

Important Update for Medicare Fee-for-Service Doctors

This update applies to individuals with Medi-Cal who are assigned to L.A. Care Health Plan (“L.A. Care”) or a Plan Partner (Anthem Blue Cross, Care1st or Kaiser) but who retain their Medicare under Fee-for-Service (FFS).



CBAS TRANSITION EFFECTIVE OCTOBER 1, 2012*

***Beneficiaries who have affirmatively opted for Medi-Cal FFS will be able to continue receiving Community Based Adult Services (CBAS) benefits for an additional month (through October 31, 2012). However, effective November 1, 2012, Medi-Cal beneficiaries must enroll in a Medi-Cal health plan to continue receiving CBAS benefits (exemptions noted at bottom**).**

- Q1. May I continue to see my Medicare patients on a FFS basis even if they enroll in a Medi-Cal health plan, like L.A. Care or a Plan Partner, to maintain their CBAS benefit under Medi-Cal managed care?** Yes. Individuals may be enrolled in a Medi-Cal health plan and continue seeing their Medicare FFS doctors at the same time.
- Q2. May I bill L.A. Care, a Plan Partner, or the responsible medical group for my patients' Medicare co-insurance or deductible if I am not a contracted provider under Medi-Cal managed care?** Yes. However, all claims billed to L.A. Care, a Plan Partner or their contracted medical groups must include a copy of the Medicare Remittance Advice (RA). Payments from Medi-Cal managed care payers to Medicare FFS doctors are limited to what the Medi-Cal FFS program would have otherwise paid.
- Q3. May I prescribe/request benefits that are only covered by Medi-Cal for my Medicare patients who are enrolled with L.A. Care or a Plan Partner if I am not a contracted provider?** Yes. However, you must obtain prior authorization from L.A. Care, the Plan Partner or the assigned medical group, **and** the services or benefits must be medically necessary.
- Q4. How do I know when my patients are assigned directly to L.A. Care under Medi-Cal managed care?** You may verify the Medi-Cal health plan assignment for each of your patients in a number of ways: 1) You may contact L.A. Care's Provider Service Line at 1-866-LACARE6 (522-2736) to inquire; 2) You may check California's Automated Eligibility Verification System (AEVS); or 3) You may ask your patient for a copy of his/her Medi-Cal health plan identification (ID) card. A sample of the card is listed in Q8.
- Q5. What types of benefits are covered by Medi-Cal?** Benefits covered by Medi-Cal that are L.A. Care's financial responsibility include: Certain DME and medical supplies (bath bench, safety rails, etc.); incontinence supplies (diapers, underpads, washes, creams, etc.); hearing aids; and non-emergency medical transportation. Please visit <http://www.lacare.org/dme> for details on Medi-Cal covered benefits and services.

****The following Medi-Cal beneficiaries DO NOT have to enroll in a Medi-Cal health plan and may keep their CBAS benefit under Medi-Cal FFS: 1) If beneficiaries are enrolled in a non-matching Medicare SNP; 2) If beneficiaries live in a Two-Plan or GMC county and have a Medi-Cal share-of-cost; or 3) If beneficiaries are enrolled in SCAN Health Plan or in a PACE plan.**

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Q6. How do I request an authorization for my Medicare patients enrolled directly with L.A. Care for the Medi-Cal covered benefits and services listed in Q5? Medicare FFS doctors may request prior authorization for their Medicare patients enrolled directly with L.A. Care for any of the Medi-Cal benefits and services that are medically necessary by completing a Pre-Authorization Request Form. The form may be downloaded from the “Utilization Management” section of L.A. Care’s Website address listed below. Completed forms and medical records to support medical necessity of the request must be faxed to 1-213-438-5777.

Q7. May I prescribe non-Part D drugs covered by Medi-Cal to my Medicare patients? Yes. Medicare FFS doctors may prescribe non-Part D drugs covered by Medi-Cal for members enrolled with L.A. Care or one of its Plan Partners. Please refer your Medicare patients to a pharmacy that is contracted with L.A. Care or the Plan Partner. Some non-Part D drugs may require prior authorization. Each health plan has its own Prior Authorization Form available on its Website. The six (6) classes of non-Part D drugs covered by Medi-Cal are as follows: 1) over-the-counter Medi-Cal covered drugs; 2) agents used for cough and colds; 3) prescription vitamin and mineral products; 4) barbiturates; 5) benzodiazepines; and 6) covered outpatient drugs that the manufacturer requires associated tests or monitoring services as condition of sale.

Members Assigned to a L.A. Care Direct Product: L.A. Care’s prior authorization form for prescription drugs is called a Medication Request Form, and is available in the “Pharmacy and Formulary” section of L.A. Care’s Website address listed below. Completed forms must be faxed to MedImpact at 1-800-861-7651.

Q8. What does the ID card for Medi-Cal members assigned directly to L.A. Care look like? A sample ID card for Medi-Cal members assigned directly to L.A. Care is listed below.

 L.A. Care HEALTH PLAN Member Services: 1-888-839-9909	Medi-Cal Program	FOLD HERE	PCP L.A. CARE HEALTH PLAN	
	MEMBER NAME JOHN DOE		DOUBLE AD	
	MEMBER ID XXXXXXXX			PPG L.A. CARE HEALTH PLAN
	DOB 06/15/1993			SUBMIT RX CLAIMS TO: MedImpact, BIN 003585 1-800-788-2949
EFFECTIVE DATE 02/01/2006	LANGUAGE SPANISH			



L.A. Care’s Website: <http://www.lacare.org/forms>
If you have additional questions, please call L.A. Care’s Provider Relations Line at 1-213-694-1250 x4121.