



Medi-Cal Health Care Program Update

"To Enrich Lives Through Effective and Caring Service"

May 2007

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WE WANT TO HEAR FROM YOU

IF YOU HAVE ANY SUGGESTIONS ABOUT WHAT TOPICS SHOULD BE DISCUSSED IN OUR NEXT MEDI-CAL UPDATE, SEND YOUR SUGGESTIONS VIA E-MAIL TO:

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Eliminating Duplicate Client Index Numbers (CIN)

This is to remind staff that many applicants may have already been assigned a CIN due to temporary Medi-Cal benefits through enrollment in:

- CHDP Gateway
- Express Lane Enrollment
- Accelerated Enrollment

Before assigning a new CIN, staff should check the MEDS primary benefit screen (INQM) and all secondary benefit screens (INQ1 and INQ2) for an existing CIN. If the applicant has an existing CIN on MEDS, that number should be selected for the applicant. If an applicant is inadvertently assigned a duplicate CIN, notify the district MEDS Liaison who will take appropriate action or refer the duplicate CINs to the CIN Unit at Eligibility Systems Division (ESD) following existing procedures.



IMPORTANT CHANGE IN PRESUMPTIVE DISABILITY POLICY

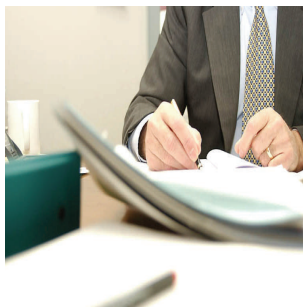
In order to be eligible to receive temporary Medi-Cal pending the formal disability determination by the State Programs Disability Determination Service Division (SP-DDSD), an individual must meet one of the conditions on the Presumptive Disability (PD) Impairment Category List.

There has been an important change to category number 14 regarding terminally ill individuals. With this change, the requirement that a terminally ill individual must be receiving hospice services has been deleted. Therefore, effective immediately, PD will be granted to all terminally ill individuals.

Reference: Medi-Cal Eligibility Procedures Manual Letter No. 304, dated March 9, 2007



TREATMENT OF BUSINESS LOANS



When a self-employed individual, receiving Medi-Cal benefits, reports a business loan, the loan shall be considered a business expense and is considered exempt. However, if the beneficiary does not spend the total amount of the business loan in his/her business, and saves part of the loan for future business expenses (such as cash on hand, and money in a checking account necessary for the functioning of a business or self-support), this part of the loan shall be exempt up to three times the average monthly cash expenditures of the business.

For example, the beneficiary reports his/her business has \$4,000 monthly expenditures, and also indicates that the current balance in his/her business checking account is \$10,500. This amount shall be exempt because it is less than \$12,000, which is the business expenditures for three months (\$4,000 X 3 = \$12,000). Any amount over the \$12,000 shall be considered as personal property.

Reference: Medi-Cal Eligibility Manual, Article 9, Section 50485

SHARE OF COST (SOC)

This is a reminder that the following Share of Cost (SOC) information must be clearly explained to beneficiaries when it is determined that they have a SOC. Share of Cost is the amount of money beneficiaries have to pay or agree to pay each month for medical goods and services before Medi-Cal begins to pay. Once the SOC is shown on MEDS as certified, Medi-Cal pays for the beneficiaries' care for the rest of the month. The beneficiaries only need to meet their SOC for the months that they use Medi-Cal.

TIPS FOR THE BENEFICIARIES TO MEET THEIR SHARE OF COST

Beneficiaries can meet their SOC with any of the following:

- Paying the SOC amount in that month.
- Using Medical/Dental expenses for a family member to reduce the SOC.
- Applying receipts for health care for the participant or for a family member already paid for in the month.
- Any combination of the above.
- Meeting the Hunt vs. Kizer criteria.

HUNT VS. KIZER

In the early 1990's, the California Department of Health Services (CDHS) changed its policy to allow "old" medical bills to be applied toward the SOC, under certain circumstances. This policy is a result of the court's decision known as Hunt vs. Kizer.

Individuals are allowed to apply medical bills from previous months (old medical bills) toward their current month's SOC, provided that these old medical bills were unpaid at the time they were submitted to the county.

Reference: Medi-Cal Eligibility Procedures Manual, Section 10R

REDETERMINATION FOR THE DEEMED ELIGIBLE INFANT



A redetermination of eligibility for all other Medi-Cal programs must be completed for the Deemed Eligible (DE) infant by completing the MC 210 LA Pilot before benefits can be terminated at the infant's first birthday. However, if the other family members want to receive Medi-Cal benefits, the parent must complete a new application.

Pending the development of a workaround and subsequent changes in automation, staff must mail the MC 210 LA Pilot six weeks prior to the DE infant's first birthday. If eligible, the infant must continue to be aided with a new case number. Staff must take necessary action to correct any DE case that terminated an infant at the end of the DE period without properly evaluating for eligibility to other Medi-Cal programs. To assist staff with this process, Medi-Cal Program is developing instructions and a listing to identify DE infants.

Reference: Medi-Cal Call-Out MCP 07-03, dated 05/01/07

MEDS ALERTS

This is to remind staff of the importance of documenting all case action regarding MEDS Alerts. These guidelines will assist you when recording information in case comments:

1. Begin case comments with "MEDS Alert # _____, created on _____ (creation date), for CIN # _____," and describe the procedures used to correct the discrepancy.
2. Include the completion of any PA forms or data changes on LEADER screens.
3. Conclude your remarks with "LEADER and MEDS printouts attached to MEDS Alert and submitted to ES."

Reference: MEDS Exception Guide



!! IMPORTANT ALERT !!

ERRONEOUS 2007 INCOME LEVEL CHART

This is to alert staff that the 2007 Medi-Cal Income Level Chart that was released recently in the form of a blue laminated chart, contains erroneous information. Although the title reads 2007, the income levels are for 2006. Medi-Cal Program is working with Materials Management Section to have the PA-1305-1, with the revision date of 02/07, reprinted with the correct information. In the meantime, staff should use the Medi-Cal Income Level chart which is printed on the reverse side of the March 2007 Medi-Cal Health Care Program Update.