• Select / Change PCP
• Order a new PHC ID Card
• Request a Member Handbook or Provider Directory
• Problems getting appointments
• Schedule translation or interpreting services
• Bills in mail
• Complaints
• Questions or Problems with Prescriptions

PHC Member Services Cannot:

• Access state MEDS system for eligibility or benefits
• Clear a Medi-Cal Share of Cost
• Change demographics: name, date of birth, language code, gender or address
• Change coding if member has other insurance such as Medicare or a commercial plan
PHC’s Continued Partnerships for the SDC Closure

- Supporting SDC’s and Regional Centers’ on-going efforts
- Active participation for mutual clients: SDC, Regional Centers & PHC
- Leveraging PHC’s existing provider network for services when needed
- Assisting with connecting to resources and tools when needed
- Continued education and information to community partners
PHC Care Coordination Support & Services

- Case Management Services when needed: Telephonic, Face-to-Face, and Maternal-Child Teams
- Transportation Assistance
- Embedded Beacon Staff & Assigned PHC staff to assist with Mild to Moderate Mental Health Screening & Access
- Assigned PHC staff to each Regional Center & SDC Closure Workgroup
Northern Region Office
Redding, CA
1-800-809-1350
CCHelpDeskREDDING@partnershipphp.org

Southern Region Office
Fairfield, CA
1-800-809-1350
CareCoordination@partnershipphp.org
Coordination of Benefits for Dual Coverage: Medicare and Medi-Cal

**Medicare – Primary Insurance**
- A – Inpatient
- B – Outpatient
- C – Medicare Advantage *
- D – Drugs

**Medi-Cal (Partnership) – Secondary Insurance**
- Medi-Cal Services: 20% billed to PHC, State FFS, or Medi-Cal provider
- Medi-Cal provider: County of Residence MCP

**Regional Center – Payer of Last Resort**
- Services & Support for life - beyond those of Medical Care or Services
Key Points for Dual Coverage

• Present **ALL ID Cards** to all providers each time: PCPs, Specialists, Pharmacies, etc.

• Individuals may only have certain parts of Medicare: A only, A&B only, etc.

• 20% Medicare copay should be billed to PHC (if assigned) the state (if in Fee For Service Medi-Cal) or the Health plan the member is assigned to if not in PHC’s 14 counties

• PHC does not determine Medicare eligibility. Medicare questions to Medicare at: 1-800-633-4227 or online MyMedicare.gov