

# MEDI-CAL HEALTH CARE PROGRAM

## UPDATE February 2006



### SOC Obligation Guidelines

When a beneficiary goes to a Medi-Cal provider and pays for services, their card is swiped through the POS machine and their Share of Cost (SOC) is automatically updated. However, when the beneficiary goes to a non-Medi-Cal provider their Share of Cost can be certified, upon request, by our district staff. This also applies to IHSS Plus Waiver (IPW) beneficiaries who want to use the amount of money paid to the IHSS caregiver to meet their Medi-Cal Share of Cost.

The SOC certification, or obligation, process is done on MEDS. Staff must complete the Share of Cost Obligation (SOCO) form PA 46 with all the needed information and submit to the MEDS liaison or terminal operator. The MEDS liaison or terminal operator will then follow the process below to certify the Share of Cost on MEDS.

Data Fields	Required/Optional	Entry Actions
Case Name	Optional	Enter the case name using up to 18 alphanumeric characters
District	Optional	Enter District code
EW Code	Optional	Enter EW file number
County ID per MEDS	Required	Enter 14 digit County ID for the participant for which the SOC is being obligated.
SOC-FBU	Optional	Enter 2-digit code for SNEEDE mini budget unit.
MEDS ID	Required	Enter the participant's SSN or pseudo number.
Birthdate	Required	Enter the participant's birthdate per MEDS using 7 digits in the format MMDDYY.
Service Date	Required	Enter the date the medical service was provided.
Total Bill Amount	Required	Enter the total dollar amount of the medical service provided in dollars and cents (e.g. if the participant paid his IHSS/non Medi-Cal provider \$220, enter \$ 220.00).
Amount Obligated	Required	Enter the total dollar amount that the participant has obligated toward the SOC in dollars and cents (e.g. if the participant paid his IHSS/non Medi-Cal provider \$220, and her SOC is \$300, obligate/enter \$220.00).
Reversal Ind	Optional	Enter an X if this is a SOC Obligation reversal.
Provider Medi-Cal Number/License Number	Required	Enter the provider Medi-Cal number/license number if available. If the number is not available, leave blank.
Procedure/Drug-Code	Optional	Enter the procedure/drug code if available. If the procedure code is not available, leave blank.
Next-Trans	For Future Use	
Same-Person	For Future Use	
Same-Case	For Future Use	

Staff can access the SOCO screen by entering "SOCO" on a blank MEDS screen. The SOCO screen allows the County to send a transaction to CDHS to obligate the Share of Cost for a participant.

#### Clarification of Medi-Cal Eligibility for Qualified and Not Qualified Aliens

Federal Law, under PRWORA, imposes a 5-year bar on receipt of Medicaid benefits for immigrants who came into the U.S. after 8/22/96. However, California was granted a waiver that **allows us to provide full scope Medi-Cal benefits** to all otherwise eligible immigrants with Satisfactory Immigration Status (SIS) no matter when they entered the U.S.

#### MEDICARE PART D Identifying The Plan

This is to remind staff that other health coverage information may be found on the MOPI screen in MEDS. This includes Medicare Part D. Should a participant call to ask what plan they were enrolled in, staff can look at MOPI and provide that information to the beneficiary.

**PUBLISHED BY:**  
The Los Angeles County  
Department of Public Social Services  
Bureau of Special Operations

### DAPD Limited Referral Packet

When a disability referral is submitted to the State Programs-Disability and Adult Programs Division (SP-DAPD), there are some instances in which a full referral packet is not required. Instead, a limited referral packet can be used. The limited referral packet contains only the Disability Determination and Transmittal- MC 221 LA (1/00) form with the reason for the referral documented in item # 10 of the MC 221 LA (1/00). If available, a copy of the prior MC 221 LA (1/00) is to be included.

A limited referral is appropriate when:

- A re-evaluation packet is sent back within 30 days of the SP-DAPD decision and no new medical treatments are alleged.
- An approved case with an application date within 12 months requires an earlier onset date than the original approval date and no new medical treatments are alleged during the earlier onset date period.
- A client is discontinued from SSI due to income/resources and is not receiving Title II disability benefits. Before submitting the referral, a diligent search with SSA, MEDS, or IEVS is required to verify the reasons for the SSI discontinuance. Document the results as appropriate, including inability to obtain this information on the MC 221 LA (1/00).
- An application is made on behalf of a deceased client and appropriate documentation of the death is included.

