

**Rose, Anthony**

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**Subject:** RE: Information Regarding the LIHP Transition and Medi-Cal FFS Service Authorizations

**From:** LIHP (DHCS-LIHP) [<mailto:LIHPDHCS-SNFD@dhcs.ca.gov>]

**Subject:** Information Regarding the LIHP Transition and Medi-Cal FFS Service Authorizations

The purpose of this email is to inform the LIHPs and their providers of the LIHP transition and Medi-Cal Fee-for-Service (FFS) service authorizations. Please forward this message and the attached document to your LIHP providers.

The Department of Health Care Services, through the Medi-Cal Field Offices, processes requests for services that require Medi-Cal authorization for payment. As part of the January 1, 2014, transition from the LIHP programs to Medi-Cal coverage, a portion (likely less than 5%) of transitioning beneficiaries will be served through the Medi-Cal FFS system. For LIHP members who transition into managed care plans and have open LIHP authorizations for services in 2014, DHCS has instructed managed care plans to honor the LIHP authorizations unless the plan has information that the service is no longer medically necessary.

The attached document provides guidance on DHCS policy regarding the recognition of LIHP authorizations for LIHP members who transition to FFS Medi-Cal. For LIHP members who transition into Medi-Cal FFS, or for carved-out services that are provided through the Medi-Cal FFS system, the DHCS Medi-Cal Field Offices will honor LIHP authorizations for services that are scheduled to occur on or after January 1, 2014 and prior to March 1, 2014, provided that DHCS has no information that the services are no longer medically necessary.

Please direct questions to the LIHP Mailbox at [LIHP@dhcs.ca.gov](mailto:LIHP@dhcs.ca.gov). Thank you.

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## Information for LIHPs Regarding the LIHP Transition and Medi-Cal FFS Service Authorizations

The Department of Health Care Services, through the Medi-Cal Field Offices, processes requests for services that require Medi-Cal authorization for payment. As part of the January 1, 2014, transition from the LIHP programs to Medi-Cal coverage, a portion (likely less than 5%) of transitioning beneficiaries will be served through the Medi-Cal Fee-for-Service (FFS) system. The great majority of members will transition directly into a Medi-Cal managed care plan. However, some very late enrollees to the LIHP program will initially be served through FFS Medi-Cal for a period of weeks after the transition while their managed care enrollment is being processed. In San Benito County, transitioning LIHP members may choose either managed care or FFS because of the unique managed care model in that county. And a few zip codes in California are exempt from managed care enrollment.

For LIHP members who transition into managed care plans and have open LIHP authorizations for services in 2014, DHCS has instructed managed care plans to honor the LIHP authorizations unless the plan has information that the service is no longer medically necessary.

For LIHP members who transition into Medi-Cal FFS, or for carved-out services that are provided through the Medi-Cal FFS system, the DHCS Medi-Cal Field Offices will honor LIHP authorizations for services that are scheduled to occur on or after January 1, 2014 and prior to March 1, 2014, provided that DHCS has no information that the services are no longer medically necessary. The provider must be an enrolled Medi-Cal provider and must submit a Treatment Authorization Request (TAR) to DHCS in order to claim and be paid by Medi-Cal for services provided on or after January 1, 2014. Providers must attach a copy of the original LIHP authorization to the Medi-Cal TAR to ensure that DHCS will honor the LIHP authorization and approve the TAR for the requested service(s). If providers have questions about this process, please contact the appropriate Medi-Cal Field Office.

Services that have been scheduled by a LIHP to occur in 2014 that did not require a LIHP authorization will still need to be authorized by Medi-Cal if the service in question requires a Medi-Cal treatment authorization.

Providers are reminded that not all services provided through Medi-Cal's FFS system require a TAR. Please consult the Medi-Cal Provider Manual, TAR and Non-benefit List for a listing of services that require a TAR. This will eliminate the unnecessary submission of TARs for services provided that may be billed directly to Medi-Cal.

Also, as we have noted previously, DHCS will provide automatic fee-for-service (FFS) authorization for LIHP-prescribed Mental Health and SUD drugs for a period of months after the transition, including drugs that are not on the DHCS FFS formulary, if the LIHP member has been **stabilized** on the specific medication. This policy applies only to Mental Health and Substance Use Disorder drugs that are carved-out of the managed care plan's responsibility – those that are provided through FFS Medi-Cal. DHCS has notified Medi-Cal providers of this policy through a Provider Bulletin.