RMD Bulletin

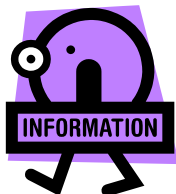## *Knowledge is power...*

Medi-Cal Managed Care Plans
(Re-issued - With More Eligibility Message Samples!)

The Medi-Cal managed care plan is a Prepaid Health Plan (PHP) program designed to allow Medi-Cal recipients to enroll in Health Maintenance Organizations (HMOs) as an alternative to the Medi-Cal fee-for-service program. The purpose of the PHP program is to develop a more efficient delivery of care to Medi-Cal recipients, reduce inflationary costs of Medi-Cal, and to improve the access to and continuity of Medi-Cal services. Medi-Cal managed care plans are *not* considered other health coverage (OHC).

The State implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or requiring outpatient or medical professional mental health services. Under the consolidation program, coverage for specialty mental health services is offered through the Mental Health Plans (MHPs) in California's 58 counties. The Department of Mental Health is the mental health plan for Los Angeles County. This means that public mental health services funded by Medi-Cal are separate from the physical health services offered in the managed care system. The State believes that "carving out" mental health care ensures that specialty mental health services will be provided more appropriately and effectively.

Recipients eligible for Medi-Cal are entitled to the full range of benefits authorized by Medi-Cal. If a client is a Medi-Cal beneficiary and has assigned their Medi-Cal benefit to an HMO, Short-Doyle/Medi-Cal providers are allowed to treat the client and bill Medi-Cal for mental health services rendered. Before rendering services to recipients enrolled in a Medi-Cal managed care plan, providers must verify Medi-Cal eligibility through the Integrated System (IS) or by using one of the following three methods: Point of Service (POS) device, calling the Automated Eligibility Verification System (AEVS) at 1-800-456-AEVS (2387), or visiting the Medi-Cal website at https://www.medi-cal.ca.gov/Eligibility/Login.asp.

Once eligibility is verified, a copy of the eligibility verification should be placed in the client's financial folder and the mental health service(s) should be billed to Medi-Cal in the IS. Below are several sample eligibility responses that will assist you with identification of a Medi-Cal Managed Care plan and distinguishing it from other health coverage:

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CARVED OUT MENTAL HEALTH SERVICES (MHS)
Services may be billed directly to Medi-Cal through the IS

Sample 1: Regular Medi-Cal with MHS Carved out
SUBSCRIBER LAST NAME: Doe. EVC #: 000000ZX0. CNTY CODE: 19. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: ANTHEM BLUE CROSS CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. ACCESS DENTAL PLAN: DENTAL CALL (123)123-1234

Sample 2: Regular Medi-Cal with MHS Carved out
SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 34. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: LA CARE HLTH PLAN CALL: (123) 123-1234. PCP: DR. B CALL: (123) 123-1234

NON CARVED OUT MENTAL HEALTH SERVICES (MHS)
Services MUST be billed to ALL eligible third-party benefits
BEFORE claiming to Medi-Cal

Sample 3: Regular Medi-Cal with OHC
SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. 1ST SPECIAL AID CODE: 4F. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: KAISER CALL: (123) 123-1234. PCP: DR. K CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE K – KAISER. CARRIER NAME: KAISER PERMANENTE HEALTH PLAN. ID: XXXXXXXXX. COV: OIM P

Sample 4: Regular Medi-Cal with OHC
SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (123) 123-1234. HCP: CARE FIRST CALL: (123) 123-1234. PCP: DR. C CALL: (123) 123-1234. OTHER HEALTH INSURANCE COV UNDER CODE V. CARRIER NAME: CALIFORNIA CARE BLUE CROSS HMO. ID: XXXAXXXXX. CARRIER NAME: DENTAL NET BLUE CROSS. ID: XXXAXXXXX. COV: OIM P D

Sample 5: Regular Medi-Cal, Medicare and Medicare Part D with NO OHC
SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 1H. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #XXXXXXXXXA . 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. CARRIER NAME: HUMANA INSURANCE COMPANY. COV: R

DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS

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Sample 6: Regular Medi-Cal, Medicare, Medicare Part D and with OHC
SUBSCRIBER LAST NAME: XXXX. EVC #: XXXX. CNTY CODE: 19. PRMY AID CODE: 60.
MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC
#XXXXXXXXXA . 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
MEDICARE RISK HMO. CARRIER NAME: EVERCARE COV: OIM R

Below is a list of the Medi-Cal Managed Care Plans for Los Angeles County in effect at this time:

- L.A. Care Health Plan
- Blue Cross of California Partnership Plan, Inc.
- Care1st Partner Plan, LLC
- Kaiser Permanente (KP) California, LLC (KA)
- Health Net Community Solutions, Inc. (Health Net)
- Molina Healthcare of California Plan Partner, Inc.

We're here to help you...

If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.