

Medi-Cal Part B Claims Processing

When processing Medicare Part B products/medications for dual eligible Medicare-Medicaid members in the state of California, pharmacies should ensure they follow the correct COB billing processes noted below. Medi-Cal can only support paper claim billing for Part B coinsurance. To verify member eligibility, pharmacists may call Medi-Cal at 800.541.5555.

Orange County Residents:

CalOptima provides health care coverage for Orange County residents, and secondary claims must be billed to CalOptima. To have these claims pay electronically, pharmacies can register their NPI with Medi-Cal by calling 1.800.541.5555. Pharmacists may check the status of a Medicare secondary claim by calling CalOptima's Provider Help Desk at 1.800.916.2441.

Pharmacies not registered with Medi-Cal must submit a paper claim to CalOptima using the CMS 1500 claim form, mailed to the following address:

CalOptima Crossover Unit
P.O. Box 11070
Orange, CA 92856

Counties other than Orange County:

Xerox State Healthcare is the DHCS fiscal intermediary for Medi-Cal members in other California counties. Secondary claims for dual eligible members outside Orange County should be submitted using the Xerox claim form. Claim forms and envelopes are available at no charge and may be obtained by calling 1.800.541.5555 or by mail request to:

Xerox State Healthcare, LLC
P.O. Box 15400
Sacramento, CA 95851-1400

Medicare/Medicaid "Dual Demonstration" Plans (MMP):

The chart below indicates the DHCS fiscal intermediaries for the Dual Demonstration plans in Los Angeles, Riverside, San Bernardino and San Diego counties. Secondary claims for dual eligible members participating in the plans listed for each county must be submitted to the addresses shown.

County	Health Plan	DHCS Fiscal Intermediary
Los Angeles	L.A. Care	Diversified Data Design 5875 Green Valley Circle Culver City, CA 90230
	CareMore	National Pharmaceutical Services PO Box 407 Boys Town, NE 68010
	Care 1 st Health Plan	Care1st Health Plan Mail Stop: CL001 601 Potrero Grande Drive Monterey Park, CA 91755
	Health Net	Health Net Medi-Cal Claims P.O. Box 14598 Lexington, KY 40512
	Molina Health Care	Molina Medicare Claims PO Box 22811 Long Beach, CA 90801

	Molina Health Care	Molina Dual Options Claims P.O. Box 22702 Long Beach, CA 90801
Riverside/San Bernardino	Inland Empire Health Plan	IEHP Claims Department P.O. Box 4349 Rancho Cucamonga, CA 91729-4349.
	Molina Health Care	Molina Medicare Claims PO Box 22811 Long Beach, CA 90801 Molina Dual Options Claims P.O. Box 22702 Long Beach, CA 90801
San Diego	Care 1 st	Care1st Health Plan Mail Stop: CL001 601 Potrero Grande Drive Monterey Park, CA 91755
	Community Health Group	Community Health Group Medi-Cal Claims P.O. Box 210100 Chula Vista, CA 91921
	Health Net	Health Net Medi-Cal Claims P.O. Box 14598 Lexington, KY 40512
	Molina Health	Molina Medicare Claims PO Box 22811 Long Beach, CA 90801 Molina Dual Options Claims P.O. Box 22702 Long Beach, CA 90801

Enrollment

Dual demonstration enrollment is as follows:

- Members receive communications 90 days, 60 days, and 30 days **prior** to their date of birth (DOB). These communications inform members they must enroll in a dual demonstration health plan prior to their birthday or the state will assign them to one of the plans in their respective counties on their DOB.

As a reminder, the Express Scripts Network Provider Manual, **by which contracted pharmacies are bound**, states in Section 7.13 as follows with regard to cost sharing by dual eligible members:

“Sponsors may provide coverage for members classified as “dual eligible members,” under applicable Medicare regulations, in that such members are eligible for both Medicare and Medicaid benefits. In accordance with Network Providers’ COB functions, to the extent required by applicable law, and subject to Network Provider receiving all COB and eligibility information with respect to dual eligible members as necessary to accomplish the following, Network Providers may not cause dual eligible members to pay or otherwise be responsible for any plan cost-sharing amounts for Medicare Part A, B or D services when the relevant state Medicaid agency is responsible for paying those amounts. Rather, Network Providers will either accept the sponsor’s payment as payment-in-full for the claim, or bill the relevant state Medicaid agency as appropriate.”

Under these contract terms and federal Medicare guidelines, **network pharmacies are prohibited from denying access and/or refusing to dispense Part B products on the basis of billing.**