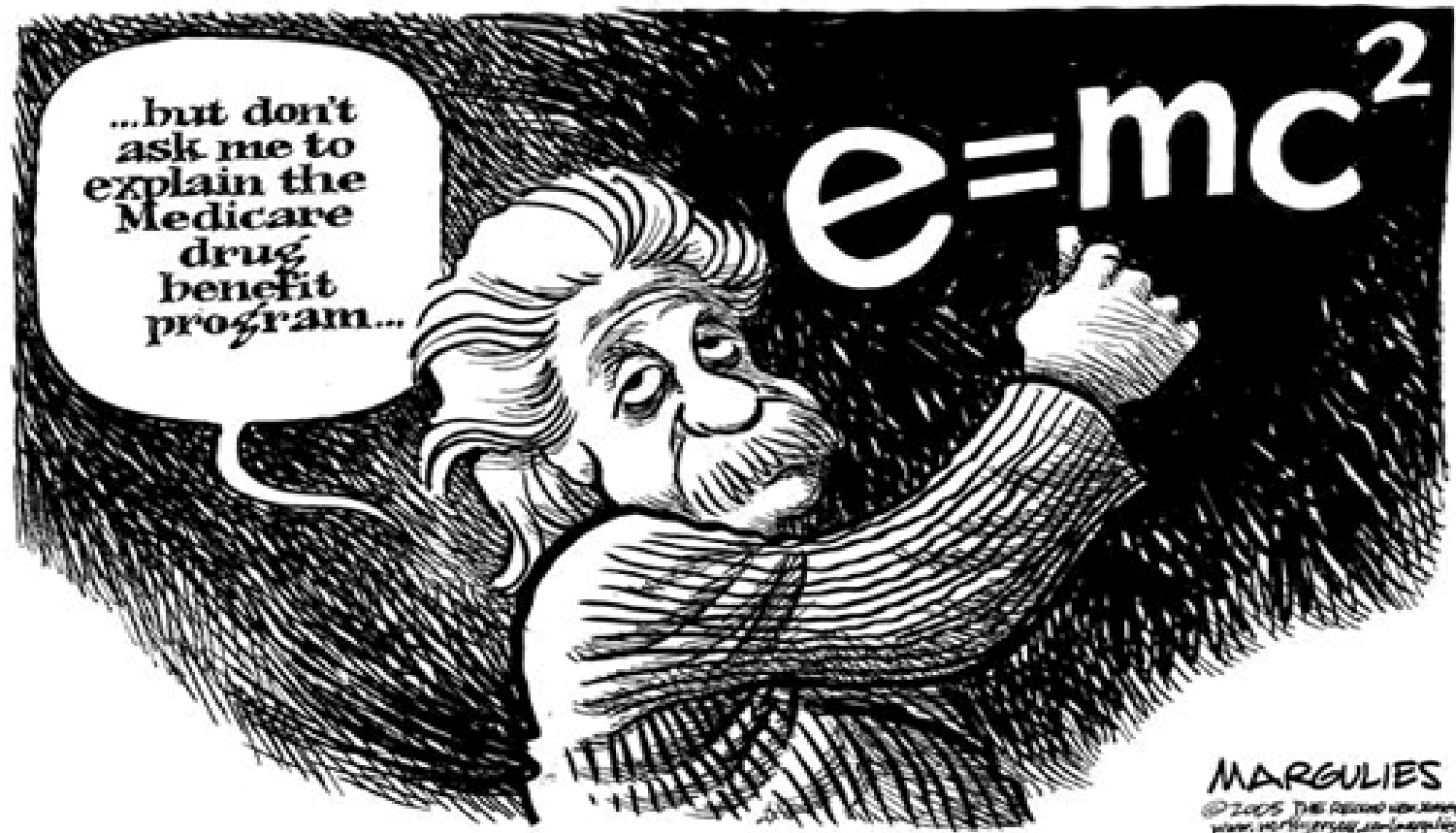




California Medical Association
Physicians dedicated to the health of Californians

