



Individual Medicare Advantage Prescription Drug plan (IMAPD)

Dual Eligibles and Dual Special Needs Plan

Frequently Asked Questions

September 2024

THIS DOCUMENT IS TO BE USED AS A TOOL ONLY TO VERBALLY ANSWER QUESTIONS FROM PROSPECTIVE ENROLLEES OR CURRENT MEMBERS. THIS DOCUMENT IS NOT TO BE ISSUED OR PROVIDED TO PROSPECTIVE ENROLLEES OR CURRENT MEMBERS.

These are frequently asked questions from beneficiaries, brokers and providers related to our Blue Shield Medicare Advantage HMO Dual Special Needs Plans and the dual eligibles enrolled in the plans.

General Plan and Enrollment Information

1. What is an HMO Dual Special Needs Plan (HMO D-SNP)?

An HMO Dual Special Needs Plan is a type of Medicare Advantage plan that specializes in caring for dual eligible beneficiaries who have both Medicare and Medi-Cal coverage. Dual eligible beneficiaries can choose Medicare Advantage Plans, Original Medicare, or Special Needs Plans, but only dual eligible beneficiaries are allowed to enroll in an HMO D-SNP plan.

2. How do I identify which plans at Blue Shield are HMO D-SNP plans?

Blue Shield offers three HMO D-SNP plans under CMS contract H2819. They are:

- Blue Shield TotalDual Plan (HMO D-SNP) H2819-001 in Los Angeles and San Diego counties
- Blue Shield Inspire (HMO D-SNP) H2819-002 in San Joaquin, Stanislaus, and Merced counties
- Blue Shield TotalDual Plan (HMO D-SNP) H2819-003 in Orange and San Bernardino counties

Internal Note: Blue Shield HMO D-SNP plans also have a User Warning Message in Facets to indicate the member is in an HMO D-SNP and has dual Medicare and Medi-Cal coverage. The User Warning Message is 00068 on the member's Medicare record and 00067 on the member's Medi-Cal record.

3. Who qualifies for a Blue Shield HMO D-SNP plan?

Only full dual eligibles with both Medicare and full Medi-Cal coverage with no Medi-Cal share of cost are allowed to enroll into a Blue Shield HMO D-SNP plan. Partial dual eligibles or dual eligibles with a Medi-Cal share of cost are not allowed to enroll into a Blue Shield HMO D-SNP plan.

4. Can new members enroll into all Blue Shield D-SNPs?

No. New members are **only** allowed to enroll into Blue Shield TotalDual Plan (H2819-001) in Los Angeles and San Diego counties for a 2025 effective date.

New enrollments into Blue Shield Inspire (H2819-002) and Blue Shield TotalDual Plan (H2819-003) will not be allowed for any 2025 effective dates. Existing members can remain in those plans, but if they choose to disenroll from either one of those plans they will not be able to re-enroll at a later date.

5. How do I determine if a beneficiary qualifies for a Blue Shield HMO D-SNP plan?

Use MARx (federal CMS portal) to check if the beneficiary is fully Medicare eligible and that they also have 100% premium coverage for Part D Low Income Subsidy. Use AEVs (State CA portal) to check if the beneficiary has full Medi-Cal coverage with no share of cost. Blue Shield Producer Services can assist brokers in using these tools to verify eligibility. If existing Blue Shield HMO D-SNP members have additional questions about the status of their Medi-Cal or Part D Low Income

Subsidy ("Extra Help"), they can be referred to the [Duals Special Programs Team](#).

6. What are the benefits of a Blue Shield HMO D-SNP plan instead of a non-HMO D-SNP Medicare Advantage plan?

Most importantly, Blue Shield HMO D-SNP plans coordinate Medicare and Medi-Cal services to help make a member's healthcare experience easier. Blue Shield HMO D-SNP plans also have care coordinators, social workers, and case managers that work together to help track HMO D-SNP members' health care goals and work with the member or their care givers to help schedule appointments and connect them to the benefits or programs they need. Blue Shield HMO D-SNP plans also offer supplemental benefits beyond what Original Medicare and Medi-Cal offer like coverage for eye wear, hearing aids, a fitness benefit, a personal emergency response system, over-the-counter items, and more.

