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HEALTH

2025 Dual Special Needs Plan (D-SNP) *Deep Dive for Providers*

Presented by Janine Angel

Senior Director, CA Medicare Strategic
Business Operations and Compliance

Q1 2025



Target Audience: Medicare and DSNP Providers

Objective: Provide a deep education on the Wellcare by Health Net Dual Special Needs Plan (D-SNP) topics below

What is a Dual Special Needs Plan (D-SNP)

Wellcare & Wellcare by Health Net in CA and Network Overview

Why is a D-SNP Plan Ideal for a Dual Eligible Beneficiary

CalAIM Regulatory Policies for D-SNP and Duals

Expanded Partnership with CalViva Health in Central CA

Details – DSNP benefits, Medi-Cal Benefits, and Care Coordination

Share where to find additional D-SNP Resources for Providers



Before we Dive in...

Wellcare (H5087) vs Wellcare by Health Net (H0562 & H3561)





Wellcare & Wellcare by Health Net CA Medicare Advantage Plans

Some background

How we got here:

- Centene acquired Health Net in 2016 and in 2020, they acquired Wellcare
- Wellcare had a national Medicare brand with Medicare Advantage plans in many states and Part D Only Plans (PDP) in every state
- As a result of these two (2) acquisitions, CA now had a Wellcare Medicare Contract, H5087, which covered mainly Southern CA Counties, and two (2) Health Net Medicare Contracts, H0562 and H3561 which had plans across CA
- In 2022, Centene decided to rebrand all of their Medicare plans as “Wellcare”
- Since Health Net is a well-known brand in CA, a bridge brand, “Wellcare by Health Net” was developed, for the two (2) legacy Health Net Medicare Contracts



Wellcare & Wellcare by Health Net CA Medicare Advantage Plans

What this means to you, the provider



Different Logos

Wellcare Provider Network

Wellcare by Health Net Provider Network



Wellcare CA network has providers and provider groups that the Wellcare by Health Net network does not

- Southern CA –
- One (1) Network for all plans -

Wellcare by Health Net network has providers and provider groups that the Wellcare CA network does not

- Many counties across CA –
- Many plan specific networks -

DSNP Plans are ONLY on the Wellcare by HN Network/Contract

Confidential and Proprietary Information



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Dual Special Needs Plan (D-SNP) General Information





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

Dual Special Needs Plans (D-SNPs) are a special type of Medicare Advantage (MA) plan that provide specialized care to beneficiaries dually eligible for Medicare and Medicaid, in CA called Medi-Cal, and offer care coordination and wrap-around services.

Along with the Centers for Medicare & Medicaid Services (CMS) contract/filing, D-SNPs have an additional State Medicaid Agency Contract which outlines state specific regulatory requirements.

CA D-SNPs also have D-SNP Policy Guide with additional requirements and policy the D-SNP plans must follow



What is a Dual Special Needs Plan (D-SNP)? (continued)

D-SNPs are required to create and submit a Model of Care (MOC) to CMS for review and approval by the National Committee for Quality Assurance (NCQA)

- The MOC is considered a vital quality improvement tool and integral component for ensuring that the unique needs of each member enrolled in a D-SNP are identified and addressed
- MOC requires plans to measure and improve the health of their covered population

If a D-SNP member loses their Medicaid/Medi-Cal eligibility, they can remain on the D-SNP for a limited time, called “Deeming period”, giving them opportunity to regain their Medicaid/Medi-Cal eligibility. If they do not regain their Medicaid/Medi-Cal eligibility, they are involuntarily disenrolled from the D-SNP plan

- Wellcare by HN offers a 6-month Deeming Period
- At least 3 notices are mailed to the member



IMPORTANT for Providers to Remember for D-SNP & Duals!

Medicare D-SNP contracted providers do not need to except the Medi-Cal plan to provide Medicare D-SNP covered services (primary care, specialty, facility, etc.)

Example 1: A PCP in Fresno county who accepts Wellcare by HN D-SNP plan members does not need to be contracted with CalViva Health/Health Net for Medi-Cal since the PCP only provides D-SNP/Medicare covered services

Example 2: A PCP in LA or Sacramento county who accepts Wellcare by HN D-SNP plan members does not need to be contracted with Health Net for Medi-Cal since the PCP only provides D-SNP/Medicare covered services





IMPORTANT for Providers to Remember for D-SNP & Duals!

Medi-Cal contracted providers do not need to be contracted under Medicare D-SNP to provide Medi-Cal only covered services [Long Term Care (LTC), Community Based Adult Services (CBAS), Community Supports)

A CBAS facility in Fresno county who accepts CalViva Health/Health Net Medi-Cal plan members does not need to be contracted with Wellcare by Health Net because CBAS is not covered by Medicare, only Medi-Cal



IMPORTANT for Providers to Remember for D-SNP & Duals!

Just because you are “contracted with Health Net”, doesn’t mean you are contracted for all of our products/plans

The Health Net Medicare and DSNP Networks **are different.**

Regarding Claims:

If benefits are covered under BOTH Medicare and Medi-Cal

- ✓ Medicare will be the primary claim payer
- ✓ Medi-Cal is secondary/payer of last resort

Medicare providers do not need to be contracted with Medi-Cal



IMPORTANT for Providers to Remember for D-SNP & Duals!

Facts on Balance Billing Duals- from DHCS

The screenshot shows the DHCS website with the following content:

What is balance billing?

Dual eligible beneficiaries ("Medi-Medis") are individuals with both Medicare and Medi-Cal. Medicare providers (like doctors and hospitals) cannot bill dual eligible beneficiaries for Medicare cost sharing. **This is known as balance billing, or "improper billing," and is illegal under both federal and state law.** This means dual eligible beneficiaries cannot be charged for co-pays, co-insurance, or deductibles. Similarly, this protection also applies to Qualified Medicare Beneficiaries (QMBs).

Dual eligible beneficiaries or QMBs should never receive a bill for Medicare cost sharing. These beneficiaries should not pay for physician visits and other medical care when they

covered services from a provider in their provider network. This applies to both Medicare and Medi-Cal providers. **Even if a Medicare provider is not enrolled in Medi-Cal, the provider may not bill the dual eligible beneficiary.** Please see additional resources below to learn more about balance billing.

[Billing Protections for People with Medicare and Medi-Cal video - American Sign Language Interpretation](#)

What are the exceptions?

Dual eligible beneficiaries may receive a bill for medical services if they have a:

1. Co-pay for Part D prescription drugs;
2. Monthly share of cost for unmet Medi-Cal costs; and/or
3. Service not covered by Medicare or Medi-Cal.



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IMPORTANT for Providers to Remember for D-SNP & Duals!

Facts on Balance Billing Duals- from DHCS



How should providers bill for Medicare-covered services?

Generally, Medicare will pay 80 percent of the Medicare fee schedule. Medi-Cal is responsible for any Medicare cost sharing, with payment limited to Medi-Cal reimbursement rates. This is known as a "crossover claim." For beneficiaries in Original Medicare, the Medicare Administrative Contractor processes the primary claim for Medicare payment and then forwards the claim to the Medi-Cal plan for the secondary Medi-Cal payment. For beneficiaries in Medicare Advantage (MA) plans, physicians should bill the MA plan the primary Medicare payment, and bill the Medi-Cal plan for the secondary Medi-Cal payment.

Providers do not need to be part of the Medi-Cal plan's network to have these crossover claims processed and paid. However, Medi-Cal plans will pay a physician who is an active Medi-Cal provider or a "Crossover Only" provider any amount owed under state Medi-Cal law. Please access the [DHCS PAVE Provider Portal](#) to enroll as a Medi-Cal provider or a "Crossover Only" Provider.

What should a dual eligible beneficiary do if billed by a health care provider?

If a health care provider has billed a dual eligible beneficiary for a Medi-Cal or Medicare covered service, **the beneficiary should not pay the bill.** Instead, the beneficiary should first try to resolve the issue with their health care provider, to tell them they should not have been billed because they receive both Medicare and Medi-Cal.

Providers must take immediate actions to fix the issue once they know that a beneficiary is dually eligible. The provider must refund any amounts already paid, stop the bill collection process, and work with credit reporting agencies to correct any issues caused by billing dual eligible beneficiaries. Providers can refer to the [Centers for Medicare & Medicaid Services \(CMS\) Medicare Learning Network \(MLN\) Matters Article](#) for additional information.

If the provider does not stop the bill collection process, then the dual eligible beneficiary should contact their MA health plan immediately to resolve the issue or contact (800) MEDICARE ((800) 633-4227) if they are enrolled in Original Medicare.

Send Health Net, CalViva or CHPIV the EOB/EOP after the Medicare side has been paid and the secondary claim will be processed



Why is a D-SNP Plan Ideal for a Dual Eligible Beneficiary?

It's Complicated!

Three (3) Healthcare Delivery Systems are Complicated!

Medicare DSNP Managed Care Benefits

Uses → DSNP Provider Network

- Part A&B Covered services (PCP, Specialist, other professional and facility services, labs, etc.)
- Non-Specialty Behavioral Health
- Supplemental/Extra Benefits (Dental, Vision, OTC, Transportation, etc.)

Three (3) Healthcare Delivery Systems are Complicated!

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Medi-Cal Managed Care Benefits (not covered by Medicare FFS)

Uses → Medi-Cal Managed Care Plan Network

- Long Term Care (LTC)
- Community Bases Adult Services (CBAS)
- Medi-Cal Covered DME (incontinence supplies, etc.)
- Community Supports (CS)**
- Transportation

*These offerings could change annually; confirm benefits in the Evidence of Coverage/Member Handbook. Benefits could be administered by a vendor (depending on the plan)

** Not all 14 community supports are covered by every Medi-Cal Managed Care Plan

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Medi-Cal FFS/Carve-Outs

- In-Home Support Services (IHSS)
- Medi-Cal Dental (basic dental)
- Specialty Mental Health & Substance Use Disorder Services
- Multipurpose Senior Services Program (MSSP)
- Medi-Cal Rx
- Home and Community-Based Waiver Programs (HCBS)

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It is the D-SNP Plan's contractual responsibility to coordinate all services regardless of who the member has for their Medi-Cal plan, delivery system or payer. We cannot ask the member to do it themselves

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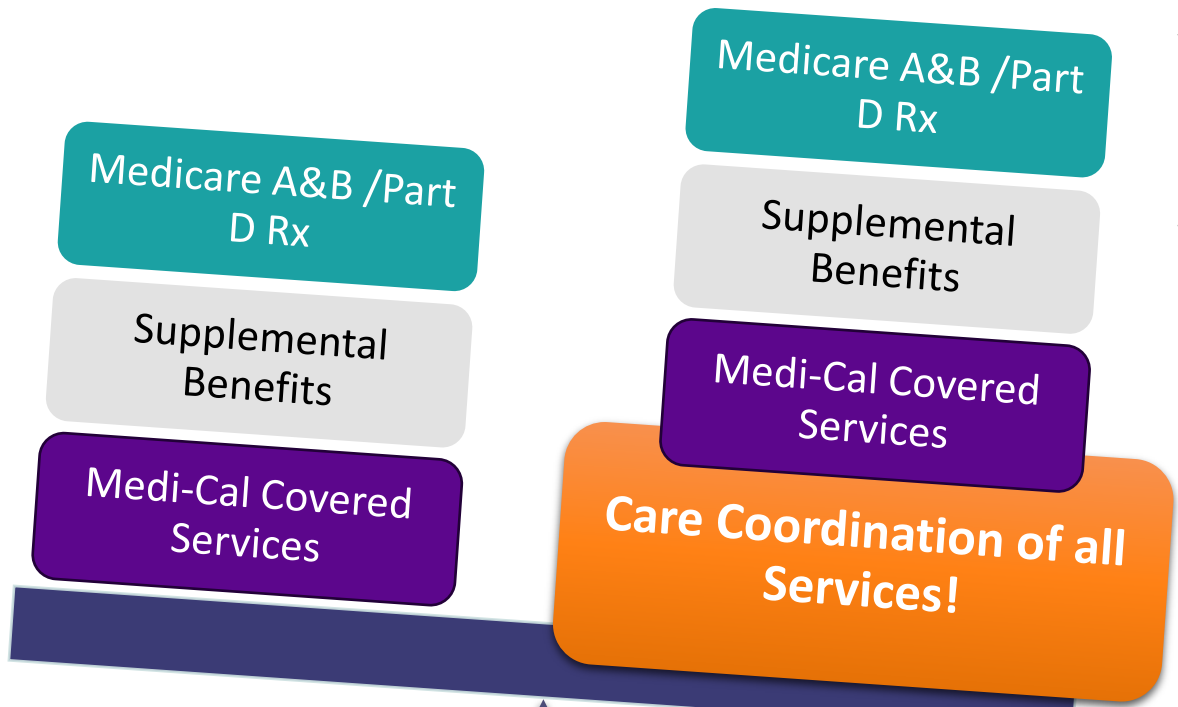


Why a Wellcare by Health Net D-SNP plan is Ideal for a Dual Eligible Beneficiary

- ✘ No benefit coordination by the plan
- ☹ *Member* has to coordinate between all delivery systems
- ☎ Member calls YOU for help

Traditional Medicare Advantage Prescription Drug (MAPD) / "Look alike"

Wellcare by HN D-SNP



- ✓ The D-SNP Plan is required to do the care coordination
- ✓ Model of Care (MOC) - responsible to improve health of the member
- ✓ Clinical Care Management/ Care Plans
- ✓ Higher capitation rate for providers & groups



CalAIM Regulatory Policies for D-SNP and Duals

And how they impact Provider Network





General Guidance/Policy for Duals in CA

CalAIM (California Advancing and Innovating Medi-Cal) requires plans to provide aligned Medicare and Medi-Cal plans for people eligible for both programs, thereby supporting better integration and coordination of services

- Exclusive aligned enrollment (EAE) D-SNP plans started 1/1/23
- Beginning in 2025, only carriers with Medi-Cal plans can market a D-SNP plan in that service area/county
- In 2026, all Medi-Cal Managed Care Plans must have a D-SNP Plan/Contract
- Duals have additional election periods/opportunities during the year to join, change or drop a Medicare plan (including D-SNPs)



Exclusive Aligned Enrollment (EAE) D-SNP “Medi-Medi” Plans

Applicable to specific counties in CA

Full county list here → <https://www.dhcs.ca.gov/services/Pages/Medi-Medi-Outreach.aspx>



Exclusive aligned enrollment occurs when both contracts, D_SNP and Medi-Cal, are held or administered by the same parent organization/company and alignment of this enrollment is facilitated





2025 Exclusive Aligned Enrollment (EAE) Policy *in Action* for Wellcare by Health Net Los Angeles, Sacramento and Tulare Counties – H3561-008

Dual eligible beneficiary chooses to enroll in EAE D-SNP Plan and Wellcare by HN sends an enrollment or plan change transaction to CMS

Enrollees choose PCP and Medical Group from the D-SNP Network



CMS sends notification of the enrollment to the State/DHCS



The State/DHCS will assign the member to the aligned Medi-Cal Plan

Passive- no action by the member needed; DHCS sends notice to member advising of assignment due to the D-SNP enrollment (potentially a 1-2 month lag in assignment)



