State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services
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Director

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February 3, 2003

MMCD All Plan Letter No. 03003

TO: Geographic Managed Care (GMC) Plans
Two Plan Model Plans

FROM: Luis R. Rico, Acting Chief
Medi-Cal Managed Care Division

SUBJECT: LTC GUIDELINES/POLICY LETTER GMC/TWO-PLAN LETTER

This is to provide clarification regarding the enrollment of Medi-Cal beneficiaries that require Long Term Care (LTC) in either the GMC or Two-Plan Model Programs. Health Plans are required to provide LTC for the month of admission and the following month thereafter. LTC will be billed under the Fee-For-Service Program.

Under existing contract requirements, a member of a health plan that requires long term care is to be disenrolled the month following the month of placement onto the long term care facility. Persons who become eligible for Medi-Cal at the time they are in a long term care facility are not eligible to enroll in the managed care program. However, there will be cases where a beneficiary in a long term care facility is erroneously enrolled in a health plan. In these instances, the plan shall notify their respective Contract Manager to request immediate disenrollment retroactive to the date of enrollment.

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If the plan does not discover this enrollment until several months have elapsed and has provided services beyond the LTC they may either:

> Notify their Contract Manager and request retroactive disenrollment to the date of enrollment and advise providers to bill Fee-For-Service (FFS) and reimburse the plan for any claims previously paid,
>
> or
>
> Accept responsibility for all contracted services for the first two months and request disenrollment to occur in the third month.

Questions regarding this letter should be addressed to your assigned Contract Manager.