Center for Medical and Regulatory Policy

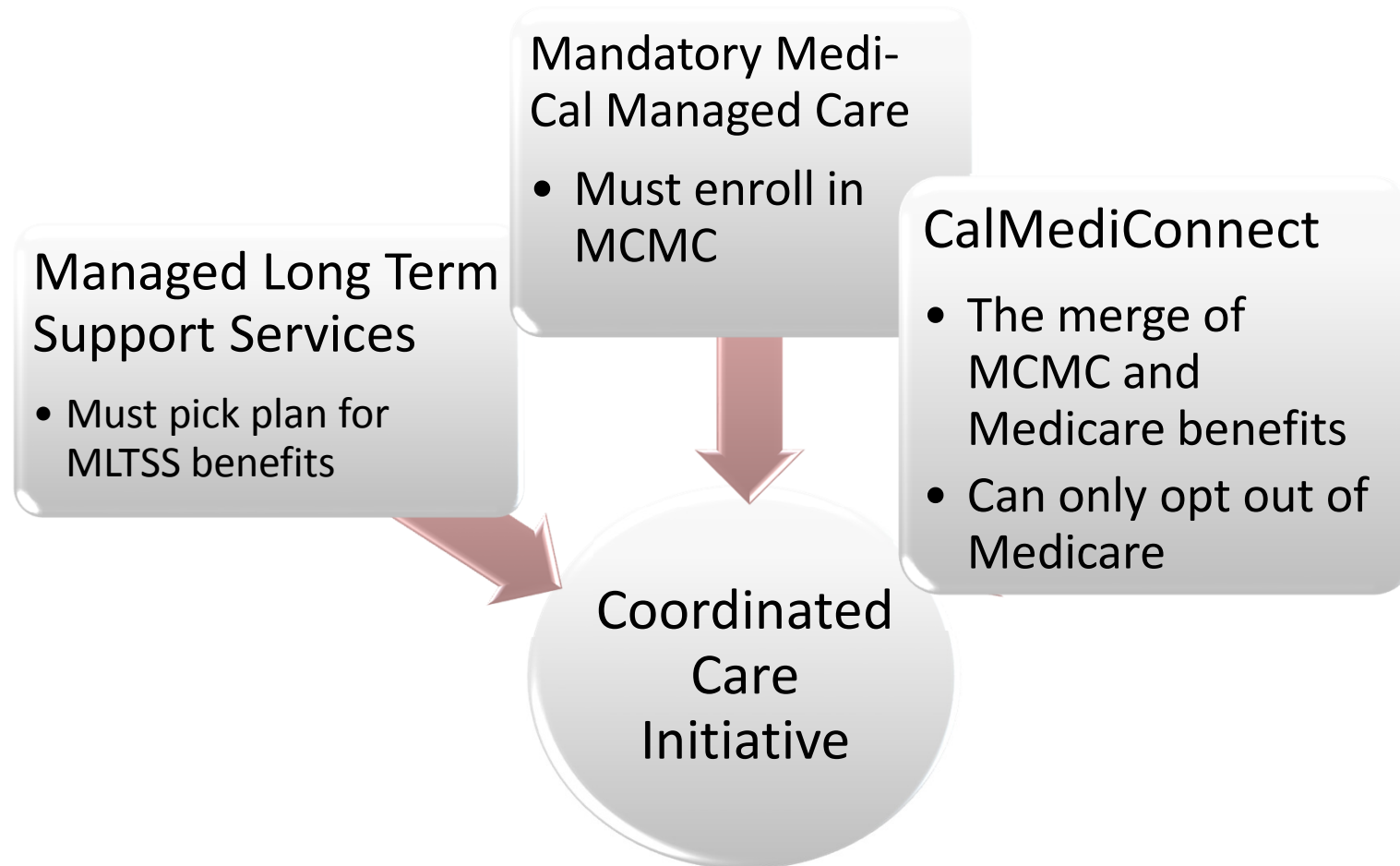


...but don't
ask me to
explain the
Medicare
drug
benefit
program...

$$e=mc^2$$

MARGULIES
© 2005 This cartoon was drawn
www.marthepercy.com/margulies

Three Pronged Approach



What happens during the first of the year and who pays Medicare's



What Medicare Doctors Need to Know: Payment of Medicare Deductibles and Coinsurance

Changes are coming to how most Medicare and Medi-Cal beneficiaries (dual eligibles) receive their health care in the eight counties participating in the state's Coordinated Care Initiative (CCI). There are two parts to the CCI:

Cal MediConnect: Dual eligible beneficiaries have a new option to receive their Medicare and Medi-Cal benefits through a Cal MediConnect health plan, which offers additional care coordination, vision and transportation benefits. Talk to your Cal MediConnect plans about joining the new system of care.

Medi-Cal Managed Care: Dual eligible beneficiaries who choose not to join a Cal MediConnect health plan will keep their Medicare the way it is now, but must choose a Medi-Cal health plan for Medi-Cal wrap-around benefits including:

- Any applicable Medicare deductibles or coinsurance.
- Incontinence supplies, hearing aids and non-emergency transportation.
- Long-term services and supports (such as IHSS [In Home Supportive Services] and skilled nursing facility care).

Medi-Cal Plans Now Process Cross-Over Claims

If your dual eligible patients opt out of Cal MediConnect and instead join a Medi-Cal managed care plan for long-term support services, you may continue to be their doctor. You do not have to have a contract with the Medi-Cal health plan.

For Medicare Services: You will still bill Medicare, as you do today, for Medicare-covered services. If there is any deductible or coinsurance payment due to you, you do not need to bill the Medi-Cal health plan. After you bill Medicare, the "crossover claim" will be automatically sent to Medi-Cal. If you are owed anything, the Medi-Cal health plan will pay you directly, the way traditional Medi-Cal used to pay you.

For Medi-Cal Services: You will bill the Medi-Cal health plan directly. You may need an authorization for some services; contact the plan for more information. Transportation and equipment providers may need to contract with the plan.

**You do not need a health plan contract
to receive deductible and coinsurance payments.**

Remember to check your patients' Medi-Cal eligibility at every visit.

