



## **Understanding Medi-Cal and Needy Individual Encounters**

For the purposes of the Medi-Cal EHR Incentive Program DHCS has developed guidance on what constitutes a Medi-Cal or other needy individual encounter. This is based on federal regulations and specific characteristics of health care programs and billing practices in California. This guidance will assist hospitals, groups, clinics and providers in determining their eligibility for the Medi-Cal EHR Incentive Program.

### **One Provider/One Day**

Multiple encounters with the same provider on the same day can only be counted as one encounter. Encounters with different providers on the same day do count as different encounters.

### **Medi-Cal Must Pay Some Portion**

For an encounter to be considered a Medi-Cal encounter, Medi-Cal must have paid some portion of the cost. Medi-Cal does not have to have paid all of the cost, only some portion. This can include payment in part or whole of an individual's premiums, co-payments, and cost sharing. Thus, Medicare encounters for some "dually eligible" Medi-Cal patients can be included if Medi-Cal has paid the patient's Part B Medicare deductible. In general, Medi-Cal pays the Part B Medicare premiums for dually eligible beneficiaries except those in the aid codes listed below with an unmet share of cost. If the unmet share of cost has been "certified" by the provider, DHCS will pay the Medicare Part B premium for the certified month only.

17 – Aged/MN	1Y - MSSP	27 – Blind/MN	37 – AFDC/MN
67 – Disabled/MN	6R – SB87	6W – DDS Waiver	6Y – IHO Waiver
83 – MI-C	87 – MI-CP	8V – CHDP Infant	

For a complete list of dually eligible aid codes see Appendix 1 and the end of this document.

### **Encounters Paid in Part by Medi-Cal's 1115 Waiver Count as Medi-Cal Encounters**

According to federal regulations services paid for through a state's 1115 waiver count as Medi-Cal encounters for the purposes of the EHR Incentive Program. In 10 counties in California (Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura) this includes services provided through Safety Net Care Pool. Also, indigent services delivered by Designated Public Hospitals using Safety Net Care Pool funding can be considered Medi-Cal encounters.

### **Other Needy Individual Encounters**

Providers in FQHC's, FQHC look-alikes, RHCs, and Indian Tribal Clinics can also count services to other needy individuals in addition to Medi-Cal patients. According to federal regulations these encounters can include: Healthy Families, sliding-scale or reduced cost services, and no cost services. If the total of these encounters plus Medi-Cal encounters equals or exceeds the 30% threshold providers who practice predominantly in these clinics are eligible for the Medi-Cal EHR Incentive Program. However, providers who do not practice predominantly (at least 50% of their encounters in a 6 month period in the last calendar year) in these clinic types are not eligible on this basis.

### **AID Codes for Medi-Cal Encounters**

Based on the principles discussed above, DHCS has determined that professional services billed under most AID codes can be counted as Medi-Cal encounters for the purposes of the Medi-Cal EHR Incentive Program. However, services provided under the following AID codes, which do not include any federal financial participation, cannot be counted as Medi-Cal encounters.

2V—Trafficking and Crime Victims Assistance Program (TCVAP)

4V—TCVP—RMA

65—Katrina Evacuees

7M, 7N, 7P, 7R—Minor Consent Programs

71—Medi-Cal Only Dialysis Program

73—Total Parenteral Nutrition Program

**Except** in the counties of Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura and in Designated Public Hospitals, encounters provided under the following AID codes also cannot be counted as Medi-Cal encounters.

OR, OT—Breast and Cervical Cancer Treatment Program

53—Medically Indigent, Long Term Care Services

81—Medically Indigent, Adult Aid Paid Pending.

### **Medi-Cal and Needy Encounters by Payer Source**

Using the payer sources collected by the Office of Statewide Health Planning, DHCS has classified payer sources as Medi-Cal, Needy, or Neither. See footnotes below the list for further information.

