

Key Points and Frequently Asked Questions

Current Updates in **RED**

1. General Clarifications

- a. **Universal Healthcare IPA (UHC IPA) is a network of providers, *not* a health plan; therefore, we are not “going away” effective 1/1/24**
- b. The IPA is comprised of FQHCs and independent PCPs and SCPs
- c. Eff. 1/1/24
 - i. Health Net no longer managing Medi-Cal for Kern County
 - ii. Anthem Blue Cross is the *new* health plan for Medi-Cal Kern County
 - iii. Universal Healthcare IPA *is* contracted with Anthem and is an IPA choice for Anthem Medi-Cal Kern County
- d. No changes for Medicare
 - i. Health Net Medicare is still active in Kern County
 - ii. UHC IPA remains contracted with Health Net for this line of business
- e. Plans/Lines of business contracted with Universal Healthcare IPA (UHC IPA)
 - i. Medi-Cal – Anthem Blue Cross
 - ii. Medi-Cal – Health Net – Kern County surrounding cities only**
 - iii. Medicare Advantage – WellCare by Health Net
 - iv. Dual Eligible – Health Net Medi-Medi (HNMM)**
- f. Q1 2024
 - i. UHC IPA is contracting with additional health plans and will be communicated to the network when finalized

2. Eligibility/Auths Process

- a. Anthem sending first eligibility file on 1/10/24
 - i. UHC IPA requested an interim list but nothing yet received
- b. Eligibility verification (please follow chronologically)
 - i. AEVS (M/Cal site for eligibility); will indicate if member eligible and with which plan
 - ii. Go to member’s plan site for further information related to IPA assignment, etc.
 - iii. If a UHC IPA member – fax auth request w/ eligibility verification and member/auth will be added to the system
- c. **UHC IPA will honor authorizations that were approved prior to 1/1/2024 from a member’s former IPA**
- d. If member remains enrolled with UHC IPA
 - i. UHC IPA will honor auths that were approved prior to 1/1/24
- e. If member changes health plan or disenrolls from UHC IPA

- i. The authorization terminates on 12/31/23
 - 1. Provider will need to work with new plan/IPA and follow their authorization process accordingly
- f. If member wishes to change to UHC IPA**
 - i. Member is required to complete and sign an Anthem PCP Selection Form**
 - 1. NEW - Be sure to only use the specific form we provided as Anthem will not accept other forms for Kern County Medi-Cal.**
 - ii. Fax form to Anthem at (888)860-2123 and UHC IPA at (661)735-5863.**
 - 1. UHC IPA will be prepopulating the Anthem PCP Selection Form with PCP/Clinic name and UHC IPA affiliated site code.**
- g. UHC IPA is following these eligibility steps as well
 - i. If a member is enrolled on another plan, UHC IPA uses that effective date as the termination date and subsequently, will be captured in EZ Cap.
- h. After 1/10/24 (when eligibility should be received/loaded into EZ Cap/Provider Portal)
 - i. Verify eligibility by searching with two letters of last name, two letters of first name AND DOB.
 - 1. If member is remains enrolled with UHC IPA the member will show termed with HN and Active w/ Anthem.
 - 2. If member has enrolled with another plan and/or IPA, the member will show the HN term effective date which indicates they have termed with UHC IPA
- 3. Division of Financial Responsibility (DOFR) differences between HN and Anthem
 - a. Finalization in process and should have by EOW
 - b. Once completed, we will send a bulletin highlighting the differences

Frequently Asked Questions

January 3, 2024

Q	What is the link for submitting authorizations online?
A	https://eznetportal.universalhealthcareipa.com/EZ-NET60/Login.aspx For the time being, we're asking that you please <i>fax in authorizations while we wait for eligibility.</i>

Q	What is the UM fax number?
A	(661) 735-5863

Q	What is the UHC IPA Customer Service number?
A	(661) 695-5990

Q	Are Universal, La Salle and Dignity the only IPAs contracting with Anthem Medi-Cal?
A	The plans that members could choose are as follows: Anthem (UHC IPA, La Salle, Dignity), Kern Family Healthcare, and Kaiser.

Q	Is there a link for contracted specialty providers within UHC IPA?
A	Yes. Go to Universal Healthcare IPA->For Members-> Specialty Care Providers and download the excel list. Reference Materials (universalhealthcareipa.com)

Q	What site do we use for first step in checking member eligibility?
A	https://provider-portal.apps.prd.cammiis.medi-cal.ca.gov/login

Q	Is Tulare County remaining with Health Net?
A	Yes

January 4, 2024

Q	Is Community Action Partnership of Kern (CAPK) a new IPA?
A	This could be a file transfer issue within Anthem/Availity as CAPK is <i>not</i> an IPA. We advise provider or member call Anthem to update with the appropriate PCP/clinic and IPA per member's request. UHC is doing the same when finding these discrepancies; Provider Rep has been engaged and examples are being sent for their review and remediation.