Member is considered “Exclusively Aligned”

Technically in 2 plans that need to feel and function like ONE





Our New Expanded Partnership with CalViva Health

Fresno, Kings, and Madera Counties Only



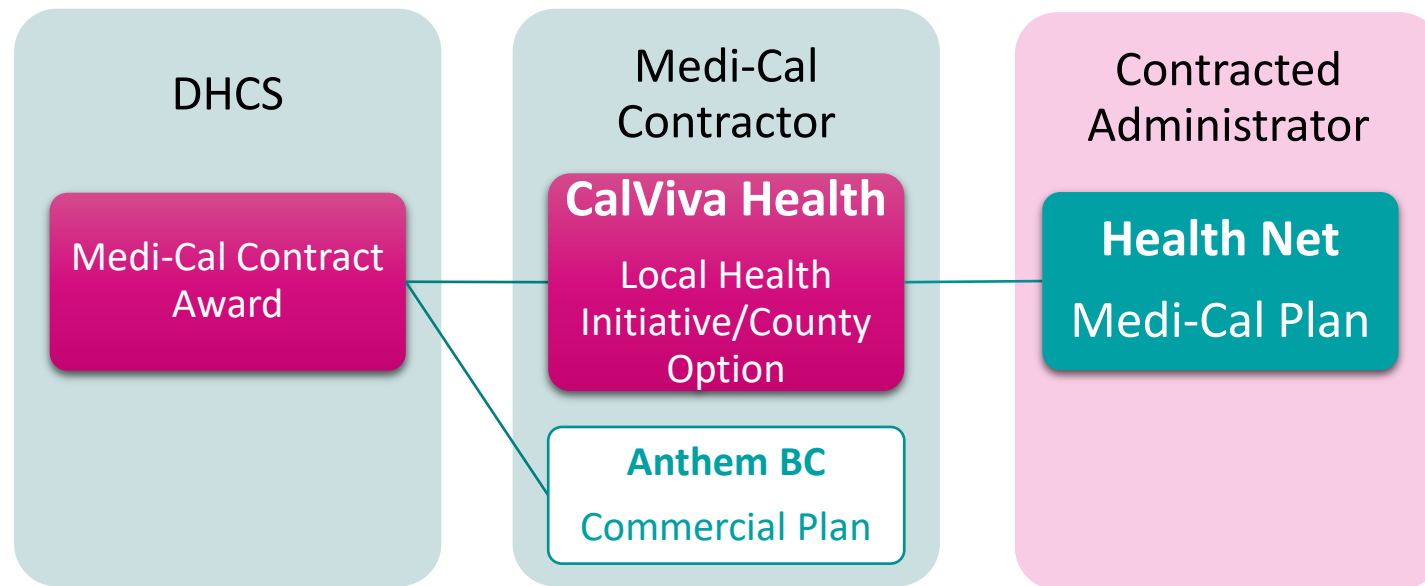


Who is CalViva Health?



CalViva Health is a Medi-Cal Managed Care Plan not affiliated with or owned by Centene

- The Local Initiative Health Plan for Medi-Cal managed care in **Fresno, Kings, and Madera** Counties (Central Valley)
- CalViva Health is a full-service health plan contracting with DHCS to provide Medi-Cal Covered Services to Medi-Cal managed care enrollees under the Two-Plan model in all zip codes in Fresno, Kings, and Madera Counties.
- CalViva Health contracts with Health Net Community Solutions, Inc., or Health Net which is a Centene Company, on a capitated basis, to provide and arrange for Medi-Cal Covered Services in all zip codes in Fresno, Kings, and Madera Counties.



CalViva Medi-Cal Member Perspective

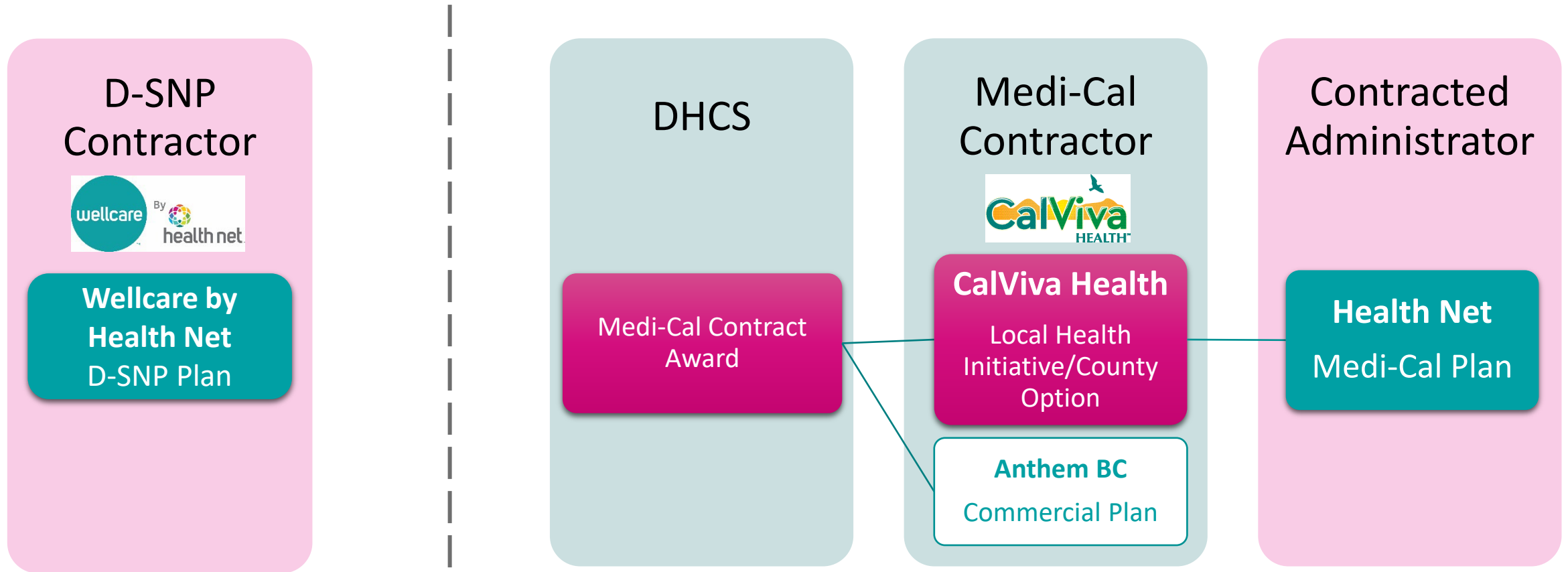
- Branding/Logo = CalViva Health
- ID Card = CalViva Health
- Website = CalViva Health
- Materials = CalViva Health
- Call Center = “TY for calling CalViva Health”

Provider Perspective

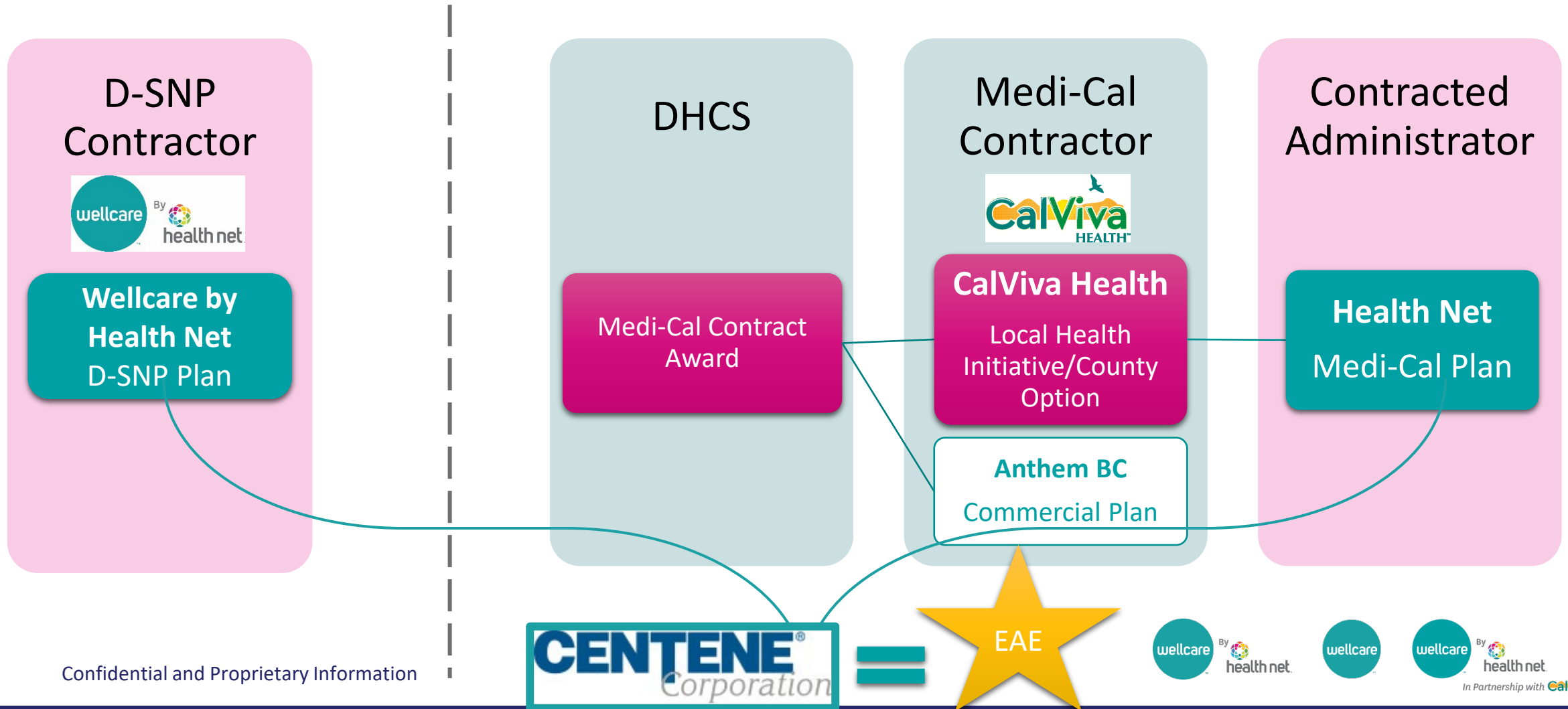
- Providers contract = Health Net
- Provider Web/Materials = Co-branded (CVH & HN)



EAE D-SNP in Fresno, Kings & Madera Counties



EAE D-SNP in Fresno, Kings & Madera Counties



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CENTENE[®]
Corporation



In Partnership with CalViva Health

NEW for 2024 Wellcare by Health Net and CalViva Health Partnership

Co-Branded Exclusive Alignment Enrollment (EAE) Dual Special Needs Plan (D-SNP)



H3561-007-000

Wellcare CalViva Health Dual Align (HMO D-SNP)

Fresno, Kings and Madera Counties

*Administered by Health Net



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Member is considered “Exclusively Aligned”

Technically in 2 plans that need to feel and function like ONE





Member Perspective of Exclusive Aligned Enrollment/Medi-Medi Plans with Wellcare by HN

Integrated Materials & Plan Operations



ONE ID Card



ONE Call Center/ Member Services Team



ONE set of Member Materials (EOC/SB/ Directory/ etc.)



Integrated Appeals



Integrated Grievances



Integrated Org Determinations

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Wellcare Dual Align (HMO D-SNP)

H3561-008

Los Angeles, Tulare, Sacramento



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Wellcare CalViva Health Dual Align (HMO D-SNP)

H3561-007

Fresno, Kings, Madera

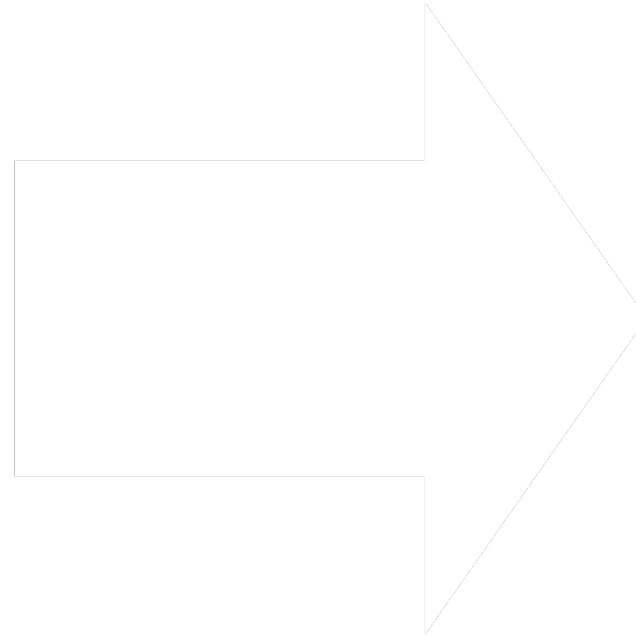
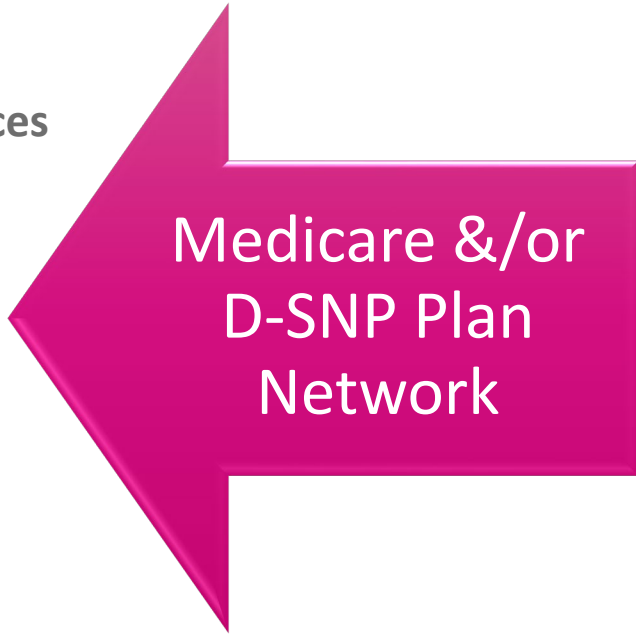


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Provider Perspective of EAE D-SNP Plans – 2 Plans Using Two (2) Networks

Contracted for
Medicare Covered Services



- Part A&B Covered services (professional and facility services, labs, imaging, etc.)
- Non-Specialty Behavioral Health
- Supplemental Benefits (Dental, Vision, Transportation, Spendables, OTC, hearing, etc.)*



Provider Perspective of EAE D-SNP Plans – 2 Plans Using Two (2) Networks

Contracted for
Medicare Covered Services



Medicare &/or
D-SNP Plan
Network

- Part A&B Covered services (professional and facility services, labs, imaging, etc.)
- Non-Specialty Behavioral Health
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Medi-Cal Plan
Network

Contracted for
Medi-Cal Only Covered
Services



Administered by Health
Net/Centene

- Long Term Care (LTC)
- Community Bases Adult Services (CBAS)
- Medi-Cal Covered DME (incontinence supplies, walkers, shower chair, etc.)
- Community Supports (CS)
- Transportation

