

# MEDI-CAL HEALTH CARE PROGRAM

## UPDATE

July 2005



### BEST PRACTICES CORNER

#### PROCESSING TIME

Medi-Cal Program conducted an unofficial survey of District offices who are meeting the Medi-Cal processing time. Each office said that the secret to their success requires the meticulous monitoring of the **25-Day Pending List**.

Each week when the list comes in, it is distributed to the Director, Deputies, and Eligibility Supervisors. Then,

- Eligibility Supervisors distribute the list to their unit members.
- Eligibility staff annotate the disposition of cases already handled and are alerted to the cases that need immediate attention.

#### IN THE PAST,

Supervisors met with their Section Head when cases were not processed within the required timeframes, **AND**

Section Heads met with their Director to explain why cases in their section were not processed timely.

#### HOWEVER,

they found that **close** monitoring of the **25 Day Pending List** eliminated the need for those weekly meetings.

**ARE YOU MISSING YOUR PROCESSING TIME GOAL? THE 25-DAY PENDING LIST IS AN EXCELLENT TOOL.**

#### IMPORTANT REMINDER! Use of Translated NOAs!

It is Departmental policy that all beneficiaries must receive all NOAs in their declared primary language. In June 2002, each district was provided with a set of NOA Exemplar Handbooks which contain master copies of NOAs in all of the threshold languages. As released, all new NOAs are translated and distributed. Staff is reminded to use the NOA Exemplar Handbook to obtain copies, in the appropriate threshold languages, for any non-English speaking beneficiary.

Ref: DPSS Operations Handbook # 299, dated 06/01/02

### COMING ATTRACTIONS!

#### MEDICARE PART D - PRESCRIPTION DRUG PROGRAM

This is to advise staff that the Medicare Part D Prescription Drug Program (PDP) will take effect on January 1, 2006.

While final instructions have not yet been issued to counties by the California Department of Health Services (CDHS), some beneficiaries have begun receiving informational notices from the Social Security Administration (SSA) concerning this new coverage. Inquiries about this new drug plan should be referred to SSA at 1 (800) - MEDICARE.



Beginning January 1, 2006, persons who are “dually” eligible to Medicare and Medi-Cal, those who are eligible to a Medicare Savings Program (MSP) such as QMB/SLMB/QI, and SSI recipients are deemed eligible for Part D. Medi-Cal will no longer provide drug coverage to these individuals and all drug coverage for these persons will come through the Part D plan to which the individual is assigned. Persons correctly aided in the above groups will not need to file a separate application for Part D and will be “auto enrolled” into a plan on November 15, 2005 for coverage that begins on January 1, 2006.

Although counties will have minimal direct involvement with the Part D process, it will be important to provide as much information as is available to our participants. As a result, the Medi-Cal Update will contain monthly updates/information on Part D for as long as necessary.

In addition to monthly “updates,” a more detailed administrative release is anticipated following release of final instructions from CDHS.

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**The Los Angeles County**  
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## “600” RESTRICTION CODE ON MEDS

The California Department of Health Services (CDHS) Audits and Investigations Division continues to report recipients (many in Los Angeles County) who have accounted for millions of dollars in claims due to clear misuse of Benefits Identification Cards either by the beneficiary or provider.



As a result, restriction code (600) continues to be in use and is applied by CDHS to Medi-Cal recipients whose Medi-Cal claims history indicates a potential over-utilization of services. Further claims may require additional documentation before the claim can be paid.

For more information, refer providers to the Point of Service (POS) support desk at 1-800-541-5555. Staff or recipient inquiries should be referred to 1-877-347-4321.

## VIOLENCE AGAINST WOMEN ACT (VAWA)

VAWA is a law that allows abused immigrant spouses or children to get legal status (a green card) by themselves, without the help of the abusive spouse or parent. Persons with a VAWA certification are eligible for cash aid (CalWORKs and GR) and Medi-Cal. However, they must meet all eligibility requirements for the program, including California residency.



Those who petition to adjust their immigration status will be issued Form I-797 and will be eligible to Medi-Cal until the expiration date (150 days from the date of issuance). While the case is pending, the applicant/beneficiary is eligible to full-scope services.

### Did You Know?

Medi-Cal applicants do not have to meet with a Medi-Cal Eligibility worker when applying for Medi-Cal! They may choose to:



Request an application by telephone, or



pick up an application at a District Office or in the community.

When completed, the application can be submitted by:



Mail, or Fax.



## WHAT IS SB 87?

SB 87 is a law that was implemented on July 1, 2001. This law states that counties cannot terminate Medi-Cal benefits unless they first follow specific steps and clearly demonstrate that the beneficiary is ineligible for all Medi-Cal programs. The county must “redetermine” eligibility before discontinuing benefits. The Eligibility Worker must follow these three steps to determine eligibility:



- 1) a thorough ex parte review \*
- 2) phone contact if necessary
- 3) send an MC 355 if necessary

The county must look for any possible way in which the beneficiary can continue to receive Medi-Cal. The process was designed to prevent unnecessary terminations and re-applications.

\* Ex Parte means **without beneficiary contact**. The EW must evaluate all available resources to make a Medi-Cal redetermination. The EW shall not require beneficiaries to provide information not needed for re-establishing eligibility or that’s already on file and not subject to change, such as birth certificates, Social Security numbers or United States Citizenship.

Acceptable information/verification is available through IEVS, MEDS, or the beneficiary’s case file such as Food Stamps, General Relief, CalWORKS, etc.

## IEVS PVS ABSTRACTS

PVS abstracts on terminated cases need not be processed.

PVS provides information on recipients who receive, or will receive Retirement Survivors Disability Insurance (RSDI), State Unemployment Insurance (UI), or State Disability Insurance (DI) benefits. These abstracts are generated monthly for cases with a match.

### Do you know your TMCs?

FYI..... In August, the State will be conducting a focus review of our Transitional Medi-Cal (TMC) cases. Since TMC was correctly programmed to follow 1931b in the May 2004 LEADER Build, we anticipate few negative findings.

Ref: AD 4008 12/21/99