



September 22, 2023

RE: Denied Claims Due to Loss of Medi-Cal Coverage for Procedural Reasons

Dear Contracted Provider,

We are writing to inform you about how L.A. Care Health Plan (L.A. Care) will be handling claims related to Medi-Cal members who temporarily lose health coverage during their Medi-Cal redetermination process due to procedural reasons, leading to health coverage termination and subsequent reinstatement.

During the redetermination process, it is crucial that our members submit their Medi-Cal renewal packet information back to the Department of Public Social Services (DPSS) in a timely manner. Failure to do so may result in the termination of their eligibility for Medi-Cal for procedural reasons.

If a member, whose eligibility has been terminated for procedural reasons, submits their renewal packet information to DPSS within the 90-day grace period, their coverage may be retroactively reinstated if they are determined to be eligible for Medi-Cal.

Once a member regains eligibility with L.A. Care, any claims that were previously denied due to their temporary ineligibility will be proactively identified by L.A. Care. We are committed to ensuring that these claims are reprocessed promptly based on our standard claims processes. As a result, providers will not be required to resubmit claims or Provider Dispute Resolutions (PDRs).

This approach will help streamline the process for both our members and providers, ensuring that eligible individuals receive the health care services they require without undue delays or administrative hurdles. It is important for providers to check members' eligibility at the point of service in order to avoid claim denials.

If you have any questions or require further clarification regarding this process, please do not hesitate to contact providerrelations@lacare.org.

Thank you for your continued partnership in serving the health care needs of our community.

Erik Chase
Senior Director, Claims Integrity
L.A. Care Health Plan

