



## Integrated System News Bulletin

### EPSDT and Healthy Families Plans in the Integrated System

Attention: SD/Medi-Cal Providers

#### STOP – Impact to You

DMH has identified an issue with including EPSDT and Healthy Families (HF) in the number one position of a Medi-Cal claim. The problem is that the identification of the responsible payer/plan (for either matching funds or denied EPSDT, Medi-Cal or Healthy Families billings) is not clear based on the current structure in the IS. The elimination of EPSDT and restructuring HF will result in posting claims to the proper plans and subsequently an accurate accounting of revenue.



#### CAUTION – What You Need to Know

Because **EPSDT** is a form of Medi-Cal based on the beneficiary's CIN (Client Identification Number) and specific aid codes, AND the State has the ability to adjudicate an EPSDT Medi-Cal claim from the CIN, effective **July 1, 2006** DMH will terminate EPSDT as a valid Plan. IS users will no longer have the ability to enroll clients in EPSDT effective July 1<sup>st</sup>. This will in no way affect EPSDT reimbursement.

To receive the 65% **Healthy Families** reimbursement, a HF claim must carry the 14-digit Medi-Cal number (199H9XXXXXXXXXA)\*. To create this 14-digit Medi-Cal number, the HF Plan must be included in the claim. However we now know it is not a requirement for HF Plan to be listed first in the Plan order. Since the HF change is only procedural, users should immediately begin ensuring HF is the second plan in the plan order in the claim when the client is a HF beneficiary.

#### GO – What You Need to Do

To claim EPSDT services, IS users should ensure the benefits screen carries the correct CIN and that the claim includes Medi-Cal. Users should also be sure to enroll clients in the primary Plan (not EPSDT) for which they want to use matching funds, i.e., CGF, Family Preservation, etc. **Claims with service dates greater than June 2006 that carry EPSDT as a Plan (in any position) will**

**deny.** We recommend users terminate clients from the EPSDT Plan using July 1, 2006 as the termination date. To avoid denied claims, this process must be done correctly. You may follow this same procedure even if you have unsubmitted claims for service dates prior to July 1, 2006.

To claim Healthy Families services, users should ensure the benefits screen carries the correct CIN and that the claim includes Medi-Cal. Users must also enroll clients in the primary Plan for which they want to use matching funds, i.e., CGF, Family Preservation, etc. as well as enrolling the client in the HF Plan. The primary Plan should be listed **FIRST** and HF should be listed **SECOND**.

Answers to most questions regarding enrolling and terminating clients in Plans, and claiming in the IS can be found on the IS Website at <http://dmh.lacounty.info/hipaa/>. If you cannot find your answers there, please call the Help Desk at (213) 351-1335. Finance questions such as which Plans are appropriate as matching to EPSDT or HF and questions about identifying EPSDT and HF remaining funds should be directed your Provider Reimbursement liaison for your legal entity. A list of these liaison is on the IS Webpage at

<http://dmh.lacounty.info/hipaa/downloads/ContractList04-05.pdf>

\*Example only