State of California—Health and Human Services Agency
Department of Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

March 9, 2007

Medi-Cal Eligibility Branch Information Letter No.: I 07-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL PUBLIC HEALTH OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS

SUBJECT: NEW MEDI-CAL BENEFICIARY REIMBURSEMENT PROCESS
CONLAN V. BONTA AND *CONLAN V. SHEWRY*

The purpose of this letter is to request that the counties and public health offices post the enclosed poster conspicuously in a public area of the office to inform current Medi-Cal beneficiaries on how to request reimbursement for Medi-Cal services for which they paid. Included with this letter is the 11" x 14" poster-size copy of the notice.

The California Department of Health Services anticipates that counties may receive requests from beneficiaries for assistance. This may include requests for interpretation of the notice and assistance to complete the reimbursement claim forms. The county may also refer beneficiaries to the telephone number and addresses listed on the notice for assistance.

If you have any questions regarding this letter, please contact Mr. Irvin White, Chief of the Medi-Cal Benefits Branch at (916) 552-9797.

ORIGINAL SIGNED BY

Maria Enriquez, Chief
Medi-Cal Eligibility Branch

Enclosure

1501 Capitol Avenue, Suite 71.4063, MS 4007, P. O. Box 997417
Sacramento, CA 95899-7417
(916) 552-9430 Fax: (916) 552-9524
www.dhs.ca.gov

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IF YOU WERE ELIGIBLE FOR MEDI-CAL ANYTIME SINCE JUNE 27, 1997, OR ARE ELIGIBLE NOW, MEDI-CAL MAY REIMBURSE YOU FOR MEDICAL OR DENTAL BILLS YOU PAID

Conlan v. Bontá; Conlan v. Shewry

As the result of two court decisions, you may be able to be repaid for some medical expenses you paid. The California Department of Health Services (CDHS) will assist you in getting your money back if all criteria below are met:

1. You received a medically necessary medical or dental service during one or all of these time periods:
   - ✓ The 3-month period prior to the month you applied for the Medi-Cal program,
   - ✓ From the date you applied for the Medi-Cal program until the date your Medi-Cal card was issued,
   - ✓ After your Medi-Cal card was issued (includes excess co-payment and excess share of cost charges).
2. You paid for your medical or dental service; or another person paid for your medical or dental service on your behalf. You will be asked to provide proof that the medical or dental service was paid for by you or the other person.
3. You received the medical or dental service from a Medi-Cal enrolled provider (note: you do not need to have received the service from a Medi-Cal enrolled provider if you received the medical or dental service during the 3-month period prior to applying to Medi-Cal, or you received the services on or after June 27, 1997 but before February 2, 2006 and you had applied for Medi-Cal but not yet received a Medi-Cal card).
4. For those Medi-Cal services that were provided and would have required Medi-Cal authorization, you have documentation from the medical or dental provider that shows medical necessity for the service.
5. You were Medi-Cal eligible to receive that specific medical or dental service.
6. The medical or dental service was a benefit under the Medi-Cal program.
7. The medical or dental service was provided on or after June 27, 1997.
8. After you received your Medi-Cal card, you contacted your provider and showed your provider your Medi-Cal card and the provider would not give you your money back.

Important dates and time frames:

- For services received June 27, 1997 through November 16, 2006, you must submit your claim by November 16, 2007, or within 90 days after issuance of the Medi-Cal card, which ever is longer.
- For services received on or after November 16, 2006, you must submit your claim within one year of receipt of services or within 90 days after issuance of the Medi-Cal card, which ever is longer.

For more information or to file a claim, you MUST call or write to Medi-Cal at:

For Medical, Mental Health, Drug and Alcohol, and In-Home Supportive Services Claims:	For Dental Claims:
California Department of Health Services **Beneficiary Services** **P.O. Box 138008** **Sacramento, CA 95813-8008** **(916) 403-2007 TDD: (916) 635-6491**	**Denti-Cal** **Beneficiary Services** **P.O. Box 526026** **Sacramento, CA 95852-6026** **(916) 403-2007 TDD: (916) 635-6491**

-- DON'T FORGET TO KEEP ALL RECEIPTS FOR THE MEDICAL AND DENTAL CARE YOU RECEIVE --

Medi-Cal will review your claim for repayment and send you a letter with a check or a denial letter that tells you the reason for denial. If Medi-Cal denies your request for payment, you may ask for a state hearing. The denial letter will tell you how to ask for a state hearing.

Medicare/Medi-Cal Coverage: Starting January 1, 2006, medications covered under Medicare Part D will not be a covered benefit under the Medi-Cal Program and are not eligible for reimbursement. For questions regarding Medicare Part D contact 1-800-Medicare.