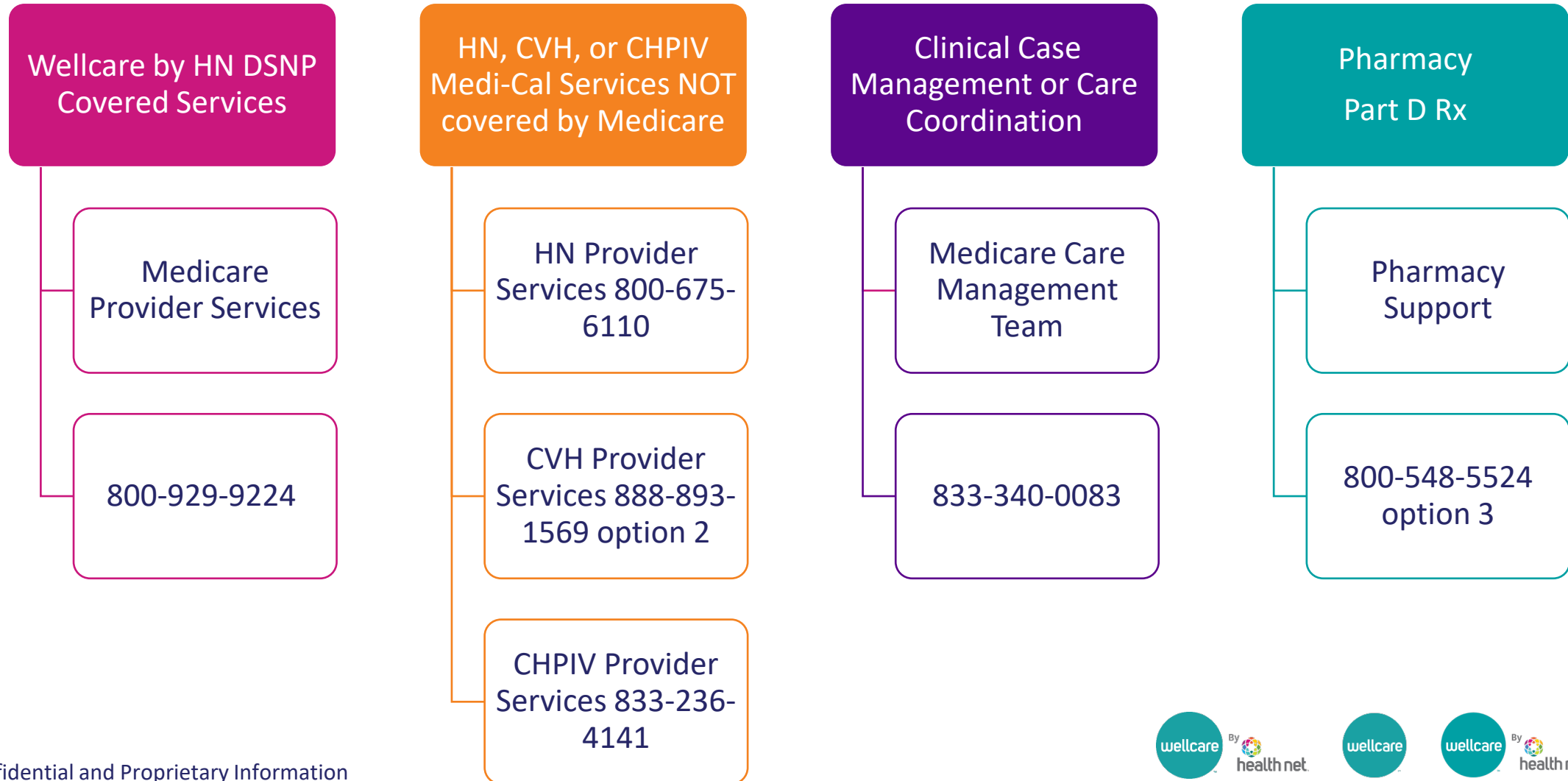
REMINDER: Providers do not have to be contracted on BOTH networks

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Which Number do I Call for Provider Support?





Non-EAE DSNP Plan Scenarios (Wellcare Dual Liberty)





How to find out what Medi-Cal Plan the member has – use AEVS

D-SNP providers are responsible for identifying a member's Medi-Cal MCP by checking the Department of Health Care Services (DHCS) Medi-Cal eligibility by calling or checking the website called the Automated Eligibility Verification System (AEVS).

Both methods require providers to first create a Medi-Cal AEVS account at <https://files.medi-cal.ca.gov/pubsdoco/signup.aspx>.

We have a very comprehensive step by step guide on our Provider Operations Manual: <https://providerlibrary.healthnetcalifornia.com/medicare/provider-manual/eligibility/dual-eligible-medicare-beneficiaries.html>

AEVS Results

DSNP Member in Kern County

Medi-Cal Health Plan = PHP-XXXXX

- See example “PHP Kern Family Hlth Care”

Medicare Part C Health Plan = Medicare Advantage Plan

- See example “Carrier Plan: Health Net Community Solution”

Confidential and Proprietary Information

CA.GOV Home f t in v Hello, PHP00071

DHCS | Medi-Cal Providers Providers Provider Portal Resources Contact Us

Home Transaction Services Single Subscriber Single Subscriber Response

Single Subscriber Response

Eligibility Transaction Performed by: PHP00071 on Tuesday, September 17, 2024 at 2:58:49 PM

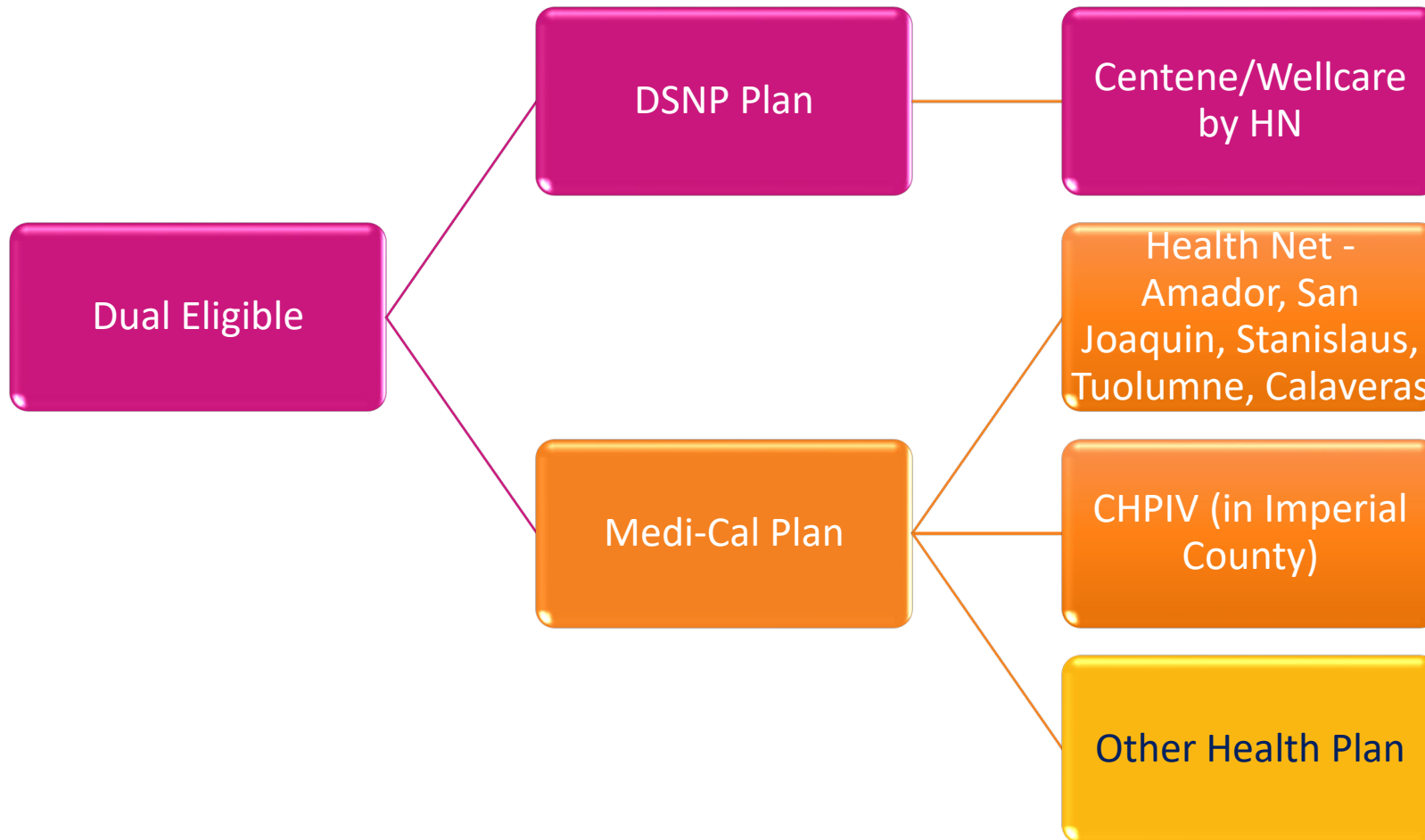
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] CNTY CODE: 15. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-KERN FAMILY HLTH CARE: MEDICAL CALL (800)391-2000. PART A, B AND D MEDICARE COV W/MEDICARE ID: [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F: MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET COMMUNITY SOLUTION. COV: OIM VR.

Subscriber Name: [REDACTED]	Subscriber ID: [REDACTED]
Subscriber Birth Date: [REDACTED]	Issue Date: 09/17/2024
Primary Aid Code: 60	First Special Aid Code:
Second Special Aid Code:	Third Special Aid Code:
Responsible County: 15-Kern	Medicare ID: [REDACTED]
Primary Care Physician Phone:	Service Type: OIM VR
Service Date: 09/17/2024	Trace Number/Eligibility Verification Confirmation Number: [REDACTED]



Non-EAE DSNP Plan Scenarios (Wellcare Dual Liberty)

IN COUNTIES WHERE CENTENE *HAS* A MEDI-CAL PLAN
AMADOR, SAN JOAQUIN, STANISLAUS, TUOLUMNE, CALAVERAS, IMPERIAL (THROUGH CHPIV)



Important Notes:

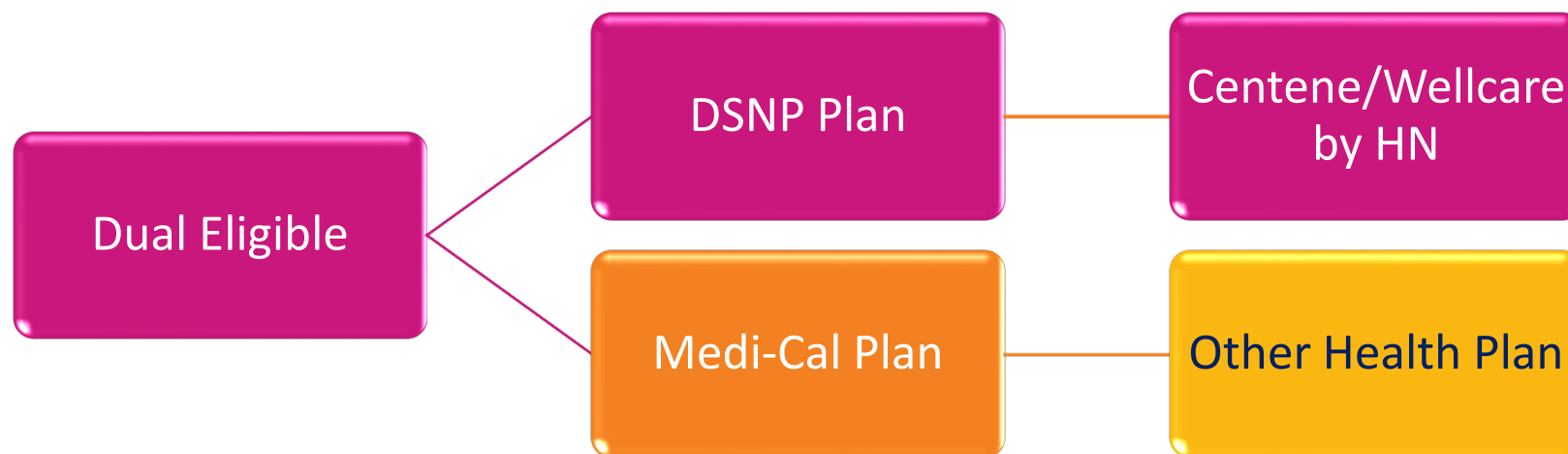
Members will have 2 ID Cards- DSNP Plan and Medi-Cal Plan

Even if the member is not with Health Net Medi-Cal or CalViva Health Medi-Cal, Wellcare by Health Net, is responsible to coordinate all services regardless of who the member has for their Medi-Cal plan, delivery system or payer. We cannot ask the member to do it themselves.



Non-EAE DSNP Plan Scenarios (Wellcare Dual Liberty)

**IN COUNTIES WHERE CENTENE *DOES NOT HAVE* A MEDI-CAL PLAN
KERN, PLACER, SAN FRANCISCO, ORANGE, RIVERSIDE, SAN BERNARDINO AND SAN DIEGO**



Important Notes:

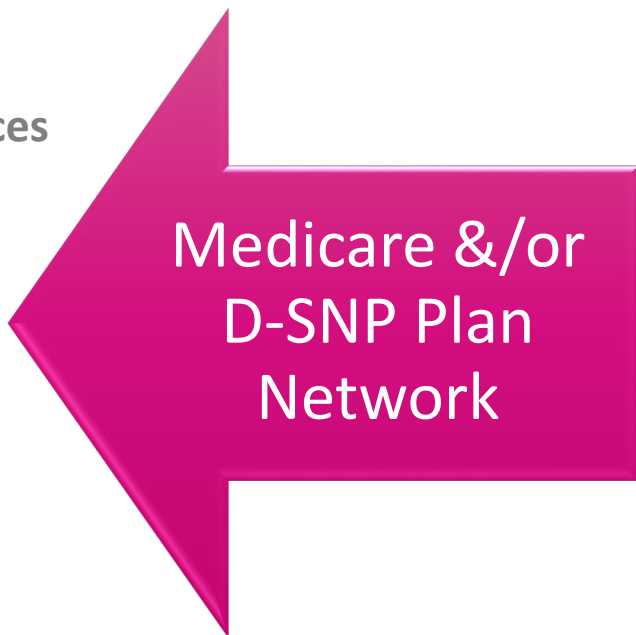
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Provider Perspective regular/non-EAE D-SNP Plans – 2 Plans Using Two (2) Networks

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Updates to Dual Eligible Election Periods

Effective 1/1/25





2025 CMS Final Rule - D-SNP Related Special Election Period (SEP) Updates

WHY- CMS is focusing on aligning the D-SNP and Medi-Cal/Medicaid Plan under the same parent organization for ease of care coordination



**No Quarterly Duals
SEP eff 1/1/25**



**Two(2) NEW Monthly
SEPs eff 1/1/25**

2025 CMS Final Rule - D-SNP Related Special Election Period (SEP) Updates

WHY- CMS is focusing on aligning the D-SNP and Medi-Cal/Medicaid Plan under the same parent organization for ease of care coordination



No Quarterly Duals SEP eff 1/1/25



Two(2) NEW Monthly SEPs eff 1/1/25

NEW 2025 *Monthly* D-SNP SEPs

SEP #1 (Duals Disenrollment)

- LIS/Dual Elig (DE) members may *enroll* into PDP stand alone, *disenrolling* them from an MA or DSNP plan; returning to Original Medicare/FFS
- Applies to ALL DSNP plans
- 30.6.7 – SEP for dual- or other LIS-eligible individuals 42 CFR §§ 423.38(c)(4) and 423.153(f)

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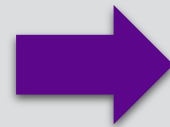
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NEW 2025 *Monthly* D-SNP SEPs

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SEP #2 (Integrated Care)

- LIS/Dual Elig (DE) mbrs may move/enroll into an integrated DSNP plan if they are already enrolled in the same parent organization's Medi-Cal Plan
- Applies ONLY to EAE DSNP Products/Plans
- 30.6.35 – SEP for integrated care 42 CFR § 423.38(c)(35)



CA Wellcare by HN D-SNP SEP Impact

SEP #1- Duals Disenrollment



LIS/Dual Elig (DE) members may disenroll from an MA or DSNP plan & return to Original Medicare/FFS w/PDP Stand Alone

SEP #2- Integrated D-SNP Enrollment

LIS/Dual Elig (DE) mbrs may move/enroll into an integrated DSNP plan

What other election periods else can be used to enroll, disenroll or change plans?

