



Integrated System News Bulletin

Removing the Medi-Cal Billing Restriction on Certain Plans

Attention: Directly-Operated and Contract
Providers

STOP – Impact on You

The Department of Mental Health is lifting the Medi-Cal billing restriction when SAMHSA, PATH, GROW and STOP Plans are included in the claim.

CAUTION – What You Need to Know

Before April 13, 2006, when any of these Plans were included in a Medi-Cal claim, that claim was not forwarded to the State. This issue has been discussed during training and workgroup meetings and is included in the List of Plans document on the IS Website. During our internal review of claims, some providers continue to include these Plans in claims for Medi-Cal eligible clients. This lifting of Medi-Cal restrictions on these plans will allow directly operated providers and contract providers (NGA's whose legal entity agreement includes these Plans) to maximize their Medi-Cal revenue.



GO – What You Need to Do

Effective April 13, 2006 the billing restriction for SAMHSA, PATH, GROW and STOP will be lifted. Claims with Medi-Cal and any one of these Plans that were submitted prior to April 13 will not be sent to the State. The action necessary to bill these claims submitted prior to April 13 is to void and re-enter.

Any claims submitted on or after April 13th may now be sent to Medi-Cal for payment.

Providers are reminded that CalWORKS must be billed by itself: it cannot be billed in association with another plan. Users must "trash can" those other plans on the Plan tab in order to correctly bill to CalWORKS. Users do need to obtain a Medi-Cal eligibility check in order to submit a CalWORKS claim, but the IS will not send those claims on to Medi-Cal.