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SI USTED ERA ELEGIBLE PARA MEDI-CAL EN CUALQUIER MOMENTO DESDE EL 27 DE JUNIO DE 1997, O AHORA ES ELEGIBLE, ES POSIBLE QUE MEDI-CAL LE REEMBOLSE POR CUENTAS MÉDICAS O DENTALES QUE USTED HAYA PAGADO

Conlan v. Bontá; Conlan v. Shewry

Como resultado de dos decisiones de la corte, es posible que usted pueda ser reembolsado/a por algunos costos médicos que usted pagó. El Departamento de Servicios de Salud de California (California Department of Health Services-CDHS) le asistirá en conseguir el reembolso de su dinero si satisface todos los requisitos mencionados abajo:

1. Si usted recibió un servicio médico o dental que fue médicamente necesario durante estos períodos:
   - ✓ En el período de 3 meses antes del mes que usted solicitó para el programa de Medi-Cal,
   - ✓ A partir de la fecha que usted solicitó el programa de Medi-Cal hasta que su tarjeta de Medi-Cal fue expedida,
   - ✓ Después de que se expida su tarjeta médica (incluye exceso del pago parcial y exceso de cargos de parte del costo).
2. Si usted pagó por su servicio médico o dental, u otra persona pagó por su servicio médico o dental de parte suya. Usted va ser requerido que provea pruebas del servicio medico o dental, que fue pagado por usted u otra persona.
3. Si usted recibió el servicio médico o dental de un proveedor inscrito en Medi-Cal (nota: usted no necesita haber recibido el servicio de un proveedor inscrito en Medi-Cal si usted recibió el servicio médico o dental durante el período de tres meses antes de solicitar Medi-Cal).
4. Si usted tiene, una autorización de un proveedor médico o dental, y tienes documentación del proveedor medico o dental que enseña que los servicios fueron necesarios.
5. Si usted tenía elegibilidad de Medi-Cal para recibir ese servicio específico médico o dental.
6. El servicio médico o dental fue un beneficio bajo el programa de Medi-Cal.
7. El servicio médico o dental fue proporcionado en o después del 27 de junio de 1997.
8. Después de que usted recibió su tarjeta de Medi-Cal, usted contactó a su proveedor y le mostró a su proveedor su tarjeta de Medi-Cal y el proveedor no le reembolsó su dinero.

Fechas y horarios importantes:

- Para los servicios recibidos el 27 de junio de 1997 al 16 de noviembre del 2006, usted debe presentar su reclamo antes del 16 de noviembre del 2007, o en el plazo de 90 días después de que se recibió la tarjeta de Medi-Cal, cualquier plazo que sea el más largo.
- Para los servicios recibidos en o después del 16 de noviembre del 2006, usted debe presentar su reclamo dentro del plazo de un año de la fecha que recibió los servicios, o en el plazo de 90 días después de que se recibió la tarjeta de Medi-Cal, cualquier plazo que sea el más largo.

Para más información o presentar un reclamo, usted DEBE llamar o escribir a Medi-Cal a las siguientes direcciones:

Para Reclamos Médicos, de Salud Mental, de Drogas y Alcohol, y de Servicios de Casa y Cuidado Personal (Medical, Mental Health, Drug and Alcohol, and In-Home Supportive Service Claims):	Para Reclamos Dentales (Dental Claims):
California Department of Health Services **Beneficiary Services** **P.O. Box 138008** **Sacramento, CA 95813-8008** **(916) 403-2007 TDD: (916) 635-6491**	**Denti-Cal** **Beneficiary Services** **P.O. Box 526026** **Sacramento, CA 95852-6026** **(916) 403-2007 TDD: (916) 635-6491**

--NO SE OLVIDE GUARDAR TODOS LOS RECIBOS DEL LOS SERVICOS MÉDICO Y DENTAL QUE USTED RECIBIO--

Medi-Cal revisará su reclamo para el reembolso y le enviará una carta con un cheque o una carta de negación que le explicará la razón del porqué fue negado. Si Medi-Cal niega su petición de pago, usted puede pedir una Apelación al Estado. La carta de negación le dirá cómo pedir la Apelación al Estado.

Cobertura de Medicare/Medi-Cal: Empezando el 1º de Enero del 2006, los medicamentos cubiertas bajo Medicare Parte D no serán un beneficio cubierto bajo el programa de Medi-Cal y estos medicamentos no son elegibles para el reembolso. Para preguntas sobre Medicare Parte D llame al 1-800-Medicare.