Non-EAE DSNP
Wellcare Dual Liberty
Amador, Imperial, San Joaquin, Stanislaus, Tuolumne, Calaveras

		AEP, MA OEP, ICEP/Age Ins, other SEPs (address change, disaster/FEMA, etc.)



CA Wellcare by HN D-SNP SEP Impact

SEP #1- Duals Disenrollment

LIS/Dual Elig (DE) members may disenroll from an MA or DSNP plan & return to Original Medicare/FFS w/PDP Stand Alone

SEP #2- Integrated D-SNP Enrollment

LIS/Dual Elig (DE) mbrs may move/enroll into an integrated DSNP plan

What other election periods else can be used to enroll, disenroll or change plans?

Non-EAE DSNP
Wellcare Dual Liberty
Amador, Imperial, San Joaquin, Stanislaus, Tuolumne, Calaveras



AEP, MA OEP, ICEP/Age Ins, other SEPs (address change, disaster/FEMA, etc.)

EAE DSNP
Wellcare Dual Align & Wellcare CalViva Health Dual Align
Los Angeles, Tulare, Sacramento, Fresno, Kings, Madera



AEP, MA OEP, ICEP/Age Ins, other SEPs (address change, disaster/FEMA, etc.)



D-SNP & Medi-Cal Case Management & Care Coordination, Benefits, Network Nuances





Care Management & Care Coordination

Provided by the Health Plan

Wellcare D-SNP Program + Medi-Cal Care Coordination

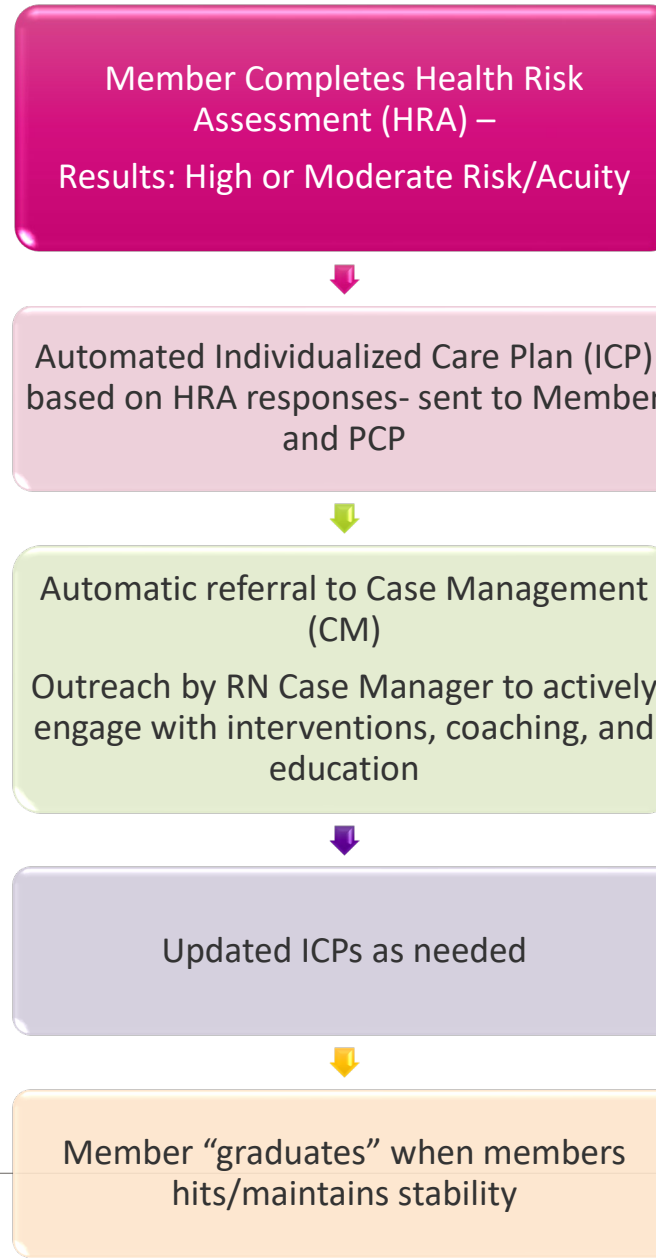


100% coordination of all Medicare and Medi-Cal covered benefits & services

- Delivered by our internal Population Health Management Team ~100 employees (not delegated to provider groups)
- Clinical (RN) and non-clinical support
- Most Program Coordinators are bi-lingual (Spanish)
- On-shore resources
- Can do Zoom with member if they want face to face
- 1-833-340-0083 Caller ID is “Wellcare”
- After hours calls will be returned the next business day
- This support is IN ADDITION Member Services