- Medicare (Neither)<sup>1</sup>
- Medicare Managed Care (Neither)<sup>1</sup>
- Medi-Cal (Medi-Cal)
- Medi-Cal Managed Care (Medi-Cal)
- County Indigent/ CMSP/ MISP (Needy)<sup>2</sup>
- Healthy Families (Needy)
- Private Insurance (Neither)
- Self-Pay/ Sliding Fee (Needy)
- Free (Needy)
- Breast Cancer Programs (Needy)<sup>2</sup>
- Child Health and Disability Prevention Program (Medi-Cal)
- EAPC (Expanded Access to Primary Care) (Needy)
- Family PACT (Medi-Cal)
- PACE Program (Medi-Cal)
- LA County Public Private Partnership (Medi-Cal)
- Alameda Alliance for Health (Medi-Cal)
- Other County Programs (Neither)
- All Other Payers (Neither)

<sup>1</sup> May be counted as Medi-Cal for some dually-eligible

<sup>2</sup> Counted as Medi-Cal in the counties of Alameda, Contra Costa, Kern, Los Angeles, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura and in Designated Public Hospitals.

## Appendix 1—Dual Eligible Aid Codes

### Full-Scope Medi-Cal (no share of cost) Aid Codes

DHCS pays the Medicare Part B premiums for these Medi-Cal aid codes.

01 – RCA	02 – RMA	03 – AAP/Federal	04 – AAP/AAC
06 – AAP/OOS	07 – AAP/IV-E	08 – EAC	10 – Aged/SSI
ON - BCCTP	OP - BCCTP	14 – Aged/MN	16 – Aged/Pickle
1E – Aged/SB87	1H – Aged/FPL	1X - MSSP	20 – Blind/SSI
24 – Blind/MN	26 – Blind/Pickle	2E – Blind/SB87	2H – Blind/FPL
30 – CalWORKs	32 - TANF	33 - CalWORKs	34 – AFDC/MN
35 - CalWORKs	36 – Disabled/Cobra	38 – Edwards/Kizer	39 - TMC
3A – CalWORKs	3C – CalWORKs	3D – CalWORKs	3E - CalWORKs
3G - CalWORKs	3H – CalWORKs	3L - CalWORKs	3M - CalWORKs
3N – AFDC/1931	3P - CalWORKs	3R – CalWORKs	3U - CalWORKs
3W - TANF	40 – AFDC/FC	42 – AFDC/FC	43 – AFDC/FC
45 - FC	46 – FC/OOS	49 – AFCD/FC IV-E	4A – OOS/AAP
4C – Foster Care	4F - KinGAP	4H – CalWORKs/FC	4L – FC/1931
4M – Former FC	4N - CalWORKs	4P – CalWORKs FR	4R – CalWORKs FR
4S – KinGAP NMD	4T – KinGAP IV-E	4W – KinGAP NMD	54 – Four Month C
59 - TMC	5E – HF AER	5K – EA FC	60 – Disabled/SSI
64 – Disabled/MN	66 – Disabled/Pickle	6A – DAC/Blind	6C – DAC/Disabled
6E – Disabled/SB87	6G – 250% WDP	6H – Disabled/FPL	6J – SB87
6N – SSI/Appeal	6P - PRWORA	6V – DDS Waiver	6X – IHO Waiver
72 – 133% Citizen	7A – 100%/Child	7J - CEC	7T – Express E
7X – Medi-Cal to HF	82 – MI/C	86 – MI/CP	8E – Accel/Children
8P – 133% Property	8R – 100%/Child	8U – CHDP Deemed	8W – CHDP Gateway

### Medi-Cal Share of Cost (SOC) Aid Codes

DHCS does not pay the Medicare Part B premiums for clients who have a Medi-Cal SOC.

Exception to this rule - If the unmet SOC has been certified by the Provider, DHCS will pay the Medicare Part B premium for the certified month only.

17 – Aged/MN	1Y - MSSP	27 – Blind/MN	37 – AFDC/MN
67 – Disabled/MN	6R – SB87	6W – DDS Waiver	6Y – IHO Waiver
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### Long Term Care (LTC) Aid Codes

DHCS pays the Medicare Part B premiums for these Medi-Cal aid codes.

13 – Aged LTC	23- Blind LTC	63 – Disabled LTC
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### Medicare Savings Programs

DHCS pays the Medicare Part B premiums for these aid codes, regardless if the client has an unmet Medi-Cal SOC.

80 – Qualified Medicare Beneficiary (QMB)	8C – Specified Low-Income Medicare Beneficiary (SLMB)	8D – Qualified Individual (QI-1 Program)
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