

RMD Bulletin

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MEDICARE PROVIDER ENROLLMENT

Due to the implementation of Short-Doyle/Medi-Cal Phase II's gross billing requirements, all providers are required to include Medicare adjudication information on their Medi-Cal claims for clients who have both Medicare and Medi-Cal (Medi/Medi or dual eligible). **Claims for Medi/Medi clients that have not been adjudicated by Medicare prior to being claimed to Medi-Cal will be denied by the State.** This requirement applies to all Medi-Cal billable services to Medi/Medi clients (except Targeted Case Management [T1017]) even if the service is not Medicare billable or the service is rendered by a non-Medicare provider. Please note that claims to Medicare rendered by a non-Medicare provider will be rejected by Medicare which will cause the claims to be denied by the State. (The State Department of Mental Health does not consider claims rejected by other payers to have been adjudicated and will deny them on that basis.)

As a threshold matter, providers must be enrolled in Medicare to have their claims adjudicated. Although RMD cannot advise providers on Medicare policy or the interpretation of Medicare rules, we can direct you to general information on Medicare provider enrollment.

Palmetto GBA is the federally contracted Medicare Administrative Contractor (MAC) for this region. Palmetto GBA processes Medicare claims and is also responsible for Medicare provider enrollment. You can find information on how to enroll your agency and eligible rendering providers with Medicare by visiting the Palmetto GBA website at www.palmettogba.com/j1b. Please note that only certain disciplines are eligible to enroll as Medicare providers and bill Medicare directly, however, several of these disciplines may also bill for services provided by their employees which are performed under their supervision. Please visit the Palmetto GBA website for more information on billing for mental health services performed under supervision.

Disciplines Eligible to Become Medicare Providers

- Physicians
- Nurse Practitioners
- Clinical Nurse Specialists
- Clinical Psychologists
- Licensed Clinical Social Workers
- Physicians Assistants

Additional provider enrollment information and applications can be found at:

<http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Jurisdiction%201%20Part%20B~Resources~Provider%20Enrollment~General~8525746A00550AA38525762C0054BF33>.

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Remember, the terms of your contract with the Los Angeles County Department of Mental Health (LACDMH) require your agency to be compliant with all Federal and State statutes, regulations, policies, and business guidelines concerning the billing of services to Medi-Cal and/or Medicare. Medicare may not reimburse for all of the services you may provide; however, that does not remove the obligation to bill Medicare for the services when they are provided to Medi/Medi clients. Accordingly, care should be taken in filing such claims to indicate your belief that the service is not covered. ***Billing the Medicare program for non-Medicare reimbursable services and/or services rendered by non-Medicare enrolled providers may be considered an improper or abusive billing practice if the claims are submitted without properly indicating that the claim is for purposes of receiving the denial.*** Please contact Palmetto GBA if you have questions concerning Medicare reimbursable procedure codes, codes to request denial, and/or how to enroll a service provider as a Medicare provider.

LACDMH and other county mental health departments throughout California have asked the State to reconsider their interpretation of the regulations and amend the requirement to receive a Medicare denial before billing Medi-Cal. The State Departments of Mental Health (SDMH) and Health Care Services (DHCS) are working with the Centers for Medicare and Medicaid Services (CMS) to come to some resolution that will allow providers to be in compliance with both Medi-Cal billing requirements and best Medicare business practices. It is unlikely that this issue will be resolved in counties' favor prior to their final implementation of Short-Doyle/Medi-Cal Phase II so while in negotiation, the State is moving forward with implementation of this requirement as stated above. Even though it is possible that this requirement could change, we wanted you to be prepared and to provide you with the information you need to get the Medicare provider enrollment process started.

We're here to help you...

If you have any questions or require further information, you may contact RMD at (213) 480-3444 or e-mail RevenueManagement@dmh.lacounty.gov.