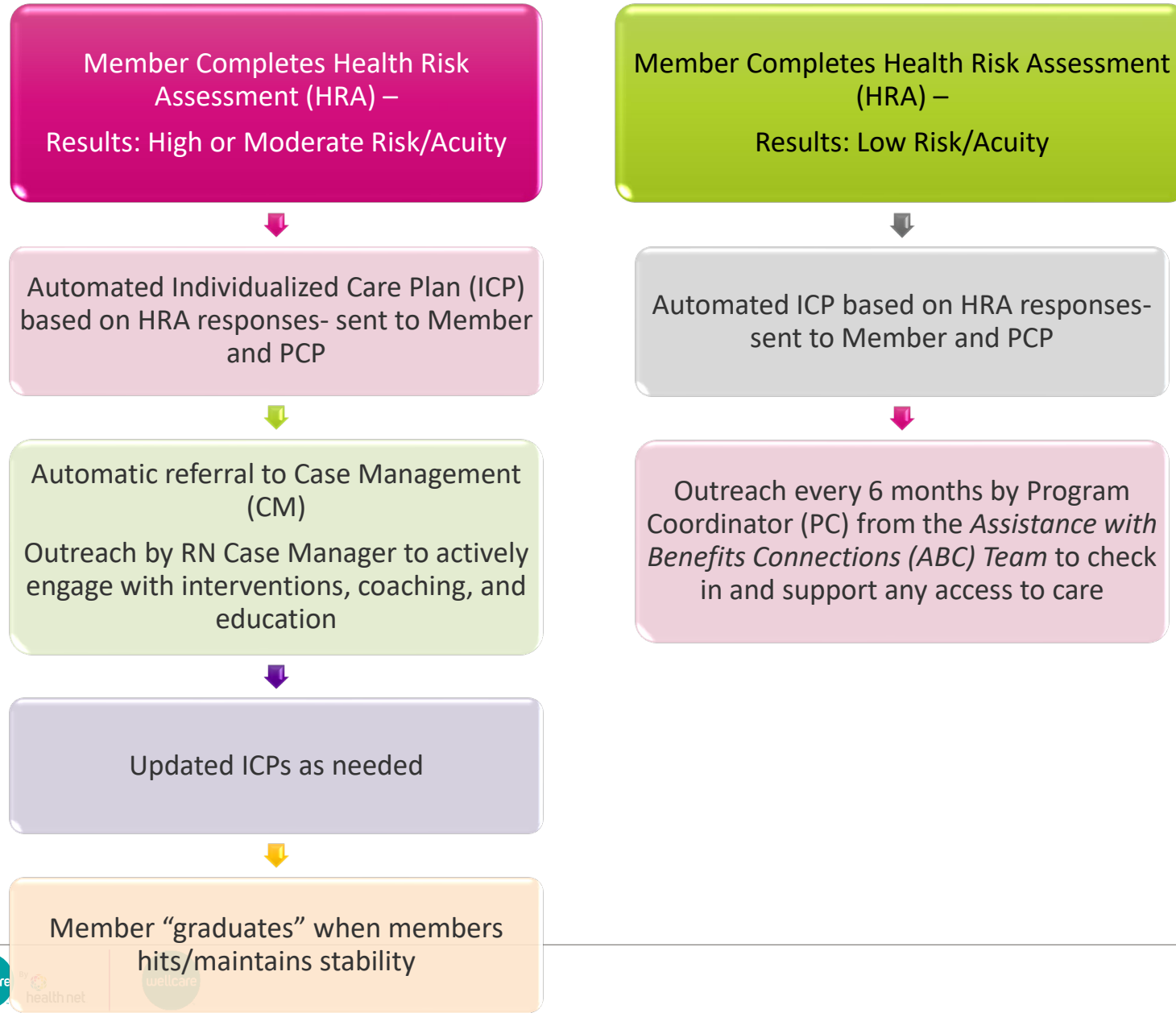


DSNP Model of Care (MOC)- How Case Management Work

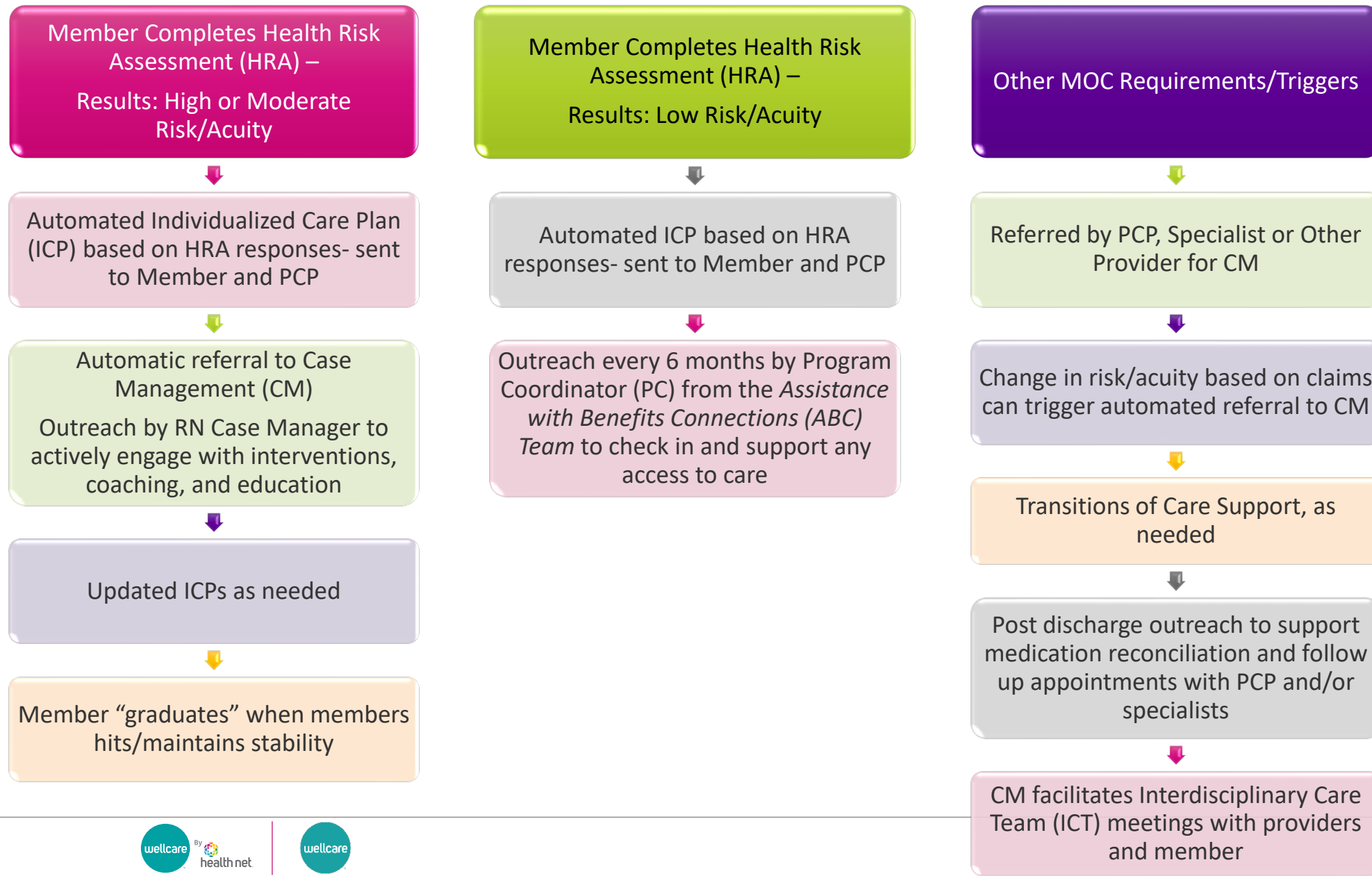




DSNP Model of Care (MOC)- How Case Management Work

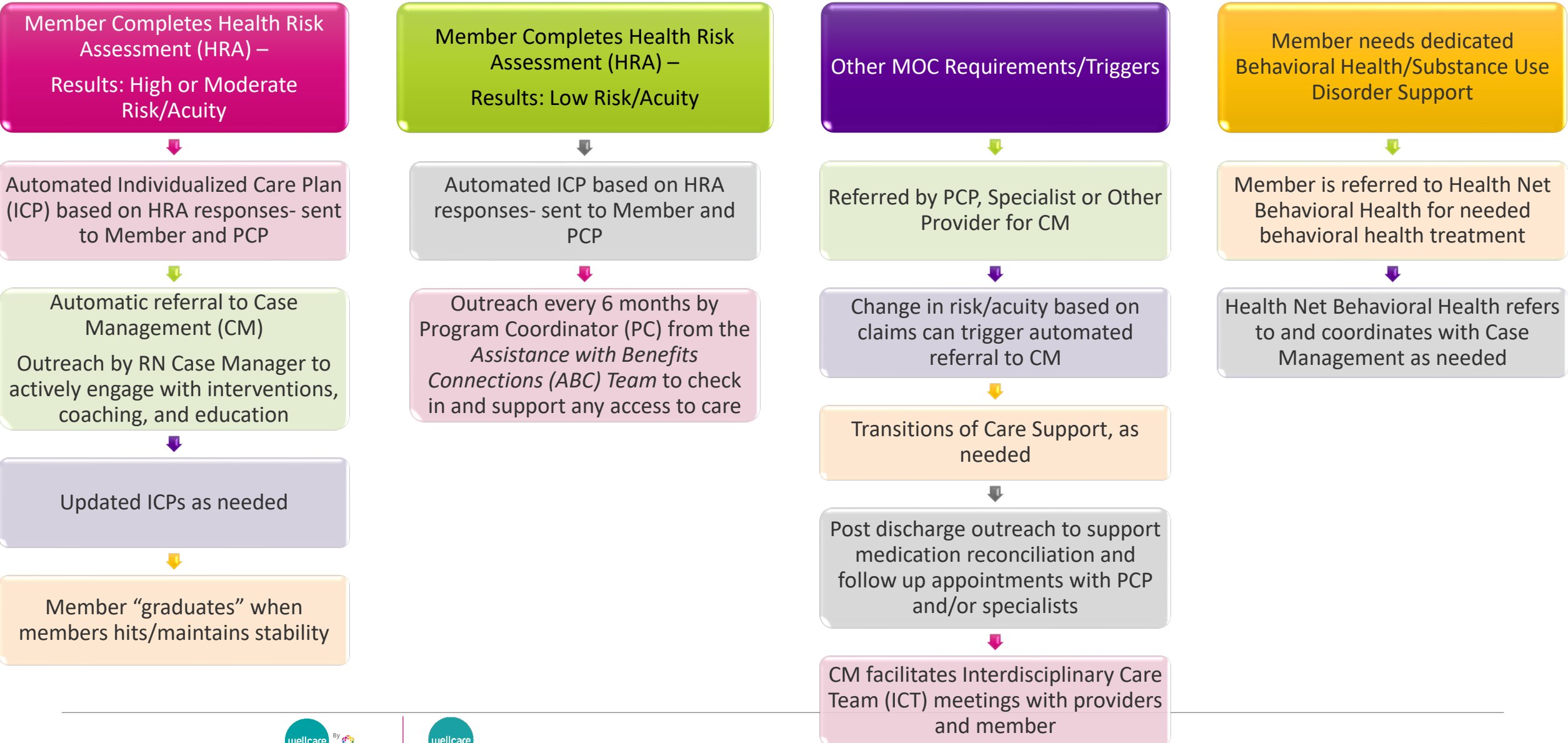


DSNP Model of Care (MOC)- How Case Management Work





DSNP Model of Care (MOC)- How Case Management Work





D-SNP Case Management (Clinical) & Care Coordination Health Plan vs Provider Group Responsibilities (see Provider Operations Manual)

The Health Plan	Shared Responsibilities	Provider Group
<ul style="list-style-type: none"> • Outreach of members identified for Care Management as post discharge and/or High Priority based on provider notifications and/or internally derived algorithms • Conduct assessments with members • Create member-centric and member approved Care Plans (ICP) • ICP creation/revisions (and related outreach) • Provider collaboration as a member of the ICT • Coordinate/collaborate with the ICT team based on member risk/acuity/needs • Facilitate ICT/IDCT meetings (and related outreach) as needed • Coordination of care • Assist with referrals to community-based resources for SDoH needs • Assist with access to benefits to address member identified needs • Address gaps in care 	<ul style="list-style-type: none"> • Coordination or referral for services, as needed • Support managing chronic conditions to reduce hospitalizations 	<ul style="list-style-type: none"> • Timely notification of admissions, transfers, or discharges to/from facilities to the plan if the PPG is responsible for PAs/claims • Authorize all needed services where the provider group is/remains delegated for UM, if applicable • Communicate with Health Plan Case Management, as needed, to exchange information and ensure smooth transitions • Participation on ICT/IDCT, if invited • Facility timely post-discharge appointments to PCP and or Specialist, document efforts • Conduct care coordination on patient population based on need. • Refer high risk / catastrophic members to Wellcare by Health Net for case management, if applicable • Coordinate activities with Wellcare by Health Net’s Case Managers and Ancillary providers as indicated

Once enrollment is confirmed, contact the Wellcare Case Management/Care Coordination Team directly

1-833-340-0083

<mailto:CenteneCMEscalationsMedicare@centene.com>



How to get a Care Coordination Support for Your Patient

SIMPLE!!!

Access your Provider Portal Account, Call us, or Email!

Wellcare Case Management/Care Coordination Team

1-833-340-0083

(Monday through Friday, 8AM – 8PM EST)

CenteneCMEscalationsMedicare@centene.com

The screenshot shows the HealthNet provider portal interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation, there are dropdown menus for 'Viewing Eligibility For' (TIN) and 'Plan Type' (Medicare/Cal MediConnect), followed by a 'GO' button. The main content area is titled 'Back to Eligibility Check' and contains a sidebar with menu items: Overview, Cost Sharing, Assessments, Health Record, ADT, Care Plan, Authorizations, Pharmacy PDL, Referrals (highlighted), Coordination of Benefits, Claims, Schedule of Benefits, Document Resource Center, and Notes. The main form area has a '*Source' dropdown set to 'Case Management' and a '*Date' field set to '08/29/2022'. There are input fields for 'Last Name, First Name' and 'Phone Number, Extension'. Below these is an 'Additional Comments' text area. A section titled 'Reason(s) for Referral (select all that apply)' contains a list of checkboxes: Behavioral Health Services, Care Coordination, Co-Morbid Medical and Behavioral, Complex Medical Issues, High Risk Member, High Risk Pregnancy, Community Based Adult Services (CBAS) FKA Adult Day Health Care, In-Home Supportive Services (IHSS), Multi-Purpose Senior Services Program (MSSP), and Home & Community Based Services (HCBS). A 'Submit' button is located at the bottom right of the form.



Care Management & Coordination- what about other Wellcare plans?

All **C-SNP members** also have Case Management, and a Model of Care designed for members with chronic conditions

All **traditional Medicare Advantage (MA/MAPD)** members can request Case Management or support with coordination by calling Member Services or our Case Management line below

Once enrollment is confirmed, contact the Wellcare Case Management/Care Coordination Team directly

1-833-340-0083

CenteneCMEscalationsMedicare@centene.com

D-SNP & Enhanced Care Management (ECM) for 2024+

From the DHCS 2024 D-SNP Policy Guide, I. Care Coordination and ECM Policy Guide, VI. Program Overlaps and Exclusions:

- There is significant overlap across the D-SNP model of care and ECM requirements which could result in duplication and confusion for Members and care teams if a Member receives care management from both programs
- Member care management, as well as coordination across Medicare and Medi-Cal benefits, is a primary function of D-SNPs
- Beginning on 1/1/2024, all D-SNPs must provide sufficient care management (“ECM-like care management”) exclusively through their D-SNP plan
- D-SNP Plans will work with ECM Providers, as needed, to transition a member from ECM to D-SNP Care Management once the member graduates from ECM as part of the Continuity of Care

<https://www.dhcs.ca.gov/provgovpart/Documents/2024-DHCS-CalAIM-D-SNP-Policy-Guide.pdf>

<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>



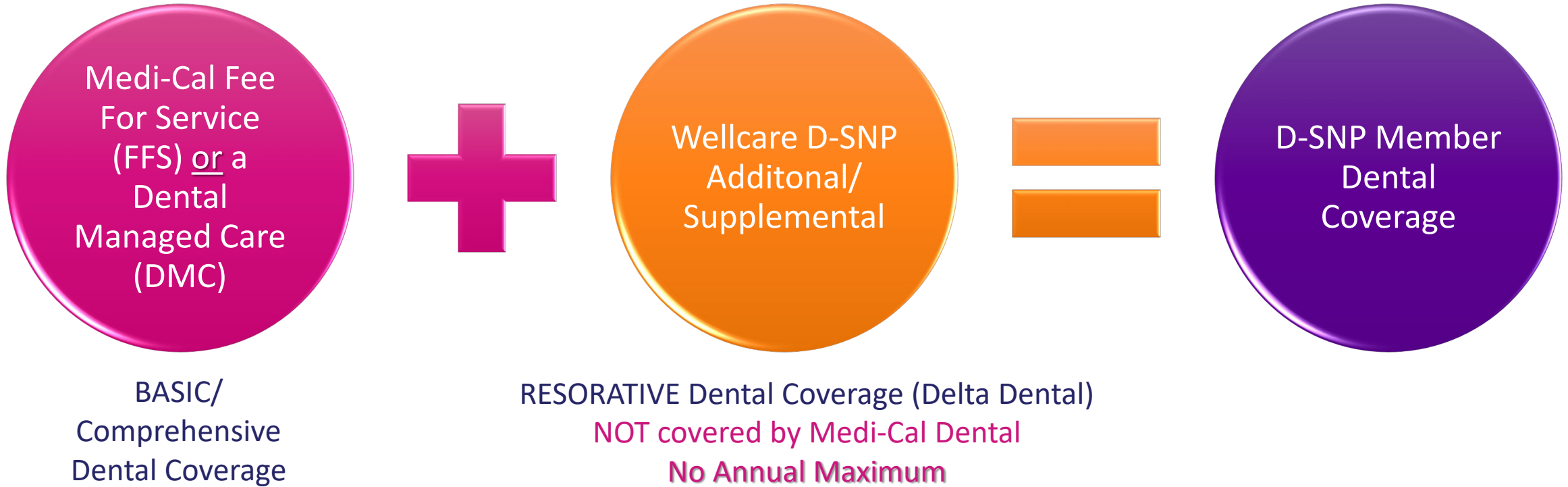
DSNP Dental Benefits










Dental Benefits for Wellcare D-SNP Members

Our Wellcare by HN D-SNP members have two (2) **separate** dental plans





Dental Benefits for Duals (Medi-Cal vs D-SNP)

Plan	Benefits Covered	County Availability	Enrollment Process	Out of Pocket costs	Network & Restrictions
Medi-Cal Dental FFS Program	<p><u>Basic/Comprehensive Dental Coverage</u> Exams (Covered benefit once every 6 months), Emergency Service, X-Rays, Teeth Cleaning, Fluoride Varnish, Deep Cleaning- Scaling and Root Planing, Fillings, Tooth Removal, Root Canals, Partial Dentures, Full Dentures, Denture Reline, Sedation</p> <p>*Crowns on molars or premolars (back teeth) may be covered in some cases</p> <p>These are NOT covered by Delta Dental D-SNP program</p>	All CA counties	Automatic with Medi-Cal Eligibility 	Medi-Cal will pay up to \$1,800 in a year for covered dental services	Must see dentists who accepts the Medi-Cal FFS Program
Medi-Cal Dental Managed Care (DMC) Program	<p><u>Basic/Comprehensive Dental Coverage</u> (Same as Medi-Cal FFS Dental) Exams (Covered benefit once every 6 months), Emergency Service, X-Rays, Teeth Cleaning, Fluoride Varnish, Deep Cleaning- Scaling and Root Planing, Fillings, Tooth Removal, Root Canals, Partial Dentures, Full Dentures, Denture Reline, Sedation</p> <p>*Crowns on molars or premolars (back teeth) may be covered in some cases</p> <p>These are NOT covered by Delta Dental D-SNP program</p>	ONLY Available in Los Angeles or Sacramento Counties	Must enroll through Health Care Options (HCO)   	Same as Medi-Cal FFS Dental	Must see dentists who accepts the Medi-Cal Dental Managed Care Plan they are enrolled with
Wellcare D-SNP Dental Program Admin. by Delta Dental	<p><u>Restorative- ONLY the following procedure codes:</u></p> <ul style="list-style-type: none"> D2000-D2999 RESTORATIVE D5000-D5899 PROSTHODONTICS (removable) D6200-D6999 PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]) <p>These are NOT covered by Medi-Cal Dental (FFS or DMC)</p>	ALL D-SNP Counties 	Automatic assignment when enrolled in Wellcare D-SNP. Dentist assigned accepts Medi-Cal FFS Dental	\$0 for covered procedure codes Unlimited benefit (no annual maximum)	MUST see a Delta Dental contracted Dentist Prior Authorization required

D-SNP Covered Benefits – Delta Dental Details

- Each D-SNP member is assigned to a dentist who takes BOTH Medi-Cal FFS Dental & Delta Dental upon enrollment
- Each member receives a Delta Dental ID Card & Letter advising of the dentist assignment.
 - The assigned dentist name will NOT be on the ID Card, only on the letter
 - The letter received gives instructions on how to change providers, if necessary
 - The best way is to call our call center using Wellcare custom phone line. Then the member can also get questions answered at the same time.
 - (855) 643-8515 (Delta Wellcare Line)
- “Forever” link to the Wellcare Plan site <https://www1.deltadentalins.com/medicare/wellcare.html>
- NOT a Coordination of Benefits (COB) situation. Two (2) claims are needed- one to Medi-Cal for Medi-Cal covered services, and a 2nd to Delta for the D-SNP plan covered services

Vision Benefits Overview

Vision Benefits with Wellcare D-SNP

Wellcare by HN covers:

- \$0 copay for one (1) routine Eye Exam every year
- Every year, up to \$100 for eyeglasses (frames and lenses) or up to \$100 for contact lenses

Medi-Cal will cover up to \$100 after Medicare allowance is exhausted. Rendering provider needs to submit a secondary claim to the Medi-Cal Plan with proof of Medicare plan payment

Contact Member Services or the vendor directly for support

Hearing Benefits Overview

Hearing Benefits with Wellcare D-SNP

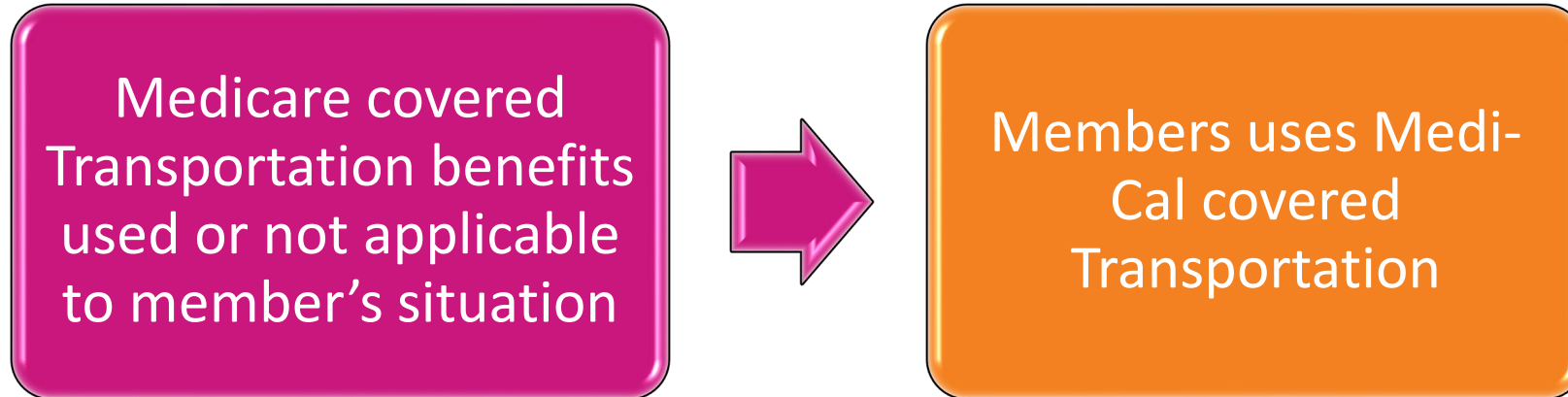
- Generous allowance per ear, each year for \$0 out of pocket covering hearing aids and related services
- Accessed through HCS (Hearing Care Solutions) (866) 344-7756

Contact Member Services or the vendor directly for support

Transportation Benefits Overview



Transportation Benefits Coordination for Duals



- ✓ **Call D-SNP Member Services (number on the back of the ID Card)** for coordination of transportation benefits
- ✓ Limitations and advanced notice may be required (reference EOCs/Handbooks for details)
- ✓ TIP: Make sure the member/patients makes their return trip reservation at the same time as scheduling their drop off, if possible, to avoid long waits for pick ups (allowing for delays at the provider appt)
- ✓ **The transportation benefit can be used for medical/behavioral health/dental appointments and to pick up Rx from the pharmacy**

Medi-Cal offers UNLIMITED transportation to and from appointments for services covered by Medi-Cal. There are two types of transportation for appointments. Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation. Nonmedical transportation (NMT) is transportation by private or public vehicle for people who do not have another way to get to their appointment.



