

Medi-Cal Managed Care Changes in January 2023

Information for Medicare Providers



On January 1, 2023, Medi-Cal health coverage in many counties will change from Fee-For-Service (FFS) Medi-Cal to Medi-Cal Managed Care for people who have Medicare and Medi-Cal (Medi-Medi). Notices have been sent to beneficiaries.

- **Medicare providers serving Medi-Medi patients do NOT need to enroll in a Medi-Cal plan to continue receiving reimbursement as usual.**
- **The Department of Health Care Services is informing beneficiaries that their Medicare will not be impacted by their Medi-Cal plan choice.**

Over 70 percent of Medi-Medi patients are already enrolled in Medi-Cal managed care plans. Starting January 2023, all Medi-Medi patients statewide will be enrolled in Medi-Cal managed care plans. This is a new requirement in the Bay Area, Central Valley, and Imperial County.

How will Medicare Provider Billing Change when a Medi-Medi Patient Joins a Medi-Cal Plan?

Medicare benefits or providers do NOT change after someone joins a Medi-Cal plan.

- » **Original (Fee-for-Service) Medicare:** Provider bills Medicare Administrative Contractor (Noridian). Medicare (Noridian) processes the primary claim for Medicare payment, and then forwards the claim to the Medi-Cal plan (or DHCS) for secondary Medi-Cal payment.
- » **Medicare Advantage (MA):** Provider bills MA plan for primary Medicare payment.
 - » If patient's MA plan is the same as patient's Medi-Cal plan, same organization should process secondary claim.
 - » If patient's MA plan is different than patient's Medi-Cal plan:
 - » MA plan may send secondary claim to Medi-Cal plan, if known, OR

- » Provider will need to bill secondary to Medi-Cal plan (or DHCS).

In general, Medi-Cal Managed Care plans are responsible for all applicable Medicare deductibles and coinsurance for dual-eligible individuals, whether the Medicare provider is in or out of network. Medi-Cal plans should be billed appropriately.

Choosing a Medi-Cal Managed Care Plan

Medi-Cal plan choices depend on the county, and whether the patient is in a Medicare Advantage plan. Learn more about choices by visiting [Health Care Options \(HCO\)](#) or calling 1-800-430-4263.

What is a Medi-Cal Managed Care Plan?

A Medi-Cal plan is a health plan that coordinates all Medi-Cal benefits. A Medi-Cal plan can give extra benefits along with Medicare benefits. Medi-Cal benefits for Medi-Medi patients include:

- Coordination of any Long-Term Services and Supports
- Transportation to and from medical appointments
- Special medical equipment and supplies
- CalAIM Enhanced Care Management and Community Supports

In addition, in January 2023 all Medi-Cal plans statewide will be responsible for Skilled Nursing Facility care as a Medi-Cal managed care benefit.

Additional Resources

- For more information on the Medi-Cal managed care transition, please visit this webpage at the California Department of Health Care Services: [Statewide Medi-Cal Managed Care Enrollment for Dual Eligible Beneficiaries](#)
- For more information on the Medi-Cal plan choices in each county, visit [Health Care Options](#) or call 1-800-430-4263
- For additional questions from Medicare providers related to this transition, please email OMII@dhcs.ca.gov.