RMD Bulletin

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Claiming for Cal MediConnect Clients

**in the
IS**   **...and
in IBHIS**

STEP BY STEP

Background
The California Medi-Cal program is partnering with Medicare on a three-year demonstration project exploring the best ways to promote coordination of health care services to people who have both Medicare and Medi-Cal (dual eligible beneficiaries, dual eligibles, or duals also known as Medi/Medi). In California, this dual demonstration project is called Cal MediConnect. Los Angeles County is one of seven counties participating in the demonstration phase of Cal MediConnect. For this demonstration project, medical, behavioral, long-term institutional, home-based, and community-based care for duals will be coordinated through a select number of health care plans. These plans will administer both Medicare and Medi-Cal for participants on behalf of the Federal and State governments.

How dual eligibles become Cal MediConnect participants
Eligible duals become participants in Cal MediConnect through a passive enrollment process that will continue through June 2015; those who become eligible as a result of enrolling in the Low Income Subsidy (LIS) plan for Medicare prescription drug coverage will be enrolled in January 2015. Passive enrollment means that the State will enroll all dual eligibles into one of the participating health plans over the course of the year based on the beneficiaries' birth month. Dual eligibles who do not want to participate are able to opt out of Cal MediConnect but they must act to do so. *Please note that participants in Cal MediConnect are members of Medicare Advantage Plans (also known as Medicare Health Maintenance Organizations [Medicare HMO]).*

Identifying Cal MediConnect participants
Cal MediConnect participants can be identified at the time of financial screening or when checking eligibility on the Medi-Cal website.

All providers are required to financially screen clients in order to evaluate their ability to access third party benefits such as Medi-Cal, Medicare, and private insurance. As members of private insurance health plans that are administering Medi-Cal and Medicare on behalf of the State and Federal governments, Cal MediConnect participants will be issued insurance cards identifying them as members of one of the private insurance health plans listed below. Providers must call the health plan to confirm eligibility and participation in the Cal MediConnect plan.

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Providers also can check the client's coverage information on the Medi-Cal website. The Medi-Cal eligibility response will identify the client as a health plan member, the name of the health plan, and the coverage code is A as in the example below.

Eligibility Message:
SUBSCRIBER LAST NAME: ▮▮▮▮. EVC #: ▮▮▮▮▮▮. CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: HEALTH NET CAL MEDICONNECT: MEDICAL CALL (888)▮▮▮▮. HEALTH NET OF CALIFORNIA, INC: DENTAL CALL (800)977-7307. PART A, B AND D MEDICARE COV W/HIC #▮▮▮▮. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. NO MEDI-CAL PAYMENT FOR MEDICARE PART D COVERED DRUGS. OTHER HEALTH INSURANCE COV UNDER CODE A. COV: COMPREHENSIVE.

The following health plans are part of the Cal MediConnect project. Links to each plan's website are also included:

- Care1st Cal MediConnect Plan
- CareMore Cal MediConnect Plan
- L.A. Care Cal MediConnect Plan
- HealthNet Cal MediConnect Plan
- Molina Dual Options Cal MediConnect Plan

Claiming for Services to Cal MediConnect Members

Below are step by step instructions on how to submit claims through the Integrated System (IS) and the Integrated Behavioral Health Information System (IBHIS).

Claims submitted through IS:

- Check member insurance/eligibility. Duals will be identified as Cal MediConnect health plan members on the eligibility response from Medi-Cal.
- Add the appropriate Cal MediConnect plan as an "Insurance/Third Party" payer on the Financial Tab and ensure that the client also has Medi-Cal as a payer on the Financial Tab.
- Submit paper claims to the Cal MediConnect address listed below. Each Cal MediConnect plan may have its own procedure for submitting claims. Whether providers should use the CMS 1500 form for claiming or if another method of submitting claims is available should be confirmed when calling to verify eligibility.

CareMore/Care1st/LA Care Cal MediConnect plans	HealthNet Cal MediConnect plan	Molina Dual Options Cal MediConnect plan
Beacon Cypress Service Center/ Central California Alliance for Health Claims 5665 Plaza Drive, Suite 400 Cypress, CA 90630-5023	Managed Health Network (MHN) MHN Claims P.O. Box 14621 Lexington, KY 40512-4621	Molina Healthcare of California P.O. Box 22702 Long Beach, CA 90801

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- Enter the adjudication information from the EOB into the IS and submit the claim to Medi-Cal. Providers submitting their claims using Electronic Data Interchange (EDI) should add the adjudication information to the claim and then submit it.

Claims submitted through IBHIS:

- Check member insurance and eligibility with the Cal MediConnect plan or on the Medi-Cal website. Duals will be identified as Cal MediConnect health plan members in the eligibility response from Medi-Cal.
- Set up the Cal MediConnect plan as a guarantor in the client's Financial Eligibility. The order of the guarantor is very important; it determines who gets billed first. For Cal MediConnect members, make sure that the Cal MediConnect plan is first (unless the client has additional coverage that is to be billed prior to the health plan). Below is a list of each Cal MediConnect plan's guarantor name and number in IBHIS:

Guar. ID #	Insurance Card Name/Guarantor Name for Look Up
110	Molina Cal MediConnect Plan
182	Health Net Cal MediConnect Plan
197	L.A. Care Cal MediConnect Plan
203	Care 1st Cal MediConnect Plan
204	CareMore Cal MediConnect Plan

- Ensure that the client also has Medi-Cal set up as a guarantor in Financial Eligibility. Clients also must have LA County set up as a guarantor after the Cal MediConnect plan and Medi-Cal.
- Submit paper claims to the Cal MediConnect address listed below. Each Cal MediConnect plan may have its own procedure for submitting claims. Whether providers should use the CMS 1500 form for claiming or if another method of submitting claims is available should be confirmed when calling to verify eligibility.
- Include the adjudication information from the EOB when submitting the EDI claim to IBHIS.

CareMore/Care1st/LA Care Cal MediConnect plans	HealthNet Cal MediConnect plan	Molina Dual Options Cal MediConnect plan
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Remember, the process outlined above applies only to those clients who are participating in the Cal MediConnect dual demonstration project. Providers must continue to follow the existing policy and procedure for all other clients enrolled in Medicare HMOs.

We're here to help you…

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