Wellcare Spendables Program for D-SNP Members





Multi-Benefit Card: Wellcare Spendables™

Every Wellcare D-SNP Patient
gets one 2025!

A single card allows patients to use the benefit as they choose to meet their needs

- D-SNP patients can use their Spendables card on*
 - Over-the-Counter items
 - Healthy Groceries
 - Gas (Pay-at-the-Pump)
 - Utility and Rent Assistance
 - Home & Bathroom Safety Items (Approved items include shower and commode chairs, safety handles and rails, and non-slip mats.)
- Benefit amount is loaded on the 1st of each month*
- Unused MONTHLY benefits rolls over to the next month**
- CANNOT be used for Vision or Dental OOP costs
- Call Member Services or vendor for support Call 1-855-744-8550 (TTY: 711)

*** Applicable services/products and benefit amounts subject to change each plan year; refer to EOC to confirm benefits**

****Balances do not roll over to the next plan year**





Spendables- How to Access Over the Counter (OTC) Items & Healthy Foods



IN-STORE: For a list of stores, such as Walmart, CVS, & Kroger (Ralphs), visit www.healthybenefitsplus.com



ONLINE: For a wide variety of items, shop www.healthybenefitsplus.com



MOBILE APP: Download the free Healthy Benefits+™ mobile app to shop available items and check the balances



BY PHONE: Call 1-855-744-8550 (TTY: 711) to order eligible items over the phone.



Spendables- How To Access Utilities, Rent and Gas at the pump

Utilities:

- Pay online using your card (Electric, gas, water, phone/cell, internet, heating oil)
- The card cannot be used to set up automated, recurring payments

Rent:

- Log in to the member portal to pay Apartment rent, Housing rent, Property rental agency, or home lender

Gas:

- At the pump only, does not work inside the mini-mart/store



Fitness

Fitness Program with FitOn (formerly PeerFit)

FitOn Activity Credits: FitOn members receive a monthly credit allowance (32) to use towards a variety of fitness activities. This includes gym memberships, virtual classes, and wearable devices.

Fit On Program Sign-Up: Wellcare members can easily sign up for the Fit On program through their online member portal or by contacting customer service.

Please visit www.fitonhealth.com/members

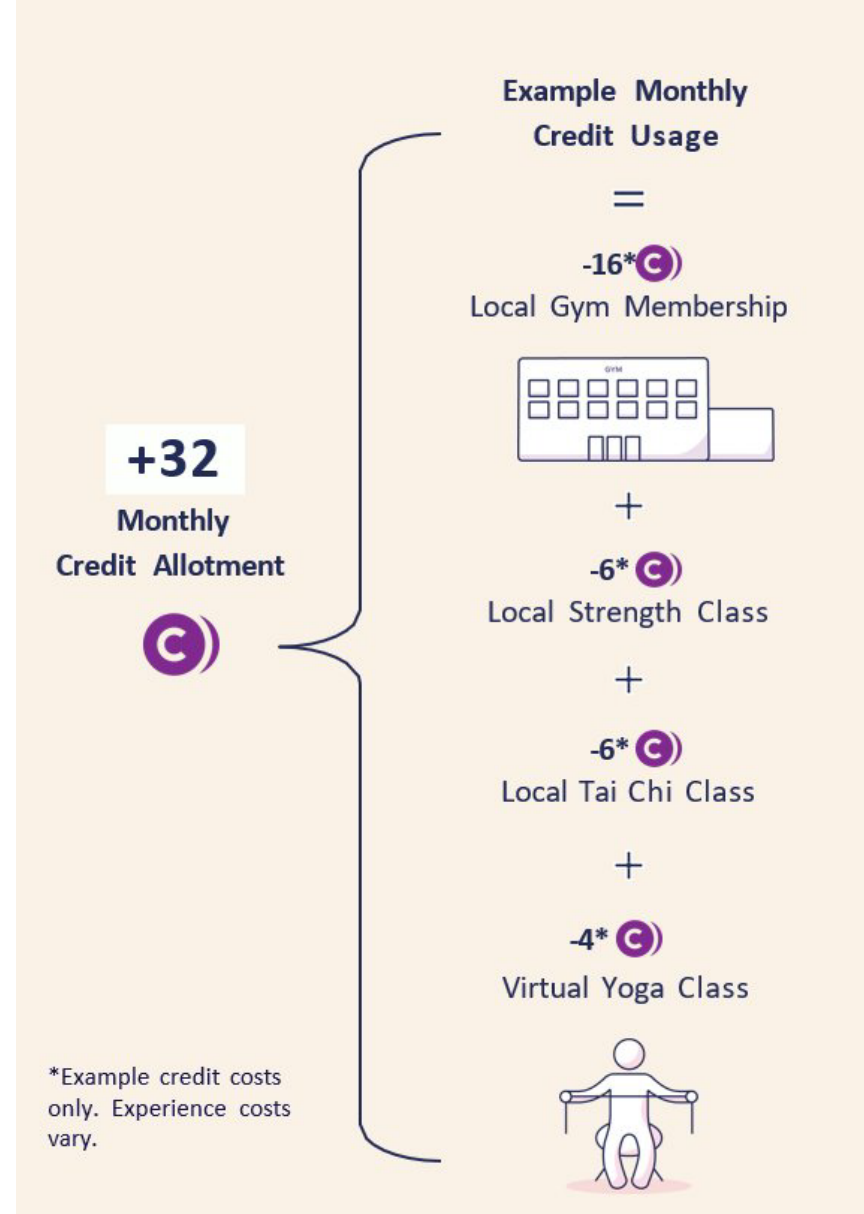
Network of locations included- <https://explore.fitonhealth.com/in-person>

FitOn Direct (855) 378-6683

Nominate a Fitness Program:

If your desired studio/gym is not in-network, you can submit a request to nominate the program to be added to the network.

Simply go to this link to find out how: www.fitonhealth.com/request



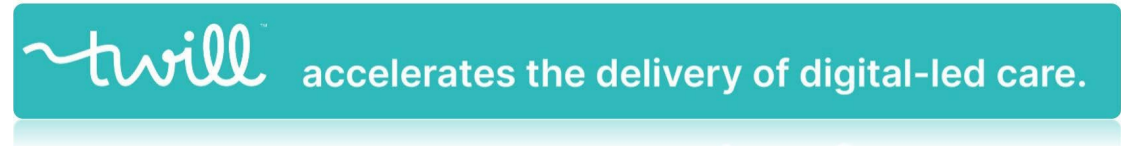
In Partnership with 

Twill





Twill App – New for 2025



Benefit provides a customized online and app experience to address health and well-being.

The benefit supports health, and well-being needs specific to older adulthood such as:

- Healthy aging
- Coping with isolation
- Maintaining health while caregiving
- Dealing with grief
- Aging with purpose
- Managing health conditions

Four (4)-week tailored programs, members begin with an assessment and receive access to:

- Self-guided programs
- Activities
- Access to health care professionals
- Peer to peer support

Confidential and Proprietary Information



In Partnership with CalViva Health



Community Supports

Available in through Health Net, CalViva Health and CHPIV Medi-Cal Plans

If members are enrolled with a different Medi-Cal Plan, will need to check that plans website for detailed offerings.



Community Supports

Community Supports are benefits/services provided by local organizations contracted through their Medi-Cal plan to help every person reach their full health potential

- These services support decrease utilization of hospital care, nursing facility care, and emergency department (ED) use by addressing social determinates of health (SDoH)
- If members qualify, there are up to 14 types of services that can help with health and well-being
- Just because one health plan covers these services, doesn't mean another will





Community Supports Available to D-SNP Members if Enrolled with Health Net, CalViva Health or CHPIV, *if they Qualify*

1. Asthma Remediation
2. Community Transition Services/Nursing Facility Transition Services to a Home
3. Day Habilitation Programs
4. Environmental Accessibility Adaptation (Home Modification)
5. Housing Transition Navigation
6. Housing Deposit (up to \$6,000)
7. Housing Tenancy and Sustaining Services
8. Medically Tailored Meals
9. Nursing Facility Transition/Diversion to Assisted Living Facilities
10. Personal Care Services and Homemaker Services
11. Recuperative Care
12. Respite Services
13. Short-Term Post-Hospitalization Housing
14. Sobering Centers

DSNP Members who are unaligned/have different health plan for their Medi-Cal Plan will have access to the Community Supports offered by that Health Plan.

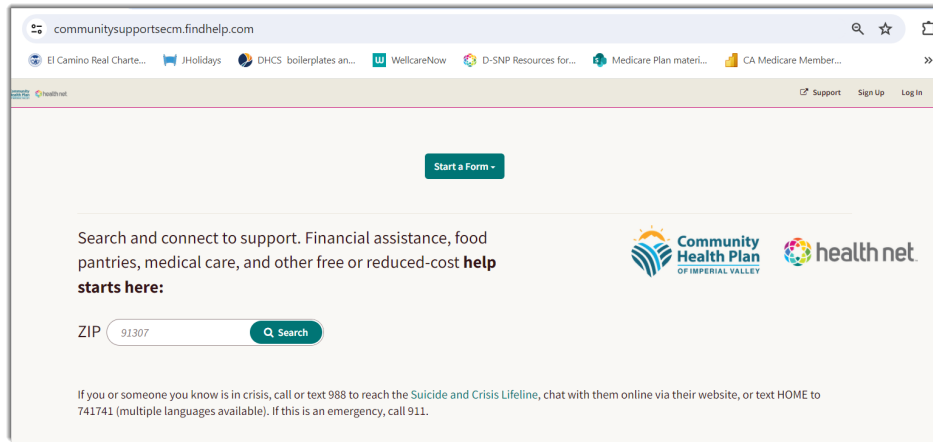


In Partnership with CalViva Health

Community Supports by HN, CVH or CHPIV- How to refer your patient...use **FINDHELP**

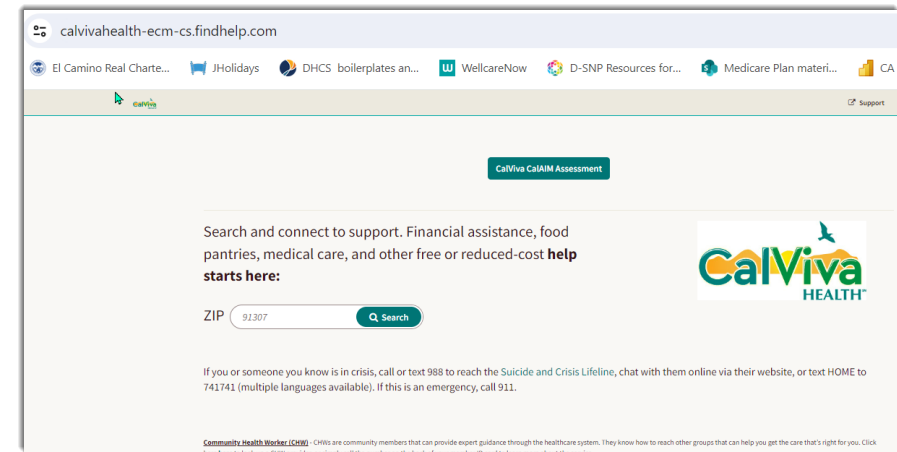
HN and CHPIV

<https://communitysupportsecm.findhelp.com>



Fresno/Kings/Madera

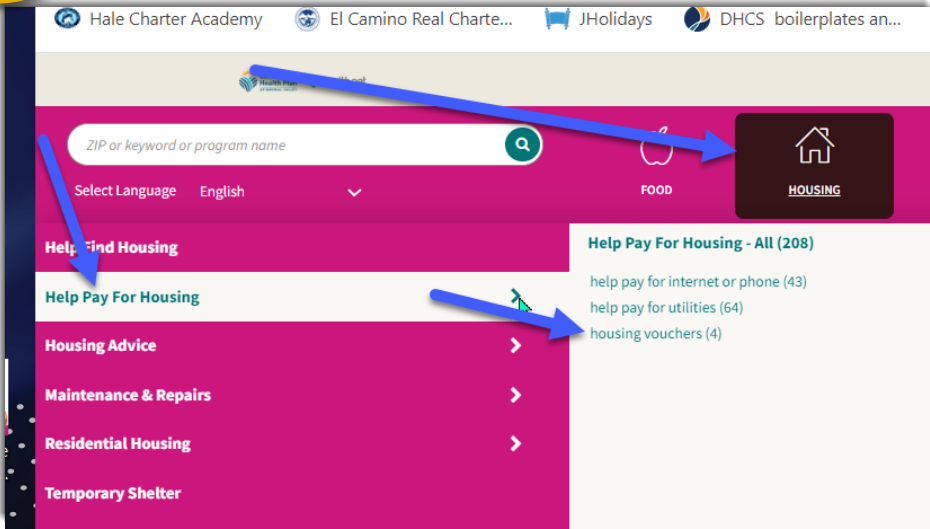
<https://calvivahealth-ecm-cs.findhelp.com/>



Example: Find Help- Paying for Housing

1

Select Service Type



Example: Find Help- Paying for Housing

1

Select Service Type

Search: ZIP or keyword or program name

Select Language: English

FOOD | **HOUSING**

- Help Find Housing
- Help Pay For Housing**
 - help pay for internet or phone (43)
 - help pay for utilities (64)
 - housing vouchers (4)
- Housing Advice
- Maintenance & Repairs
- Residential Housing
- Emergency Shelter

2

Select Provider to see best connect process

SAVE | SHARE | NOTES | SUGGEST

Affordable Housing

by Las Brisas Community Housing

Reviewed on: 02/15/2024

Las Brisas Community Housing is a housing community that provides affordable housing to low-income individuals in the area. This housing program gives vulnerable families access to decent, safe,...

Main Services: help pay for housing, housing vouchers

Serving: adults 18+, all disabilities, individuals, families, low-income

Next Steps:
Call 562-989-9994.
35.89 miles (serves your local area)
2399 California Ave, Signal Hill, CA 90755
Open Now: 8:00 AM - 5:00 PM PST

MORE INFO | SAVE | SHARE | NOTES | SUGGEST | **SEE NEXT STEPS**

Best way to connect!
Call 562-989-9994 to get more info.