# SB87

Staff is reminded to follow these SB87 steps when processing redeterminations:

	Scenario	SB 87 Steps	Documentation
1	MC210 LA Pilot is received	<p><b>a.</b> EW must review the form for completeness and conduct an <b>ex parte review</b> of those areas where <u>changes</u> are reported. Staff must not request the beneficiary to provide any verification that can be obtained from another source (e.g., previous case, IEVS, MEDS, IHSS Social Worker, etc.)</p> <p><b>b.</b> EW must accept the beneficiary's statements on the redetermination form as fact unless information available to the EW places the validity of that information in question.</p> <p><b>Income/IEVS</b></p> <p><b>c.</b> If income reported is within \$166 of the amount reflected on IEVS – or – income reported by the beneficiary is greater than the amount reflected on IEVS – or – the income is from a source previously reported and cannot be verified through IEVS, EW must accept the beneficiary's statement.</p> <p><b>d.</b> If income reflected on IEVS exceeds the amount reported by the beneficiary by more than \$166, or the income is from a source not previously reported and cannot be verified through IEVS, EW must contact the beneficiary and request the appropriate verification by following the steps on scenario 4 <b>a-d</b>.</p> <p><b>Note:</b> Income reflected on the IEVS Applicant System cannot be used until it is verified with the beneficiary.</p>	<p>EW must document every step taken in the SB 87 process including, but not limited to, any of the following that apply:</p> <ul style="list-style-type: none"> <li>• Ex parte review efforts and results.</li> <li>• Contact prior to LEADER issuance of the reminder notice.</li> <li>• Issuance of contact notice.</li> <li>• Issuance of second contact notice.</li> <li>• Issuance of timely NOA terminating Medi-Cal benefits.</li> </ul>
2	MC210 LA Pilot is not received by due date	<p><b>a.</b> LEADER will generate a Future Action Control (FAC) to alert the EW that the redetermination form has not been received and allow 5 days.</p> <p><b>b.</b> EW must attempt to contact the beneficiary by telephone to request the return of the form and document this effort.</p> <p><b>c.</b> If redetermination is not received within the 5-day period, LEADER will send a reminder notice and allow ten days.</p> <p><b>d.</b> If redetermination is not received by the due date, a Notice of Action (NOA) is issued terminating Medi-Cal benefits at the end of the redetermination month or the end of the next month if the 10-day adverse NOA requirement cannot be met.</p>	
3	MC210 LA Pilot is returned as undeliverable	<p><b>a.</b> EW must conduct an <b>ex parte review</b> to locate the beneficiary by using all available resources (e.g., call the telephone number on file, call 411 for a new listing, clear case to locate other open segments and compare addresses and phone numbers).</p> <p><b>b.</b> If new address is found, the EW must re-mail the redetermination packet and allow 20 days.</p> <p><b>c.</b> If all attempts to locate the beneficiary fail, a NOA is issued terminating Medi-Cal benefits at the end of the redetermination month or the end of the next month if the 10-day adverse NOA requirement cannot be met.</p>	
4	MC210 LA Pilot is received incomplete and/or additional information is needed	<p><b>a.</b> EW must attempt to contact the beneficiary by telephone to obtain the information.</p> <p><b>b.</b> If beneficiary cannot be reached by phone, the EW must send a contact notice (MC 355 or MC 210 LA Pilot Contact Notice) and allow ten days.</p> <p><b>c.</b> If beneficiary does not respond to the contact notice, a <b>second</b> contact notice (MC 355 or MC 210 LA Pilot Reminder Notice) is to be sent and the beneficiary allowed an additional ten days.</p> <p><b>d.</b> If beneficiary doesn't respond to the <b>second</b> contact notice, a NOA is issued terminating Medi-Cal benefits at the end of the redetermination month or the end of the next month if the 10-day adverse NOA requirement cannot be met.</p>	