7. Can beneficiaries switch from Original Medicare to a Blue Shield HMO D-SNP plan?

Yes, if a beneficiary has both Medicare and Medi-Cal and is currently receiving services through Original Medicare Fee-for-Service, they can enroll into a Blue Shield HMO D-SNP plan using the Special Election Period for duals that is available once per calendar month between January through September.

8. Can dual eligibles only enroll in an HMO D-SNP plan during the Annual Enrollment Period (AEP)?

No, dual eligibles can switch to any Medicare plan during AEP (October 15 through December 7) for a January 1st effective date. Dual eligibles will also be able to switch into either an integrated HMO D-SNP like Blue Shield TotalDual Plan in Los Angeles and San Diego or into Original Medicare Fee-for-Service and select a standalone Medicare Prescription Drug Plan (PDP) on a monthly basis beginning in 2025. The monthly Special Election Period (SEP) can be used by dual eligibles or beneficiaries with Low Income Subsidy (LIS) "Extra Help" once per month and their plan change will be effective the first of the following month. Using this SEP means dual eligibles will ONLY be able to enroll in an Integrated HMO D-SNP or Original Medicare + PDP; enrolling in a non-HMO D-SNP Medicare Advantage plan will not be an option under this SEP.

9. Can dual eligibles enroll in a Medicare Supplement plan?

No, dual eligibles are not eligible to enroll into a Medicare Supplement plan.

10. How do beneficiaries enroll in a Blue Shield HMO D-SNP plan?

Beneficiaries who qualify can enroll into a Blue Shield HMO D-SNP plan online, by using a paper application, or over the phone.

11. Where can I get more information about Blue Shield HMO D-SNP plans?

You can find information on Blue Shield HMO D-SNP plans through the plan documents on the [Blue Shield Medicare website](#). Internal Blue Shield employees can also find more information on our [Dual Eligible SharePoint site](#). You can also send HMO D-SNP inquiries to DSNPTeamRequests@blueshieldca.com

12. Which Blue Shield D-SNPs have aligned enrollment in 2025?

Blue Shield TotalDual Plan (H2819-001) in Los Angeles and San Diego counties will have exclusively aligned enrollment (EAE) in 2025. This means the members will automatically receive their Medi-Cal coverage through the Blue Shield Promise Medi-Cal Plan so that Medicare and Medi-Cal benefits can be coordinated entirely by Blue Shield of California. Sometimes there is a lag between the member's HMO D-SNP effective date and when DHCS updates the member's Medi-Cal effective date. If the member's Medi-Cal coverage has not been updated to align to Blue Shield Promise, you can send information on the member's case (Name, DOB, CIN, MBI, DSNP effective date, and confirmation that the member's Medi-Cal coverage is still active) to DSNPTeamRequests@blueshieldca.com so we can escalate the fix to DHCS.

13. Which Blue Shield HMO D-SNPs are open for new enrollment in 2025?

Blue Shield TotalDual Plan (H2819-001) in Los Angeles and San Diego counties is open to enroll new members in 2025. Blue Shield TotalDual Plan (H2819-003) in Orange and San Bernardino counties and Blue Shield Inspire (H2819-002) in Merced, Stanislaus, and San Joaquin counties will continue providing coverage for members who are already enrolled, but no NEW members are allowed to enroll in this plan.

14. What is a Blue Shield HMO D-SNP Care Coordinator and what do they do to help Blue Shield HMO D-SNP members?

Blue Shield HMO D-SNP Care Coordinators are like a member's health care assistant. They help the member complete Health Risk Assessments, develop Care Plans based on the member's health care goals, schedule appointments, resolve coverage or appointment issues, and provide information on how to access/connect with benefits and programs that aid the members. The care coordinators are on the Care Management team at Blue Shield and will work with nurses, social workers and more to help coordinate access to community resources.

