# CBO DISPATCH

## The "B" means BUSINESS

CBO Dispatch No.: NGA 17-004                                        Issue Date: March 20, 2017

## More Cal MediConnect Claiming Issues:
### Resolved

Over the last several months, providers have been experiencing Medi-Cal denials for services to their Cal MediConnect clients. Some claims denied because the Health Care Plan (HCP) codes for the CareMore, Care1st, and Molina Cal MediConnect plans were not considered to be Cal MediConnect in the State's eligibility system. This issue was corrected June 14, 2016.

More recently, Medi-Cal has denied claims for clients in the HealthNet Cal MediConnect plan for services that were either directly billable to Medi-Cal because of the taxonomy of the rendering provider or the procedure code or the claims were Medicare billable and included adjudication from the Cal MediConnect plan. In working with the State on the reasons for these denials, it was determined that the eligibility record for HealthNet Cal MediConnect plan members showed that the Cal MediConnect plan had an Other Health Coverage (OHC) code of V, for various. When the coverage code is V, claims for the client are adjudicated as if the client had a regular OHC rather than a Medicare Advantage Plan (also known as Medicare HMO) even when Cal MediConnect is included in the eligibility response. This means that almost every service must be billed to and adjudicated by the OHC before the claim can be billed to Medi-Cal, following the rules for clients with a regular OHC.

Although the State has not made an official announcement about the fixes, Central Business Office (CBO) in conjunction with contract providers have noticed that the eligibility responses on the Medi-Cal website have changed for plan members of all the Cal MediConnect plans. Now, Cal MediConnect plans do not report an OHC value at all in the eligibility response. This is true even for HealthNet Cal MediConnect eligibility responses dating back to 2016. A few test claims to the State demonstrated that the change in the eligibility message resulted in a change in claims adjudication. Claims for clients in each of the Cal MediConnect plans were approved when submitted after the date the eligibility messages changed, on or around January 22, 2017. HealthNet Cal MediConnect claims submitted prior to the change continued to be denied even though the current eligibility response for these clients does not include an OHC value.

Based on these tests, Cal MediConnect claims appear to be adjudicating correctly and it is safe to submit these claims. Please note, that providers might continue to see denials for Cal MediConnect claims that reached the State prior to January 22nd. Providers might also see denials if there are future changes to the eligibility messages for those enrolled in Cal MediConnect plans. You can now verify eligibility for the Cal MediConnect clients and replace previously denied claims.

### WE'RE WORKING FOR YOU...

IBHIS providers, if you have questions or need more information, please create a HEAT ticket using the following link: https://extra.dmh.lacounty.gov/SelfServiceSupport/Pages/SelfService.aspx.

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**