

## Medicare and Medi-Cal Payments & Services

Coordinated Care Initiative Provider Factsheet | 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.

These changes will impact physicians differently than long-term supports and services (LTSS) providers. For how the changes impact LTSS providers, see the box. The following is primarily for physicians.

### Payment for Medi-Cal Services

- Medi-Cal “wrap” services such as payment for the Medicare copay will continue to be covered. However, it will now be the plan’s responsibility to process the claim and payment in the same way that Medi-Cal fee-for-service or managed care does today.
- You do not need a plan contract.
- Select Medi-Cal services, such as dental, will remain under Medi-Cal fee-for-service.

### What Changes for LTSS Providers?

- **IHSS:** Nothing changes.
- **CBAS:** Providers already have plan contracts.
- **MSSP:** Health plans are required to contract with MSSP providers.
- **NF/SNF:** Providers will need a contract. Continuity of care means existing residents cannot be transferred by the plan.

### 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 processed 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 process payments and claims for Medicare and Medi-Cal covered services.

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

## Medicare and Medi-Cal Payments & Services

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

### 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)
- 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.

**To find out how to contact the plans in your area to learn about joining their networks, visit [www.CalDuals.org/providers](http://www.CalDuals.org/providers)**

### 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:

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

To qualify for continuity of care, you must:

- Have an existing relationship with the beneficiary (2 visits over last 12 months).
- Agree to payment terms with the plan, based on the existing Medicare and Medi-Cal fee schedules or the plan's fee schedule – whichever is higher.
- Be a primary or specialty care provider. Continuity of care does not apply to ancillary services like durable medical equipment and transportation.