15. What is the California Dual Eligible Medi-Cal Matching Plan Policy and which counties does it impact?

The aligned enrollment, also known as the Medi-Cal Matching Plan, policy requires dual eligible beneficiaries enrolled in a non-HMO D-SNP Medicare Advantage plan or an HMO D-SNP plan to also be enrolled in a matching Medi-Cal Managed Care Plan (MCP), if one is available. Under this policy, the beneficiary's Medicare plan choice leads and their Medi-Cal will follow to match their Medicare carrier, if there is a Medi-Cal plan affiliated under the same carrier. The beneficiary will be [notified by DHCS](#) if they have made a Medicare or Medi-Cal plan selection that is not allowed under the Medi-Cal Matching Plan Policy. Find out more information about this policy and beneficiary choices [here](#).

In 2025, dual eligibles in all counties in California will only be allowed to enroll into an aligned HMO D-SNP plan or a non-HMO D-SNP Medicare Advantage plan during the annual enrollment period. Dual eligibles will no longer be allowed to enroll into an HMO D-SNP plan WITHOUT a matching Medi-Cal Plan. This is why enrollment to new members is closed for our Blue Shield Inspire plan (H2819-002) in Stanislaus, San Joaquin, and Merced counties and Blue Shield TotalDual Plan (H2819-003) in Orange and San Bernardino counties, because Blue Shield does not have Medi-Cal plans in those counties.

Medi-Cal and Low-Income Subsidy (LIS) Eligibility

16. What if a beneficiary has Medicare and Medi-Cal but does not have Part D LIS or "Extra Help"?

If a beneficiary has Medicare and Medi-Cal, they will eventually have full Part D LIS eligibility; there has just been an information sharing lag between the state of California (DHCS) and CMS. The beneficiary can provide Blue Shield with **Best Available Evidence (BAE)**, which is proof that they are fully Medi-Cal eligible, to receive LIS in the interim. Customer Service can assist members in collecting their BAE and getting their eligibility manually corrected with our Medicare I&B team until CMS updates their system with the correct information. Reference [Knowledge Base Article KB0028192](#) for more information on the BAE process and assisting members with LIS.

17. Will Medi-Cal redeterminations or renewals impact Blue Shield HMO D-SNP members?

Yes. Because Blue Shield HMO D-SNP members also have Medi-Cal, they will undergo Medi-Cal redeterminations based on the month they were originally effective for Medi-Cal. The Blue Shield Duals Special Programs and Retention team will assist members with their applications and conduct outbound phone calls to Blue Shield HMO D-SNP members who lose Medi-Cal to help them regain eligibility, if possible.

18. Are there Blue Shield resources to assist Blue Shield HMO D-SNP members with their Medi-Cal

eligibility? Yes, the Blue Shield Dual Special Needs Program and Retention Team can assist members with their Medi-Cal redetermination, Low Income Subsidy (LIS), and more. Members can call the Duals team at (844) 378-4181 [TTY: 711], Monday through Friday, 8am to 5 pm, or email them at BSCPHPEnrollmentSPR@blueshieldca.com.

Value Based Insurance Design (VBID) Model

19. What is Value Based Insurance Design (VBID) model and what does it mean for Blue Shield HMO D-SNP members?

The VBID model is a demonstration where CMS tests if providing benefit flexibilities reduces costs and improves health outcomes. Blue Shield applied to have its Blue Shield TotalDual Plan (H2819-001) in Los Angeles and San Diego participate in the VBID Model effective January 1, 2025. Participating in the VBID model for this HMO D-SNP plan means we can offer more benefits and lower costs.

20. What additional benefits are offered under the Blue Shield TotalDual Plan related to the VBID model?

In 2025, the VBID model benefits we're offering to HMO D-SNP plan members in Los Angeles and San Diego counties include, a \$50 monthly grocery allowance, an expanded transportation benefit to approved locations such as grocery stores, gyms, and hearing aid providers, and \$0 copay for Part D covered drugs for all members. To learn more about these and all other benefits offered under this plan, refer to the other FAQ documents or the plan's Evidence of Coverage.

21. Does the VBID model apply to all Blue Shield HMO D-SNP plans?

No, the VBID model is ONLY approved for Blue Shield TotalDual Plan (H2819-001) in Los Angeles and San Diego counties.

