



CALIFORNIA DEPARTMENT OF AGING (CDA)

FAX Cover

TO: Community-Based Adult Services (CBAS) Providers
FROM: CBAS Branch
DATE: October 18, 2012
SUBJECT: Phase II CBAS Transition: Clarification of CBAS benefit under Medi-Cal Managed Care

The purpose of this letter is to provide clarification to providers and other interested parties of the CBAS benefit under Medi-Cal Managed Care.

For More Information:

Access the following websites:

- ✓ <http://DHCS.ca.gov/ADHCtransition>
- ✓ www.aging.ca.gov/ProgramsProviders/ADHC-CBAS/Default.asp

Contact DHCS or CDA by email at:

- ✓ DHCS – CBAS@DHCS.ca.gov
 - ✓ CDA – CBAScda@aging.ca.gov
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State of California



TOBY DOUGLAS
Director



EDMUND G. BROWN JR.



LORA CONNOLLY
Director

October 18, 2012

Dear CBAS Center Administrators and Program Directors,

The Department of Health Care Services (DHCS) and the California Department of Aging (CDA) are writing to inform you of the continuing steps we are taking to provide clear information to physicians, hospitals, professional associations, and CBAS providers to help everyone understand the benefits of a coordinated system of care, to clarify that these physicians can continue treating their Medicare patients who are CBAS participants if the participant enrolls in Medi-Cal Managed Care, and how the physician can go about doing that. We encourage you to share this letter with beneficiaries, physicians, and other interested parties.

Over the past few months, the State has taken numerous steps to ensure that accurate information is provided regarding the transition of the CBAS benefit to Medi-Cal Managed Care. These activities include:

- Notices sent to beneficiaries and CBAS providers
- Webinars to educate CBAS providers on the transition
- Weekly calls with health plans
- Several stakeholder meetings
- Conference calls directed to address the concerns of physicians
- Developing informative tools like FAQs to educate all about the CBAS transition

DHCS and CDA are aware that despite these efforts, some physicians and other providers are still misinformed about the transition, not providing complete or accurate information to their patients, and in some instances, apparently violating Medi-Cal Program rules. Over the coming months, DHCS and CDA will redouble efforts to work with Medicare physicians and other providers to continue to dialogue and educate them regarding Program rules. When appropriate to safeguard Medi-Cal Program integrity, DHCS Audits and Investigations will also follow up on reported concerns regarding inappropriate billing and other Program violations.

The following are critical points that DHCS and CDA want Medicare physicians, Medi-Cal providers, and beneficiaries to know:

Department of Health Care Services
1501 Capitol Avenue, MS 0000, P.O. Box 997413
Sacramento, CA 95899-7413
(916) 440-7400 phone, (916) 440-7404 fax
Internet Address: www.dhcs.ca.gov

Department of Aging
1300 National Drive, Suite 200
Sacramento, CA 95834-1992
(916) 419-7500 phone, (916) 928-2267 fax
Internet Address: www.aging.ca.gov

- If a CBAS participant's primary care physician is a Medicare provider, that beneficiary is not required to change doctors. A CBAS beneficiary can continue to see his or her personal Medicare doctor, and the doctor can continue to bill Medicare because Medicare is the primary health insurance. The doctor does not need to be part of the network of doctors for a Medi-Cal managed care plan.
- The State is aware that some Medicare physicians are reportedly turning away their patients who enroll in Medi-Cal Managed Care. This is an unfortunate and unnecessary choice of the Medicare physician. Medicare benefits are not impacted by a beneficiary's enrollment into a Medi-Cal Managed Care plan. A patient's enrollment in a Medi-Cal Managed Care plan WILL NOT reduce a physician's payment for services provided.
- Please note: It is NOT LEGAL for a Medicare doctor to charge Fee-For-Service (FFS) Medi-Cal beneficiaries for a Medicare copayment or deductible, and it is NOT LEGAL to charge a copayment or deductible to beneficiaries enrolled in Medi-Cal Managed Care. All Medicare services for beneficiaries enrolled in Medi-Cal Managed Care stay the same because Medicare is the primary health insurance. If doctors bill Medi-Cal today for a copayment or deductible, they can continue to bill Medi-Cal through the managed care plan and be reimbursed according to existing Medi-Cal payment rules.

DHCS and CDA appreciate all the work CBAS providers have done to educate CBAS participants and assist them with the choices they have been asked to make. As we continue our efforts, we ask you to continue to encourage your participants to have conversations with their physicians regarding CBAS, including the implications for them and their families if participants choose to not to enroll in Medi-Cal Managed Care and, in turn, opt-out of the ability receive the CBAS benefit.

Thank you,



Jane Ogle,
Deputy Director,
Department of Health Care Services



Lora Connolly,
Director,
Department of Aging