STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941

June 22, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Ramos Coordinators

Letter No.: 94-51

SHARE OF COST (SOC) RAMOS CASES AND BENEFITS IDENTIFICATION CARD (BIC) COUNTIES

Ref.: All County Letter No. 94-36

This is to inform counties about how Ramos extended SOC eligibles, including couples, will be treated in counties implementing the BIC.

BACKGROUND: As we mentioned in All County Welfare Directors Letter (ACWDL) 94-36, as counties are implementing the BIC, they are phasing out the MC 177 SOC form. For Ramos beneficiaries who would normally receive an MC 177, and are in the BIC implementation group, we will also eliminate the MC 177. Instead of the MC 177, these beneficiaries have a SOC printed on the Notice of Action (NOA) they receive. This NOA is slightly different from the current Ramos NOAs to reflect the new BIC card implementation.

COUPLES PROBLEM: The couples problem mentioned in ACWDL 94-36 has been solved. Couples will have their cases linked together on the new SOC database. Therefore, Ramos couples with a SOC will be able to clear their shares of cost using their BICs. THE INSTRUCTIONS LISTED ON ACWDL 94-36 ARE NOW OBSOLETE. THERE IS NO NEED TO SEND INFORMATION ON A COUPLES' SOC TO BONNIE KINKADE. If counties find it necessary to obtain the SOC Database Case Number for the Ramos couple, counties can obtain it by inputting one of the beneficiary's MEDS-ID on the SOCR screen on the Medi-Cal Eligibility Data System (MEDS).

Here are the types of RAMOS notices sent for June 1994:

1. Non-BIC implementation counties--no change in the Ramos notices.

2. BIC counties--slightly different language because of the lack of an MC 177 or paper card.

3. Subgroup of No. 2--special notice for couples includes the language in No. 2 plus language informing couples that, even though each person received a separate NOA, the couple only needs to meet the SOC shown on ONE notice.

Enclosed is a copy of the new "BIC" Notice of Action for Ramos SOC eligibles (couples).

Thank you for your cooperation. If you have any questions, please contact Bonnie Kinkade of my staff at (916) 657-1469.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosure

Enclosure

State of California - Health and Welfare Agency
Department of Health Services
Medi-Cal Program

Notice Type 01C
Notice Preparation Date
May 9, 1994

MEDI-CAL
NOTICE OF ACTION

Discontinuance of SSI/SSP Medi-Cal --
Excess Income (Couples)

EI00052

Social Security Number:

Beneficiary ID Number:

The Social Security Administration has told us that your SSI/SSP has stopped. This is because your monthly income from other sources is too high. Because you are not receiving an SSI/SSP check, your SSI-based Medi-Cal has stopped as of May 31, 1994.

IF YOUR SSI/SSP HAS STOPPED, THE FOLLOWING INFORMATION IS IMPORTANT TO YOU:
Even though you and your spouse are no longer eligible for SSI-based Medi-Cal, you and your spouse will still receive Medi-Cal with a "share of cost" for June 1994. The share of cost for both of you is $329.

SHARE OF COST INFORMATION: A share of cost is like a deductible. It is the amount you must pay or agree to pay each month for health care services and prescription drugs. Once you pay or agree to pay that amount, Medi-Cal will pay the rest of your medical costs for the month. The share of cost is determined by substracting a "maintenance need" amount from your income. The maintenance need is the amount of your income you keep to pay for non-medical expenses -- food, clothing, housing, etc.

COUPLES: MEETING YOUR SHARE OF COST/GETTING YOUR PLASTIC CARD TURNED ON
We have sent a separate notice of action to both you and your spouse. The two of you only have to meet the share of cost shown at the top of this notice. Take the plastic card to your medical provider who will use it to get Medi-Cal information about you such as share of cost owed. As you pay or promise to pay your share of cost, provider will report that information to Health Services. Once the amount paid equals the share of cost amount, the providers will be told that you are eligible for Medi-Cal for the rest of the month. USE YOUR PLASTIC CARD EVERY TIME YOU GO TO THE DOCTOR, HOSPITAL, PHARMACY, ETC. DO NOT THROW AWAY YOUR PLASTIC CARD. IF YOUR CARD IS LOST OR STOLEN, CONTACT THE COUNTY WELFARE DEPARTMENT TO ORDER A NEW CARD FROM THE STATE.

NOTICE FOR WIDOWS, WIDOWERS, AND DIVORCED SPOUSES: The share of cost shown on this notice may be too high. Please contact your local county welfare department.

TURN OVER. IMPORTANT INFORMATION ON BACK.

DO YOU WANT MEDI-CAL AFTER June 30, 1994?
If you do, take the following actions:

- Complete the enclosed Medi-Cal application form
- Complete the enclosed Medi-Cal Temporary Redetermination form
- Mail the form immediately to:

The county will review your application, check your share-of-cost amount, and decide whether you can get Medi-Cal after June 1994.

DO YOU NEED HELP IN COMPLETING THE FORMS? If you need help in completing the forms or if you have questions about Medi-Cal, contact the county welfare department at the phone number listed above. If you are confused by your forms, complete as much as you can, sign the application form and send the forms to the address above. Someone in the county will contact you to help you complete the forms.

IF YOU ARE STILL GOING TO GET SSI/SSP, PLEASE IGNORE THIS NOTICE EXCEPT FOR THIS INFORMATION: If Social Security (SSA) has told you that you are going to get SSI/SSP again, SSA will tell the State to turn on your plastic card. This process usually takes 3 to 4 weeks. If you have a medical emergency before then, contact your local Social Security office. SSA will give you a form which you should take to your local county welfare department. The county welfare department will then turn on your plastic card.

HAS THE STATE BEEN PAYING YOUR MEDICARE PART B PREMIUMS?
You may again be eligible for these benefits. There may be, however, a break in coverage during which Part B premiums may be taken out of your Title II Social Security check or you may receive a bill for Part B premiums. To minimize this break, we recommend that you contact your welfare office as soon as possible to apply for Medi-Cal. When your eligibility for Medi-Cal is established, Medi-Cal will pay your Part B premiums. Then the Social Security Administration may be able to refund to you any Part B premiums you paid or which were withheld from your Social Security check. This type of refund typically takes approximately 60-90 days.

If you wish the State to continue paying your Part B premiums AFTER June 1994, you should send in your application forms immediately. Once the County approves your continuing Medi-Cal, the State will continue to pay your Part B premiums.

This action is required by California Code of Regulations, Title 22, Section 50227 and 50703.

(Type 1 - Couples/BIC - 05/94)
*** PLEASE READ THE ENCLOSED REQUEST FOR A STATE FAIR HEARING ***