

CARE Fund – Provider Quick Reference

County Access to Rx Equity Fund (CARE Fund) is a prescription coverage program provided by the Los Angeles County Department of Mental Health (LACDMH) in partnership with Ventegra Foundation. It supports LACDMH clients **who cannot get health insurance or are actively working on getting other health insurance.**

What Costs Are Covered

For members, CARE Fund should fully cover the cost of prescriptions (**\$0 co-pay**) that are:

For [LACDMH Formulary Medications](#) *

Prescribed by [LACDMH Network Providers](#)

Dispensed at [LACDMH Network Pharmacies](#)

* Prior authorizations (PAs) are required for restricted formulary medications and non-formulary medications. Submit PAs via [CoverMyMeds](#). Follow the instructions below to obtain client's Member ID *before* starting a PA.

How to Enroll or Renew Coverage

Screen	Call	Relay
<p>Eligibility Criteria</p> <ol style="list-style-type: none">Client is uninsured or underinsured (i.e., does not have full-scope Medi-Cal, Medicare Part C or D, or other third-party prescription drug coverage), ANDClient has an open episode with LACDMH, ANDClient has received documented LACDMH service(s) within the last 3 months.	<p>Call CARE Fund (Ventegra) Member Services at 1-844-571-2987 to confirm / request / renew coverage and obtain Member ID.</p>	<p>Provide the following information to client and retail pharmacy.</p> <p>Pharmacy Processing Info Member ID: _____ Rx BIN: 012528 Rx PCN: VENTEG Rx GRP: VRX0449</p> <p>Link to Client Handout</p>

FAQs

Q: How will the transition from LACDMH-Magellan to CARE Fund impact clients, providers, and retail pharmacies?

- Existing LACDMH-Magellan members will be automatically enrolled into CARE Fund with **updated Member ID #s.**
- Existing PA approvals will be carried over.
- Client eligibility criteria will be unchanged.
- Enrollment / renewal process will be unchanged overall; note **updated Member Services phone** above.
- Ventegra will assist clients impacted by periodic changes to our network pharmacy list.

Q: How do I troubleshoot prescription claim rejections?

Call CARE Fund Member Services at **1-844-571-2987** for assistance.

Q: What is the preferred method for submitting PAs?

Submit PAs via [CoverMyMeds](#) (preferred). Alternatively, fax completed [PA Form](#) to 1-855-336-6612.

Q: How can I ensure the client's prescription coverage remains active?

- CARE Fund coverage is granted for up to 3 months at a time. During those 3 months, the care team is expected to actively help the client enroll into other coverage programs for which the client is eligible.

- If no other coverage is secured by the end of the 3 months, the care team can call Member Services to request an extension of CARE Fund coverage.
- Care teams should ask their financial workers to:
 - **Screen Early:** Check for and document RxBIN, RxPCN, and RxGRP identifiers from clients' insurance cards during financial screenings.
 - **Escalate Gaps:** Notify the care team immediately if a client lacks active outpatient prescription drug coverage (i.e., client has no active, full-scope plan that can be tied to a RxBIN, RxPCN, and RxGRP * – these identifiers are necessary for prescription claims routing).
 - **Support Enrollment:** Assist in efforts to secure outpatient prescription drug coverage for clients.

Q: May I request coverage for clients without going through the CARE Fund call center?

All coverage requests **MUST** be submitted through CARE Fund Member Services. If a coverage request is received via another route, the requestor will be redirected to CARE Fund Member Services.

Q: If a contracted provider is unable to automatically transmit episode and service information to LACDMH in real-time, how can the client meet Eligibility Criteria 2 and 3?

- The contracted provider must manually fax or email documentation of **episode creation** and documentation of **service date(s)** to LACDMH Pharmacy Services.
 - If FAXING, please fax to 1-213-402-2889. The fax cover page must include "CARE Fund Manual Eligibility - Episode and Service Documentation"
 - If EMAILING, please send an encrypted email to pharmacyeligibility@dmh.lacounty.gov. Use the subject line: "[**secure**] CARE Fund Manual Eligibility - Episode and Service Documentation". Do not include Protected Health Information (PHI) in the subject line.
- After faxing or emailing this documentation, the contracted provider must **call** CARE Fund Member Services as per the enrollment process on page 1.

* The following government plans utilize a universal RxBIN, RxPCN, and RxGRP for all enrolled members: Medi-Cal, TRICARE, and ADAP. Thus, these identifiers are typically omitted from the physical identification cards presented by members. Other plans should display a RxBIN, RxPCN, and RxGRP on members' insurance cards if prescription drug coverage is included.

Using the CARE Fund Client Handout

The [CARE Fund Client Handout](#) lists information that retail pharmacies will need to process prescription claims for clients under CARE Fund.

You can provide the handout to clients **with** or **without** the Member ID # filled in. If the client's CARE Fund eligibility is pending, you can relay the Member ID # to the client after it is confirmed.

The Client Handout itself is **NOT proof of active or guaranteed coverage**. At the pharmacy counter, prescription claims will process successfully **ONLY** if all criteria are met.

Important: While the Member ID # will likely coincide with the client's IBHIS #, do **NOT** assume this will always be the case. Confirm eligibility and Member ID # **BEFORE** writing it on the handout.

Encourage clients to provide the handout information to the retail pharmacy **ahead of time (recommended)** so that coverage issues can be addressed before clients arrive at the retail pharmacy. Clients should also provide the physical handout to the retail pharmacy when they arrive.

It is recommended that clients take a photo of the handout for safekeeping.