



1600 9th Street, Sacramento, CA 95814
(916) 654-2309

DATE: February 17, 2011

DMH INFORMATION NOTICE NO.: 11-04

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: DUAL-ELIGIBLE (MEDICARE / MEDI-CAL) CLAIMING IN SHORT
DOYLE PHASE II

This Information Notice provides policy guidance based on consultation with California's Medicaid single state agency, the Department of Health Care Services, regarding county mental health plan (MHP) claiming for Medi-Cal reimbursement for specialty mental health services provided to beneficiaries eligible for both Medicare and Medi-Cal (dual eligibles).

County Mental Health Plans

If the MHP is a direct provider and a Medicare certified provider rendering Medicare-reimbursable services at a county owned and operated site, the MHP must claim Medicare for services prior to claiming Medi-Cal except as described in DMH Information Notices 09-09, 10-11, and 10-23.

An MHP that is **not** currently a Medicare certified provider must apply to Medicare for certification at least annually.

Effective immediately, if the MHP has been denied Medicare certification, the MHP must submit the Medicare notice of such denial to the Department of Mental Health (DMH) via email to DMHProviderFile@dmh.ca.gov before the services can qualify for Medi-Cal payment. The MHP must reapply for Medicare certification on an annual basis, defined as one year from the date of the initial denial. Claims will only be paid by Medi-Cal if the MHP has a current Medicare certification denial on file with DMH.

Contract Provider

If the MHP contracts with a provider that renders services to dual eligible beneficiaries, the requirements are as follows: A contract provider who is certified by Medicare and renders services at a place of service eligible for reimbursement under the Medicare Program, must claim Medicare for services prior to claiming Medi-Cal except as described in DMH Information Notices 09-09, 10-11, and 10-23.

Effective immediately, if the MHP contracts with a provider that is a provider type subject to Medicare certification but is **not** Medicare certified, the MHP must require that the contractor apply for Medicare certification. If the contractor is denied Medicare certification, the contractor must submit the Medicare denial notice to the MHP to be kept on file before the services can qualify for Medi-Cal payment. The contractor must reapply for Medicare certification at least on an annual basis, defined as one year from the date of the initial denial. An MHP should only claim expenditures to be paid by Medi-Cal if a current denial is on file for that contractor.

When Medi-Cal Can Be Claimed Prior to Medicare

When the appropriate Medicare certifications are held by either the MHP or the contract provider and the beneficiary is Medicare eligible, but Medicare denies a particular claim in total, the claimed amount can be submitted to Medi-Cal for payment. If Medicare issues a partial denial, the unpaid balance of the claim may be submitted to Medi-Cal.

Nothing in this Information Notice changes the policy communicated in DMH Information Notices 09-09, 10-11, and 10-23 regarding claiming for Medicare services.

Sincerely,

Original signed by

CLIFF ALLENBY
Acting Director

cc: Dina Kokkos-Gonzales, Chief, Waiver Analysis Branch, DHCS