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

September 8, 1995

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

Letter No.: 95-51

PROCESSING RETROACTIVE MEDI-CAL ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS

Ref.: All County Welfare Directors Letter (ACWDL) No. 95-17, Medi-Cal Eligibility Procedure Manual (MEPM) Letter No. 140

Due to a large number of questions from counties in regard to retroactive Medi-Cal applications/eligibility for SSI/SSP recipients, it was determined that an All County Welfare Directors Letter (ACWDL) was necessary to address this issue.

I. BACKGROUND

Title 42, Code of Federal Regulations, Section 435.914 states:

"(a) The agency must make eligibility for Medicaid effective no later than the third month before the month of application if the individual--

(1) Received Medicaid services, at any time during that period, of a type covered under the plan; and

(2) Would have been eligible for Medicaid at the time he received the services if he had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made."

Social Security will only determine benefits for SSI/SSP programs based on first of the month circumstances with an effective date no earlier than the date of application. This means that individuals over the property limits on the first will not be SSI/SSP eligible until the first of the following month. Many times the individual will need Medi-Cal prior to the date of SSI/SSP application if disability is the reason for the application. There appears to be some confusion on the counties' part as to the actual three-month retroactive period when someone has applied for SSI/SSP only and not for Medi-Cal at the local county welfare department.

Title 22, California Code of Regulations (CCR), Section 50148 states that a request for retroactive Medi-Cal may be made "in conjunction with, or after, application for public assistance or Medi-Cal". An application for "public assistance" includes an application for SSI/SSP benefits (Title 22, CCR, Section 50078).

As in any Medi-Cal-only application, the approval of SSI/SSP benefits is not necessary for the three-month retroactive application to be submitted and eligibility determined. The month of application stays established for retro purposes even if aid (in this case, SSI/SSP) is never approved for the application month.

The county must determine that an applicant **would have been eligible** for Medi-Cal, during the retroactive (retro) period, under one of the following programs:

- Aid to Families with Dependent Children (AFDC)
- SSI/SSP
- Other Public Assistance (PA)
- Medically Needy (MN)
- Medically Indigent children (MI)
- Miscellaneous Special Programs; or
- Medi-Cal Special Treatment Programs (Title 22, CCR, Section 50201 and 50710).

The county welfare department (CWD) must determine if the individual would have been eligible for any of the above programs each month that retroactive Medi-Cal is requested.

II. PROCESSING

Two forms of retroactive Medi-Cal may be processed by the CWD. The first, and most common, would be an SSI recipient requesting Medi-Cal coverage back to the month of SSI approval which may be several months prior to the request. This request should be made within six months of the decision or four months from the date of the first SDX update. Since the State cannot issue Medi-Cal Benefit Identification Card (BIC) cards prior to their initial approval action the CWD must do the following:

1) Obtain a referral from Social Security Administration that states the person's SSI/SSP date of eligibility and a request for Medi-Cal coverage for that period of time,

2) Issue an immediate need card(s) or BIC, and

3) Issue an MC 180 **Letter of Authorization** (LOA-see enclosure) if the retro period is over one year prior (see MEPM Letter No. 140). Providers are reminded that they have 60 days from the date of the MC 180 to submit to Electronic Data System (EDS) for payment. If the provider does not receive the MC 180 until the 60 days period has expired or is close to expiring, they should submit a statement to EDS with the LOA giving the reason for the late submission. The provider may also request a replacement LOA from the county.

If an individual is approved SSI, and requests Medi-Cal for the normal three month retro period, the CWD must receive verification of the date of the SSI application. Such verification may be an award letter from SSA indicating the date of application and date of approval, a copy of the individual's original SSI application form, or any of the items listed in Title 22, CCR, Section 50167.

The second form of retro application occurs when an individual is approved SSI with an effective date after the date of SSI application, or the retro period is prior to the SSI application date. It is possible that the individual was not financially eligible during the month of application. The CWD needs to determine if the individual was otherwise eligible. The SSI referral/notice or other verification of entitlement may show a disability onset date prior to the SSI effective date. If determined disabled in the retro period the individual would then be eligible if otherwise eligible for Medi-Cal in that month (i.e., residence, property, etc.).

