

Medicare and Medi-Cal Payments & Services

Provider Fact Sheet | 2014

This fact sheet explains how payment for services currently covered under Medi-Cal or Medicare will function once your patient enrolls in Medi-Cal Managed Long Term Services and Supports (MLTSS) or Cal MediConnect. Under Cal MediConnect, providers will see streamlined administration as they will be able to submit claims to one plan, rather than navigating both the Medicare and Medi-Cal billing processes.

Payment for Medi-Cal Services

- Under the CCI, Medi-Cal services will continue to be covered. However it will now be the Cal MediConnect or MLTSS plan's responsibility to adjudicate the claim and payment in the same way that Medi-Cal fee-for-service or managed care does today.
- Select Medi-Cal services, such as dental, will remain under Medi-Cal fee-for-service.

Payment for Medicare Services

- **MLTSS:** If your patient opts out of Cal MediConnect and is only enrolled in MLTSS, Medicare services will remain as they are today and you will experience no change in how you see patients or bill for services.
- **Cal MediConnect:** If your patient enrolls in Cal MediConnect, you must be contracted with their Cal MediConnect health plan to receive payment for their Medicare covered services. Medicare service claims will be adjudicated by the health plan.

Payment for Services Covered by Medicare AND Medi-Cal

- **MLTSS:** You continue to bill Medicare as the primary payer for these services. You must contract with the MLTSS plan to bill Medi-Cal as the secondary payer.
- **Cal MediConnect:** You will need to contract with the Cal MediConnect health plan to receive payment for services. The plan will adjudicate payments and claims for Medicare and Medi-Cal covered services.

Continuity of Care

After a beneficiary joins a Cal MediConnect or Medi-Cal managed care plan for MLTSS, and you are not part of the network, your beneficiary has a right to continue to see you for a period of time if you and the plan reach agreeable terms.

- Medicare services: 6 months
- Medi-Cal services: 12 months

To qualify for continuity of care, you must:

- Have an existing relationship with the beneficiary.
- Agree to payment terms with the plan, based on the existing Medicare and Medi-Cal fee schedules.
- Be a primary or specialty care provider. Continuity of care does not apply to ancillary services like durable medical equipment and transportation.

(Turn over for description of what services are covered by Medicare versus Medi-Cal.)

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All services that are covered under Original Medicare and Medi-Cal will be covered under the Cal MediConnect health plans. Additionally, the Cal MediConnect health plans will provide a supplemental vision and transportation benefit. The following are some of the benefits covered by each program. For a full list of services covered under Cal MediConnect please see Chapter 4 of the Member Handbook.

Cal MediConnect health plans do not allow their providers to bill their patients for services. The health plans pay their providers directly.

Services Covered by Medicare

- Physician services/provider services, including doctor's office visits
- Hospital care
- Prescription drugs
- Hospice
- Home health care

Services Covered by Medi-Cal

- Long term services and supports including:
 - Community Based Adult Services (CBAS)
 - In-Home Supportive Services (IHSS)
 - Multi-Purpose Senior Services Program (MSSP)
 - Skilled nursing facility care
 - Non-emergency medical transportation

Services Covered by Medicare and Medi-Cal

- Durable medical equipment
- Nursing facility care

Primary and Secondary Payer Information

If your patient enrolls in MLTSS, you must continue to bill Medicare as the primary payer and the MLTSS plan as the secondary payer. Under Cal MediConnect, you will bill just one payer – the health plan. The health plan will be responsible whether Medicare or Medi-Cal is the payer.

Additional questions:

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