Q	Members that are dual eligible (Medi-Medi), Availity eligibility and member ID card state that PCP assignment is not required. Is this accurate?
A	If the member has Medicare FFS, they <i>may</i> not be required to have a Medi-Cal PCP assignment. But UHC IPA is reaching out to Anthem for further clarification. If an answer is needed urgently, it is recommended you contact Anthem for further clarification.

Q	Any member enrolled in Anthem Medi-Cal is required to have a PCP or Clinic assignment, correct?
A	Yes. This is a managed Medi-Cal product and PCP/Clinic assignment is required.

January 5, 2024

Q	Will UHC IPA honor authorizations made by former IPAs prior to 1/1/2024?
A	Yes. Please fax all supporting information on the authorization to our UM department.

Q	When will members receive their new ID cards from Anthem?
A	UHC IPA was informed that new member packets will be mailed on or by January 7, 2024.

January 8, 2024

Q	If we have a Health Net Medi-Medi member does that mean we will bill Health Net Medi-Cal as secondary?
A	When Medicare FFS is prime, bill Medicare and then bill UHC IPA as secondary. If Managed Medicare is with UHC IPA then you would bill us for services.

Q	Is Ridgecrest or Inyokern one of the Kern County surrounding cities?
A	Ridgecrest and Inyokern are in Kern County. Eligibility is determined by a service area radius (30 air miles) that calculates from zip code to zip code (member's home to PCP office). You may use the following link to calculate air miles https://www.mapdevelopers.com/mileage_calculator.php

Q	Does the PCP Change form replace the form provided in the My Choice packet members received in November?
A	No. The My Choice packets were related to plan selection and were due by 12/22/2023. If member did not choose a plan, then the State auto-assigned to a health plan (Anthem, Kaiser, KHS). If the member disagrees with the assignment then, they need to contact the State directly; Medi-Cal Managed Care Number 1-800-430-4263. https://www.healthcareoptions.dhcs.ca.gov/en/download-forms?county=Kern If the member is assigned to Anthem and wanting to change their PCP and/or IPA they would use the Anthem PCP Selection Form.

Q	What is the Anthem Member Services number?
A	Anthem Blue Cross Customer Care Center (800) 407-4627

January 9, 2024

Q	Can we receive a list of the Anthem site codes?
A	Yes. UHC IPA will be sending those out to providers.

January 10, 2024

Q	Can we get a printout of our eligibility?
A	UHC IPA will be sending monthly eligibility to all our FQHC and RHC providers.

Q	Are we able to get a copy of the Division of Financial Responsibility (DOFR)
A	A provider communication bulletin will be provided highlighting the differences between Health Net and Anthem. Outreach will be made to those providers and specialties who are highly impacted by any changes.

January 11, 2024

Q	How do we assist members that have completed their Plan/PCP choice but haven't yet received their ID card and welcome packet from their Plan?
A	The member would contact their plan directly. For those with Anthem Blue Cross, the customer service number is 800-407-4627. Another option is to look up the member on Availity and if able to locate member, you are able to print a temporary ID card.

Q	How long is the wait time when calling Anthem?
A	We've experienced varying hold times but cannot speak on behalf of Anthem.

Q	Do Chiropractic services require prior authorization?
A	No, prior authorization is not required; however, this is plan risk and will need to bill Anthem. Please refer to the Anthem Blue Cross Member Handbook Anthem Blue Cross Combined Evidence of Coverage (EOC) and Disclosure Form or call Anthem Blue Cross directly for benefit coverage and limitation.

January 18, 2024

Q	What's the algorithm for prior HN/UHC IPA members that did NOT select a new health plan? Are they automatically reassigned to UHC IPA thru Anthem? Or will it be similar to what they're doing in Fresno...Anthem assigning member to a direct contract and then, reassigning to the appropriate IPA and with a retro-effective date to 1/1/24?
A	The member health plan choice will be honored by DHCS. If the member does not choose a health plan, DHCS may auto-assign the member to the local initiative as a safety net (default plan). Once the member is assigned to a health plan, the health plan will assign the member to a contracted IPA. It is unclear to UHC the assignment algorithm Anthem is using to assign the member to an IPA. However, if the member IPA assignment is misaligned, the attending provider may assist the member with the Anthem PCP change form. It is also unclear what effective date Anthem will realign the member with the IPA.