22. Does the member have to do anything additional to apply for VBID model benefits once they're enrolled in the plan?

No, provided the member is a full dual eligible and has current 100% low-income subsidy (LIS) status. If there is a lag in LIS eligibility reflecting in our or CMS' systems, follow the Best Available Evidence process mentioned in the response to Question 14 in this FAQ document.

23. How does a Blue Shield TotalDual Plan member access the Healthy Grocery benefit?

A welcome letter and spending card (Healthy Benefits+ Card) will be sent to members. The spending card will be loaded with the \$50 Healthy Grocery monthly allowance amount. Information on how to utilize the benefit will also be included.

See below for ways that Blue Shield TotalDual Plan members can utilize the Healthy Grocery benefit:

- **In-store:** at participating stores such as Ralphs, Vons, Albertsons, Walmart, Dollar General and others. Participating stores vary by county.
- **Online (shipped to home):** by going to HealthyBenefitsPlus.com/BlueShieldCA. **Online orders can only be placed with Walmart through the HealthyBenefitsPlus.com/BlueShieldCA website.**
Please note: If an order comes in under \$35, a shipping charge of \$7.99 will appear and will be deducted from the benefit allowance, as long as funds are available. If this is not the case, the member will need to pay the fee, e.g., with a credit card. If the order total is \$35 or over, shipping is free.
- **Online (with store pickup):** by going to HealthyBenefitsPlus.com/BlueShieldCA. **Online orders can only be placed with Walmart through the HealthyBenefitsPlus.com/BlueShieldCA website.** Store pick-up availability may vary by store. Please check when placing an order whether store pick-up is an available option.

For additional information on how the Healthy Grocery benefit and Healthy Benefits+ Card allowance work, refer to the Healthy Grocery FAQ Document.

24. Does the Healthy Grocery benefit coordinate with the Supplemental Nutrition Assistance Program (SNAP) and/or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

Yes. The member will first provide their Healthy Benefits+ Card. If there is any remaining balance for the member's purchases, the member can then provide their SNAP or WIC card to complete the transaction.

Benefits and Coverage

25. Are there any copays, plan premiums, or deductibles associated with a Blue Shield HMO D-SNP plan?

In 2025, all copays, Part A and B premiums, plan premiums or deductibles for the Blue Shield TotalDual Plan in Los Angeles and San Diego counties (H2819-001) will be covered by a government or plan subsidy, so there will be no member cost sharing for this plan if all eligibility is intact. For the other two Blue Shield HMO D-SNP plans (H2819-002 and H2819-003), the only member cost sharing will be the low copays for covered Part D prescription drugs. Dual eligible beneficiaries have their Medicare Part A and B premiums, deductibles and up to 20% coinsurance covered by their full Medi-Cal coverage. Their full Part D Low Income Subsidy (LIS), also known as "Extra Help", covers their Part D premium and deductible and lowers their Part D prescription copays.

26. How can I compare the differences between the Blue Shield HMO D-SNP plans' dental coverage provided by Delta Dental and Medi-Cal Dental coverage?

Blue Shield HMO D-SNP plan dental benefits can be found in Chapter 4 of the Member Handbook for the Blue Shield TotalDual Plan in Los Angeles and San Diego counties and the Evidence of Coverage for the other two Blue Shield HMO D-SNP plans. A full list of services covered by the Medi-Cal Dental Program can be found by calling 1-800-322-6384 (TTY: 1-800-735-2922) or by visiting [Smile, California](#). Blue Shield HMO D-SNP plan dental benefits are designed to wrap Medi-Cal Dental benefits and cover services beyond what Medi-Cal does. The Blue Shield HMO D-SNP plan Delta Dental provider network is also limited to dental providers that are aligned to cover both HMO D-SNP plan and Medi-Cal dental benefits. You can visit the Blue Shield HMO D-SNP plans' Delta Dental website [here](#).

Here are some tips to give members to help ensure they have the best experience possible at their dentist's office.

