Hershey Cause

The following is the fourth in a series of articles about Cal MediConnect that Hershey Cause Communications has developed for physicians, specialists and other health care providers serving in Los Angeles County.

How to Bill for Patients Enrolled in Cal MediConnect or in a Medi-Cal Health Plan

Two major changes to the way the state delivers health care are underway in California. The first transitions most patients from Medi-Cal fee-for-service into a Medi-Cal plan, through which they will receive all Medi-Cal benefits, including Managed Long-Term Services and Supports (MLTSS).

The second part is Cal MediConnect, which provides the option for older, low-income residents who qualify for both Medicare and Medi-Cal (dual eligible patients) to receive all of their benefits from one single, coordinated health plan. In Los Angeles County, there are five Cal MediConnect health plans from which to choose: L.A. Care Health Plan, Health Net, Care1st Health Plan, CareMore and Molina.

Your dual eligible patients can either: Choose to enroll in Cal MediConnect and have the range of medical, pharmacy, long-term care (home and community-based) and behavioral health services coordinated by a single health plan; or they can continue in fee-for-service Medicare and enroll in a Medi-Cal health plan (required).

Billing Under the New Cal MediConnect Program
Cal MediConnect health plans typically utilize a capitated model of payment, providing a per member per month (PMPM) fee for each patient participating in the program to contracted providers within their networks. This offers both greater financial stability and simpler administration for physicians with one phone number to call for assistance.

For care provided to dual eligible patients in fee-for-service Medicare who are enrolled in a Medi-Cal health plan, physicians should bill Medicare services exactly as they have done in the past. They do not need to be part of the Medi-Cal health plan's network to be reimbursed.

Medicare will pay 80% of the Medicare fee schedule. The 20% copay cannot be billed to dual eligible patients. Instead, these "crossover claims" are submitted to the patient's Medi-Cal plan. The Medi-Cal health plan will pay the same amount that the physician would have been paid by fee-for-service Medi-Cal. Physicians should verify plan assignment using the patient's health plan identification card and also consult the state Medi-Cal Automated Eligibility Verification System (AEVS) to determine what plan the patient is assigned to. Once that has been confirmed, physicians can contact the health plan directly to determine where to send claims.

To find out more about the program and how to participate, please visit www.calduals.org. You can also visit www.calmediconnectla.org or call 1-888-522-1298 for more information.

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