To find out more about the Coordinated Care Initiative visit www.CalDuals.org/providers.



Sample POS: Cal MediConnect

Eligibility Response

Eligibility transaction performed by provider: 1598768327
on Thursday, May 15, 2014 at 1:34:32 PM



| | | |
|--|------------|----------------|
| Name: | | DOE, JOHN |
| Subscriber ID: | | 12 |
| Service Date: | Subscriber | |
| 05/15/2014 | | |
| Primary Aid Code: | | 10 |
| Second Special Aid Code: | | |
| Subscriber County: | | 37 - San Diego |
| Primary Care Physician Phone | | |
| Trace Number (Eligibility Verification Confirmation (EVC) Number): | | |
| 795L38H47B | | |
| Eligibility Message: SUBSCRIBER LAST NAME: DOE. EVC#: 123456789d. CNTY CODE: 37. PRMY AID CODE: 3N. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: CARE 1ST CAL MEDICCONNECT: MEDICAL CALL (855) 905-3825. PART A, B AND D MEDICARE COVERED W/HIC #123456789d. 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. COV: COMPREHENSIVE. | | |

Eligibility Message:
 SUBSCRIBER LAST NAME: DOE. EVC#: 123456789d. CNTY CODE: 37. PRMY AID CODE: 3N. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. **HEALTH PLAN MEMBER: CARE 1ST CAL MEDICCONNECT:** MEDICAL CALL (855) 905-3825. PART A, B AND D MEDICARE COVERED W/HIC #123456789d. 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. COV: COMPREHENSIVE.

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Sample POS: Medi-Cal Plan

Eligibility Response

Eligibility transaction performed by provider: 1598768327
on Thursday, May 15, 2014 at 1:34:32 PM



| | | |
|--|---|--|
| Name: | DOE, JOHN | |
| Subscriber ID: | 12 | |
| Service Date: | Subscriber | |
| 05/15/2014 | | |
| Primary Aid Code: | 10 | |
| Second Special Aid Code: | | |
| Subscriber County: | 37 - San Diego | |
| Primary Care Physician Phone: | | |
| Trace Number (Eligibility Verification Confirmation (EVC) Number): | 795L38H47B | |
| Eligibility Message: | <p>SUBSCRIBER LAST NAME: DOE. EVC #: 12345678RG. CNTY CODE: 36. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-MOLINA HEALTHCARE: MEDICAL CALL (800)526-8196. PART A, B AND D MEDICARE COV W/HIC #123456789A. 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. COV: COMPREHENSIVE.</p> | |

Eligibility Message:
SUBSCRIBER LAST NAME: DOE. EVC #: 12345678RG. CNTY CODE: 36. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-MOLINA HEALTHCARE: MEDICAL CALL (800)526-8196. PART A, B AND D MEDICARE COV W/HIC #123456789A. 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. COV: COMPREHENSIVE.



Sample POS: FFS Medi-Cal

Eligibility Response

Eligibility transaction performed by provider: 1598768327
on Thursday, May 15, 2014 at 1:34:32 PM



| | |
|-------|-----------|
| Name: | DOE, JOHN |
|-------|-----------|

| | |
|----------------|--------|
| Subscriber ID: | 123456 |
|----------------|--------|

| | |
|---------------|---------------|
| Service Date: | Subscriber ID |
| 05/15/2014 | 11/ |

| | |
|-------------------|----|
| Primary Aid Code: | 10 |
|-------------------|----|

| | |
|--------------------------|--|
| Second Special Aid Code: | |
|--------------------------|--|

| | |
|--------------------|----------------|
| Subscriber County: | 37 - San Diego |
|--------------------|----------------|

| | |
|---------------------------------|--|
| Primary Care Physician Phone #: | |
|---------------------------------|--|

Eligibility Message:
SUBSCRIBER LAST NAME: DOE. EVC#: 123456789d. CNTY CODE: 37. PRMY AID CODE: 3N. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/HIC #123456789d. PART A, B AND D MEDICARE COV W/HIC #123456789d. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. NO MED-CAL PAYMENT FOR MEDICARE PART D COVERED DRUGS. COV: COMPREHENSIVE.

| | |
|--|------------|
| Trace Number (Eligibility Verification Confirmation (EVC) Number): | 795L38H47B |
|--|------------|

Eligibility Message:
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If you are out of network with the MMCP, can your patients still see you?

- If your patient stays with traditional Medicare, they can see any Medicare provider. The provider does not have to be in the MMCP network.
- Again, the co-insurance would be paid for by the Medi-Cal managed care plan for the Medi-Cal portion. *There will not be authorization required.* With Medi-Cal being the secondary payer, the MMPC doesn't not have the right to require authorizations.

Should beneficiary have a complaint?

- They should first contact their plan with any grievances
- HICAP-Elder Law and Advocacy (858) 565-8772
- Dual Demonstration Ombudsman Resources
 - Call (855) 501-3077 (TTY 1-855-847-7914)
- Medi-Cal Managed Care Ombudsman (888) 452-8609
- Office of the Patient Advocate (866) 466-8900

Questions?