If an individual applies for retro benefits prior to the SSI application date, the CWD may have to submit a disability referral to the Disability Evaluations Division (DED) if no other Medi-Cal linkage exist.

III. QUESTIONS AND ANSWERS

Question 1: An individual's SSI/SSP is approved April 1994. He submits a written request to the county in January 1995 for retro Medi-Cal for January through March, 1994. Can he get retro Medi-Cal for these months?

Answer: Yes. January through March 1994 are the three months immediately preceding his SSI month of application. If otherwise eligible, he may receive retro Medi-Cal for these months.

Question 2: An individual's SSI/SSP application is approved April 1994. He submits a written request to the county in February, 1995 for retro Medi-Cal for the months of January through March, 1994. Can he get retro Medi-Cal for these months?

Answer: He can only get retro benefits for February and March 1994. Section 50148 states that an application for retro Medi-Cal coverage must be submitted within one year of the month for which retro coverage is requested. It is now too late to be found eligible for January 1994 since January exceeds the one year period.

Question 3: An individual submits written request for retro Medi-Cal in April 1995. The request is for April through June, 1994. She applied for SSI/SSP benefits in July 1994 but was denied. Can she get retro Medi-Cal for these months?

Answer: The individual must verify that she made an application for SSI in July 1994. Once that is verified the CWD must determine if she would have been eligible for one of the Medi-Cal programs listed in Title 22, CCR, Section 50201, which may necessitate the submission of a disability packet to DED. If otherwise eligible she may receive retro Medi-Cal for those months.

If you have additional comments or questions on the LOA process, please direct them to Mr. Craig Yagi at (916) 657-1182. Questions or comments on retro eligibility should be directed to Mr. Gary Varner at (916) 654-5321.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosure

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY
DEPARTMENT OF HEALTH SERVICES

ELIGIBILITY LETTER OF AUTHORIZATION

Document Number

00000000

Issuing County:	
Medi-Cal ID #:	
* Worker's Name:	
* Worker's Number:	
* Worker's Telephone #:	
* Date of Application:	
* Date of Approval:	

Beneficiary's Name, Address, City, State and Zip

Dear _____:

RE: Medi-Cal Billing for: ___/___ Mo. Yr. ___/___ Mo. Yr. ___/___ Mo. Yr. ___/___ Mo. Yr. ___/___ Mo. Yr. ___/___ Mo. Yr.

This original numbered MC-180 is approval for Medi-Cal providers to bill services provided to you during the above referenced months. An MC-180 is being issued in accordance with Title 22, California Code of Regulations (CCR) Section 50746. This regulation permits county welfare departments to issue documentation of eligibility which can be used by beneficiaries for periods more than one year after the month of service as a result of one of the following reasons:

1. ☐ SSI/SSP eligibility was approved for a retroactive period but cards were not issued by the State Department of Health Services.
2. ☐ A court order requires that a card be issued.
3. ☐ A State Hearing or other administrative hearing decision requires that a card be issued.
4. ☐ The State Department of Health Services requests that a card be issued. (Original signature of an authorized DHS staff person: _____).
5. ☐ An Administrative Error has occurred.
(Description) _____

Please give your doctor or other medical provider this form for the applicable month(s)/year(s) of service. Providers do not need to submit a Medi-Cal proof of eligibility label with their claims when using this MC-180.

If you were provided services by more than one doctor or provider, please contact your worker to obtain additional original copies of this form.

Sincerely,

_____
(Original Signature of Authorized County Administrative Staff)

INSTRUCTIONS TO PROVIDER
Submit this form, along with the claim(s), to:

EDS Federal Corporation
Attention: Over-One-Year-Unit
P.O. Box 13029
Sacramento, CA 95813-4029

MC-180 (9/94)

* This information is not needed when eligibility is established by the Social Security Administration.