Helping someone else? **LOG A REFERRAL**

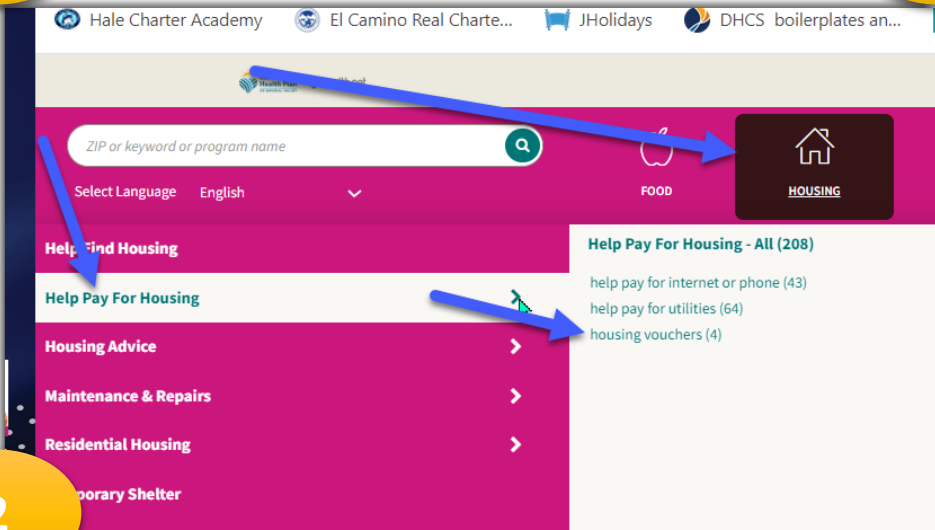


In Partnership with CalViva HEALTH

Example: Find Help- Paying for Housing

1

Select Service Type



3

Submit referral, if response is preferred

The form below is NOT sent to the program. Please follow the program's "Next Steps" to get help. [Learn more...](#)

This form:

- Sends you "Next Steps" to contact this program, if email/text selected as the "Best Way to Reach You."
- Records the program's information in your [Referrals For Me](#) dashboard.
- Creates an account if you don't have one.

Eligibility To qualify for reduced rent, households must earn less than 60% of the area median income.

Who is this for? **For myself or my family**
 I'm referring someone else

Your Name *

Your Email Address

Your Phone Number

Best way to reach you* Email
 Text message
 Phone call

Comment [Add a comment...](#)

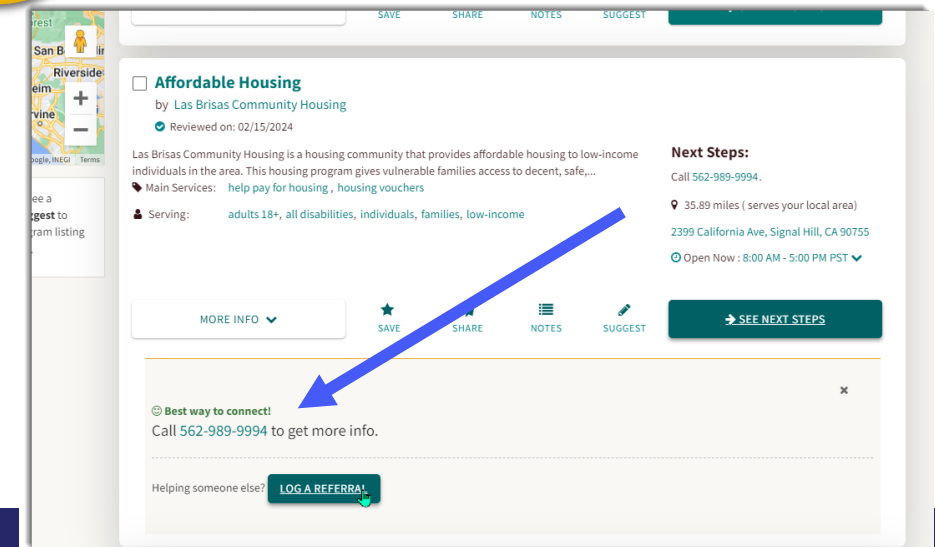
The form above is NOT sent to the program.

This form:

- Sends you "Next Steps" to contact this program, if email/text selected as the "Best Way to Reach You."
- Records the program's information in your [Referrals For Me](#) dashboard.
- Creates an account if you don't have one.

2

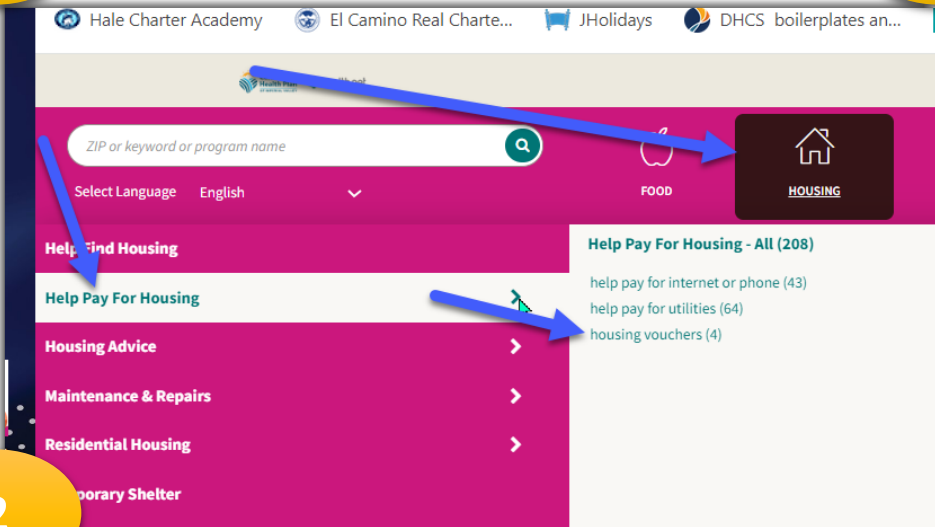
Select Provider to see best connect process



Example: Find Help- Paying for Housing

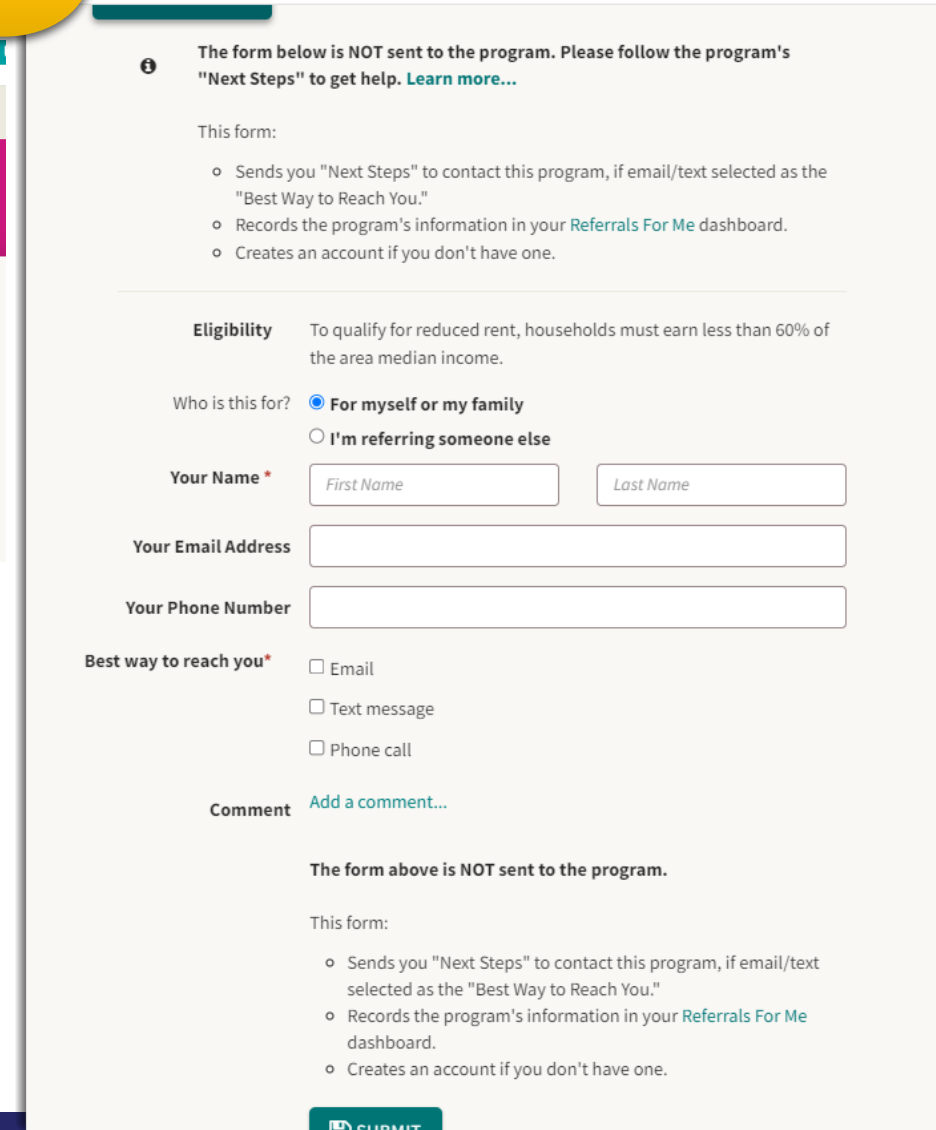
1

Select Service Type



3

Submit referral, if response is preferred



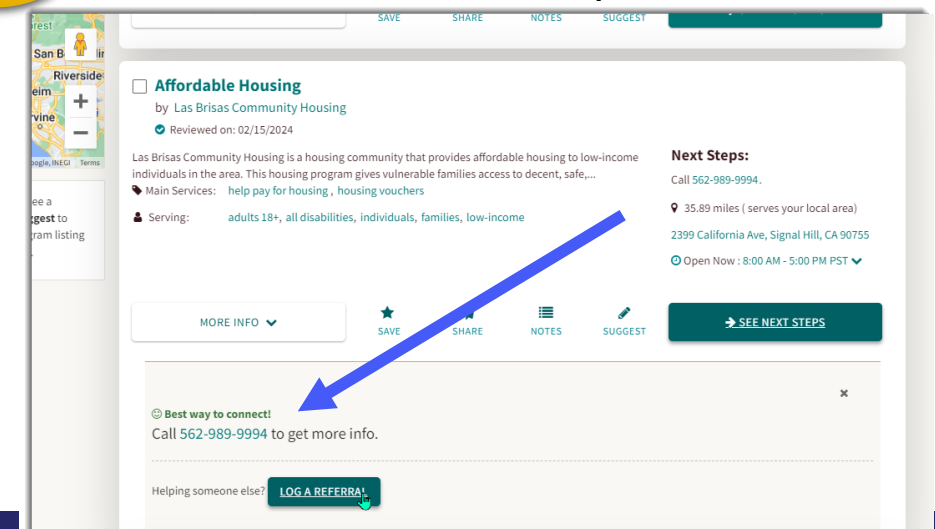
4

What happens next:

1. Referral will generate a "notification" to the Community Supports(CS) provider
2. CS Provider connects with member
3. CS providers checks CS authorization guide to qualify the member
4. Request for member to complete the Consent Form (required for authorization)
5. CS Provider submits an authorization to the plan
6. When auth approved, CS provider completes assessment and provides services

2

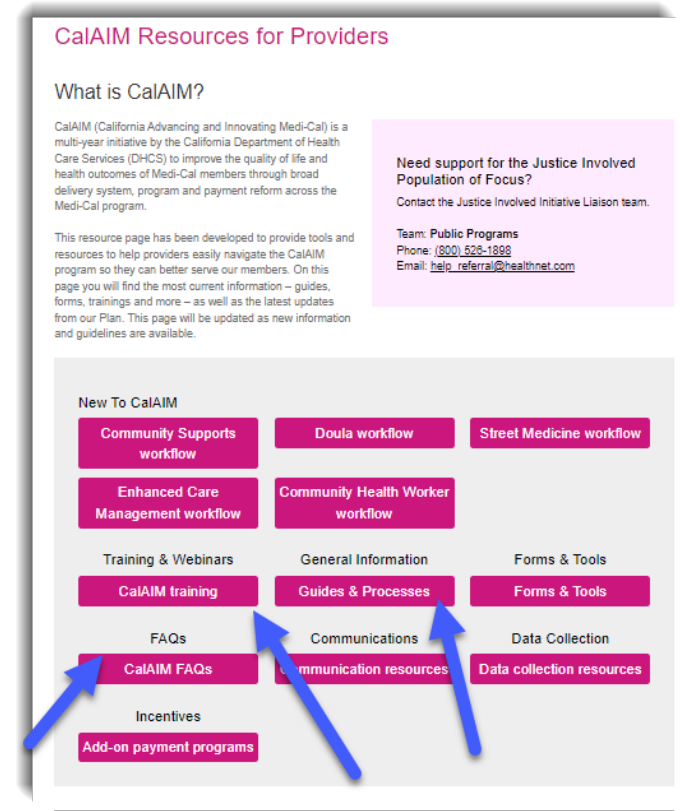
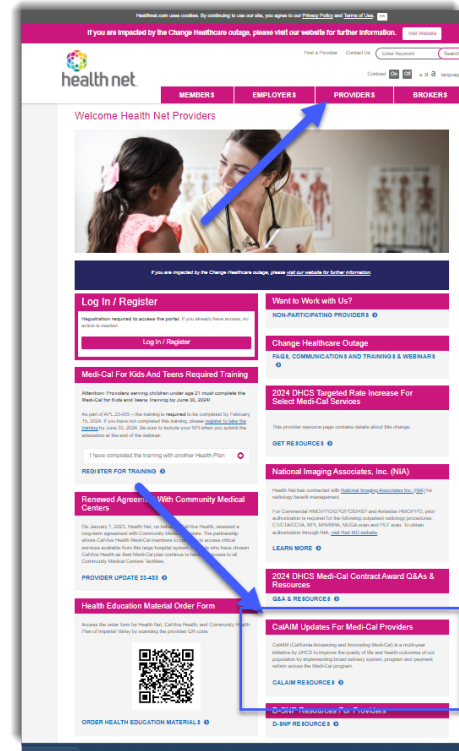
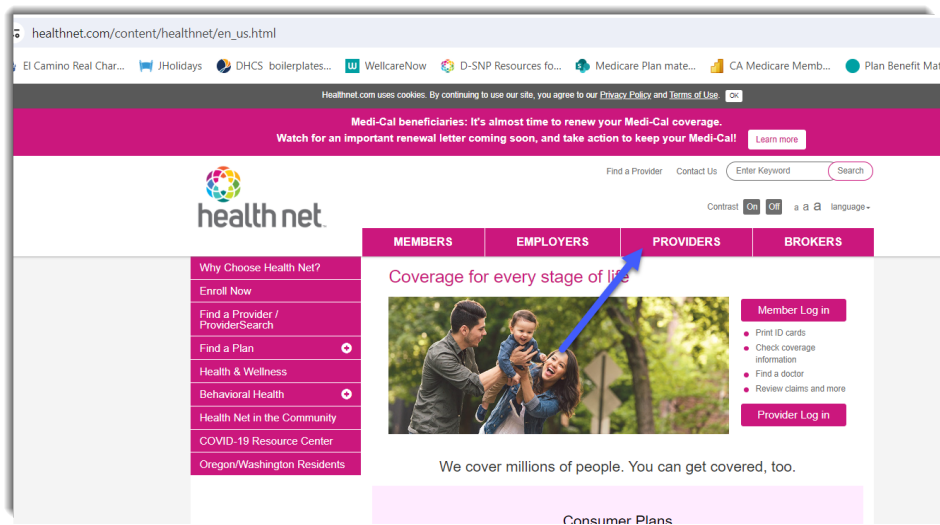
Select Provider to see best connect process



In Partnership with CalViva HEALTH

Where to Find More Details on Community Supports

Similar to accessing our D-SNP Resources for Providers webpage, you can access the CalAIM Resources where you can find much more details on Community Supports



CalAIM Resources for Providers

What is CalAIM?

