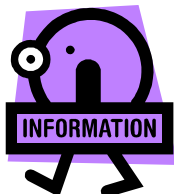


RMD Bulletin

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Medi-Cal Managed Care Plans

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 medical services. Therefore, the Medi-Cal managed care plan is not considered other health coverage (OHC).

The State Department of Mental Health (DMH) 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. Los Angeles County Department of Mental Health is the county's mental health plan. In other words, public mental health services funded by Medi-Cal are separate from the physical health services managed care system. The DMH believes that "carving out" mental health care ensures that 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 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, place a copy of the eligibility verification in the client's financial folder and bill the mental health service(s) in the Integrated System. To assist you in identifying a Medi-Cal Managed Care plan, see eligibility sample below:

SUBSCRIBER LAST NAME: Doe. EVC #: 00000ZX0. 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 (888)839-9909. HCP: ANTHEM BLUE CROSS CALL: (888) 285-7801. PCP: KAMRAN BROUKHIM CALL: (310)441-2000. ACCESS DENTAL PLAN: DENTAL CALL (888)414-4110.

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At this time, the following is a list of Medi-Cal Managed Care Plans for Los Angeles County:

- L.A. Care Health Plan
- Blue Cross of California Partnership Plan, Inc.
- Care1st Partner Plan, LLC
- Community Health Plan
- 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.