- a. Make sure they've scheduled an appointment with a dentist who is in Delta Dental's HMO D-SNP network and enrolled in Medi-Cal. Members can find these Medicare and Medi-Cal dentists on Delta Dental's website [here](#).
- b. Take your Blue Shield HMO D-SNP plan member ID card and your Medi-Cal Beneficiary ID Card to the dental appointment and give both ID cards to the office.
- c. Before agreeing to pay for services, ask your dentist which services are or are not covered by Medi-Cal. Members have the right to ask for services that are only covered by their dental plan and Medi-Cal.

27. How are dental benefits and copays coordinated between Medi-Cal and the Blue Shield HMO D-SNP plans?

NEW for 2025 - To better coordinate with Medi-Cal dental benefits and promote an improved member experience, the number of procedure codes covered by the Blue Shield HMO D-SNP plans include the most utilized services that are not covered by Medi-Cal dental benefits. The number of procedure codes covered has been reduced to ensure members are not paying copayments for any covered services and that duplicate codes are not covered across the Blue Shield HMO D-SNP plan and Medi-Cal. Eighteen procedure codes are covered by the Blue Shield HMO D-SNP plans at \$0 copay; see listing below.

D2720	crown - resin with high noble metal	Restorative	\$0	2 per calendar years per patient
D2722	crown - resin with noble metal	Restorative	\$0	2 per calendar years per patient
D2750	crown - porcelain fused to high noble metal	Restorative	\$0	2 per calendar years per patient
D2752	crown - porcelain fused to noble metal	Restorative	\$0	2 per calendar years per patient
D2790	crown - full cast high noble metal	Restorative	\$0	2 per calendar years per patient
D2792	crown - full cast noble metal	Restorative	\$0	2 per calendar years per patient
D5670	replace all teeth and acrylic on cast metal framework (maxillary)	Prosthodontics (removable)	\$0	1 in 6 months
D5671	replace all teeth and acrylic on cast metal framework (mandibular)	Prosthodontics (removable)	\$0	1 in 6 months
D5710	rebase complete maxillary denture	Prosthodontics (removable)	\$0	1 per 1 calendar year (not covered within 6 months of initial placement)
D5711	rebase complete mandibular denture	Prosthodontics (removable)	\$0	1 per 1 calendar year (not covered within 6 months of initial placement)
D5720	rebase maxillary partial denture	Prosthodontics (removable)	\$0	1 per 1 calendar year (not covered within 6 months of initial placement)
D5721	rebase mandibular partial denture	Prosthodontics (removable)	\$0	1 per 1 calendar year (not covered within 6 months of initial placement)
D6240	pontic - porcelain fused to high noble metal	Prosthodontics (fixed)	\$0	1 per tooth per 5 calendar years
D6242	pontic - porcelain fused to noble metal	Prosthodontics (fixed)	\$0	1 per tooth per 5 calendar years
D6250	pontic - resin with high noble metal	Prosthodontics (fixed)	\$0	1 per tooth per 5 calendar years
D6252	pontic - resin with noble metal	Prosthodontics (fixed)	\$0	1 per tooth per 5 calendar years
D6750	retainer crown - porcelain fused to high noble metal	Prosthodontics (fixed)	\$0	1 per tooth per 5 calendar years
D6752	retainer crown - porcelain fused to noble metal	Prosthodontics (fixed)	\$0	1 per tooth per 5 calendar years

28. Is In-Home Supportive Services (IHSS) or adult day care covered by the Blue Shield HMO D-SNP plans?

Yes, IHSS and adult day care benefits and services are covered by the member's Medi-Cal Managed Care Plan, but it is the responsibility of the Blue Shield HMO D-SNP plans to initiate those coverage requests and coordinate access to those services once a member's need for them has been

identified.

Because the Blue Shield TotalDual Plan in Los Angeles and San Diego counties is exclusively aligned to the Blue Shield Promise Medi-Cal teams, we will be able to coordinate IHSS and adult day care coverage internally. We will have to work with external carriers for members enrolled in the other non-exclusively aligned Blue Shield HMO D-SNP plans to coordinate IHSS and adult day care coverage.

See the other Benefit FAQ documents and the plan's Member Handbook or Evidence of Coverage for more details on benefits.