CalAIM (California Advancing and Innovating Medi-Cal) is a multi-year initiative by the California Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal members through broad delivery system, program and payment reform across the Medi-Cal program.

Need support for the Justice Involved Population of Focus?
Contact the Justice Involved Initiative Liaison team.

Team: Public Programs
Phone: (800) 638-1898
Email: help_referrals@healthnet.com

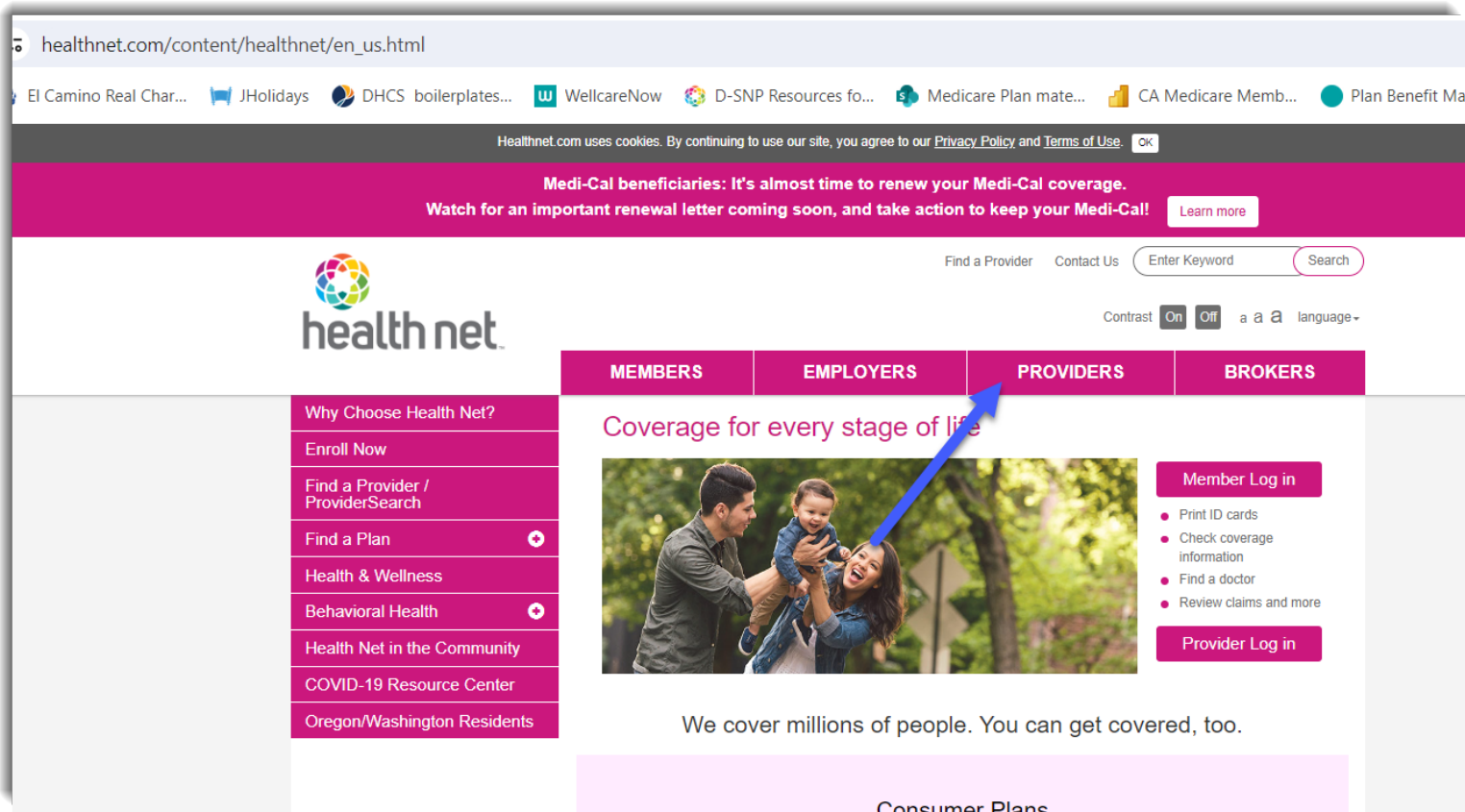
This resource page has been developed to provide tools and resources to help providers easily navigate the CalAIM program so they can better serve our members. On this page you will find the most current information – guides, forms, trainings and more – as well as the latest updates from our Plan. This page will be updated as new information and guidelines are available.



Where to Find Provider Facing Information for D-SNP

Simple! Just go to **healthnet.com** or the **Provider Library** to find our ***D-SNP Resources for Providers*** Website

How to Reach *D-SNP Resources for Providers* Web Page from healthnet.com



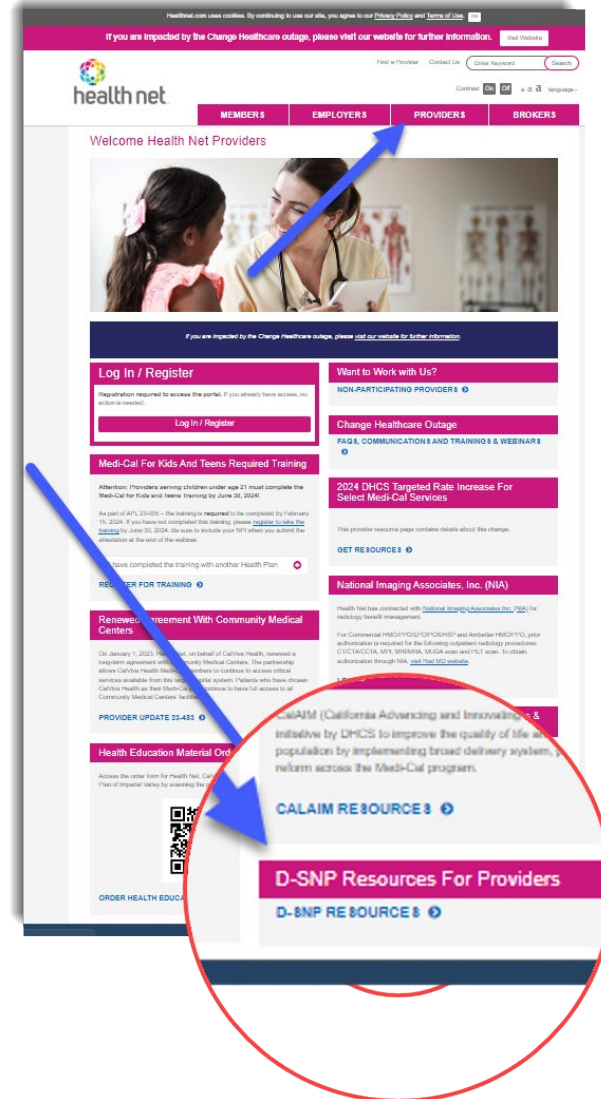
From Healthnet.com:

https://www.healthnet.com/content/healthnet/en_us.html

1. Click on the “Providers” tab on the top right

*Actual content may look different as updates are made to the webpages

How to Reach *D-SNP Resources for Providers* Web Page from healthnet.com



From Healthnet.com:

https://www.healthnet.com/content/healthnet/en_us.html

1. Click on the “Providers” tab on the top right
2. Down towards the bottom right, click on “D-SNP Resources for Providers”

*Actual content may look different as updates are made to the webpages

You got there! *D-SNP Resources for Providers* Web Page

The screenshot shows the Health Net website interface. At the top left is the Health Net logo. To the right are links for 'Find a Provider', 'Contact Us', and a search bar with the text 'Enter Keyword' and a 'Search' button. Below these are 'Contrast' buttons (On/Off) and a 'language' dropdown. A navigation bar contains 'MEMBERS', 'EMPLOYERS', 'PROVIDERS', and 'BROKERS'. The left sidebar menu includes: 'COVID-19 Resource Center', 'Find a Provider', 'Find a Plan' (with a plus icon), 'Why Choose Health Net?', 'Oregon/Washington Residents', 'Enroll Now', 'Health & Wellness', and 'Health Net in the Community'. The main content area is titled 'D-SNP Resources for Providers'. It contains a paragraph about the 2023 transition, a bulleted list of key features, and a paragraph about the page's purpose. Below this are four content boxes: 'D-SNP FAQs' (with a sub-header 'What you need to know about D-SNP.' and a 'D-SNP FAQs' button), 'Trainings And Webinars' (with a sub-header 'What you need to know about D-SNP-related trainings and webinar sessions including office hours.' and a 'Trainings and Webinars' button), 'Communications' (with a sub-header 'Stay informed on the latest news and information for you and your patients.'), and 'Historical Information' (with a sub-header 'Content that is no longer needed or relevant.').

Last Step!

Save the “D-SNP Resources for Providers” web page as a favorite on your browser

*Actual content may look different as updates are made to the webpages



How to Reach *D-SNP Resources for Providers* Web Page from the Provider Library



HealthNet.com

Enter Keyword

Search

Contrast On Off a a a language

Choose a Line of Business:

PROVIDER LOGIN	LINE OF BUSINESS
<p>Medi-Cal</p> <p>Medicare Advantage CLICK!</p> <p>EPO</p> <p>HMO</p> <p>HSP</p> <p>Cal MediConnect</p> <p>PPO</p> <p>Prison Health Care Provider Network</p>	

Health Net California Provider Library

The Health Net Provider Library contains materials developed specifically for providers by provider type and line of business. The library includes provider operations manuals, archives of communications (updates and letters), forms, and contacts.

Use the fields to select the desired Provider Library settings to access operational policy information applicable to the provider type and member's benefit plan (line of

From the provider library web page:
<https://providerlibrary.healthnetcalifornia.com/>

1. Click on the “Medicare Advantage” tab on the left

*Actual content may look different as updates are made to the webpages

Confidential and Proprietary Information



In Partnership with CalViva Health

How to Reach *D-SNP Resources for Providers* Web Page

The screenshot shows the HealthNet website interface. At the top left is the HealthNet logo. To the right of the logo is a search bar with the text "Enter Keyword" and a "Search" button. Below the search bar are contrast controls (On/Off) and font size controls (a a a). The main navigation bar has two tabs: "PROVIDER LOGIN" and "LINE OF BUSINESS". On the left side, there is a vertical menu under the heading "MEDICARE ADVANTAGE". The menu items are: "COVID-19 Provider Alerts", "D-SNP", "Provider Manual", "Prior Authorization Requirements", "Special Supplemental Benefits for Chronically Ill Attestation", "Participating Physician Group (PPG) Performance Scorecard", "Updates and Letters", "Forms and References", "Education, Training and Other Materials", "Health Equity, Cultural and Linguistic Resources", "Provider Pulse Newsletter", "Contacts", "Glossary", and "Quality Management Program and Resources". A blue arrow points from the "D-SNP" menu item to the "D-SNP" link in the main content area. A hand cursor icon with the word "CLICK!" is positioned over the "D-SNP Resources for Providers" hyperlink in the main content area. The main content area has a heading "D-SNP" and a paragraph that says "Please refer to the [D-SNP Resources for Providers](#) page for information and materials related to D-SNP."

From the provider library web page:
<https://providerlibrary.healthnetcalifornia.com/>

1. Click on the “Medicare Advantage” tab on the left
2. **Click on the “D-SNP” tab on the left**
3. And then Click on the “D-SNP Resources for Providers” hyperlink

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You got there! *D-SNP Resources for Providers* Web Page

The screenshot shows the Health Net website interface. At the top left is the Health Net logo. To the right are navigation links: 'Find a Provider', 'Contact Us', a search bar with 'Enter Keyword' and a 'Search' button, and a 'Contrast' toggle set to 'On'. Below these is a horizontal menu with four tabs: 'MEMBERS', 'EMPLOYERS', 'PROVIDERS', and 'BROKERS'. The 'PROVIDERS' tab is selected. On the left side of the page is a vertical sidebar menu with items: 'COVID-19 Resource Center', 'Find a Provider', 'Find a Plan' (with a plus icon), 'Why Choose Health Net?', 'Oregon/Washington Residents', 'Enroll Now', 'Health & Wellness', and 'Health Net in the Community'. The main content area is titled 'D-SNP Resources for Providers'. It contains a paragraph about the transition to D-SNP plans in 2023, followed by two bullet points: 'An integrated approach to care coordination' and 'Extra resources and support'. Below this is a paragraph explaining the content's purpose as a guide for providers. At the bottom of the main content area is a grid of four boxes: 'D-SNP FAQs' (with a sub-heading 'What you need to know about D-SNP.' and a 'D-SNP FAQs' button), 'Trainings And Webinars' (with a sub-heading 'What you need to know about D-SNP-related trainings and webinar sessions including office hours.' and a 'Trainings and Webinars' button), 'Communications' (with a sub-heading 'Stay informed on the latest news and information for you and your patients.'), and 'Historical Information' (with a sub-heading 'Content that is no longer needed or relevant.').

Last Step!

Save the “D-SNP Resources for Providers” web page as a favorite on your browser

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What you will find on the *D-SNP Resources for Providers* Webpage

- “D-SNP FAQs”- Common D-SNP related questions and answers
- “Trainings and Webinars” - Training material and on-demand webinars for annual D-SNP related changes
- “Communication Resources”- D-SNP related communications, updates and flyers
- & More

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The screenshot displays a grid of six resource categories, each with a title, a brief description, and a button to access the resources:

- D-SNP FAQs**: What you need to know about D-SNP. Button: D-SNP FAQs
- Trainings And Webinars**: What you need to know about D-SNP-related trainings and webinar sessions including office hours. Button: Trainings and Webinars
- Communications**: Stay informed on the latest news and information for you and your patients. Button: Communication resources
- Historical Information**: Content that is no longer needed or relevant. Button: Historical resources
- Duals Member Plan Crosswalk**: Refer to member plan crosswalk to determine which plan they will transition to in 2024. Button: 2024 Duals Member Crosswalk Tool (PDF)
- 2024 DHCS Medi-Cal Contract Transition**: A guide for providers impacted by the 2024 DHCS Medi-Cal contract transition. Button: Q&A Resources



Thank You

For any follow up questions, please call Provider Services

