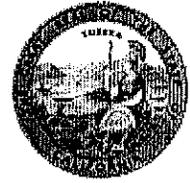


State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

June 19, 2002

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialist/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No.: 02-36

IMPLEMENTATION OF ACCELERATED ENROLLMENT (AE) FOR CHILDREN AT
SINGLE POINT OF ENTRY

The purpose of this letter is to provide information concerning the AE of children at Single Point of Entry (SPE). In keeping with the Department of Health Services' (DHS) goals of continuing to remove barriers and improving access to health care, DHS submitted and received federal approval of a state plan amendment to implement an AE program effective July 1, 2002.

The purpose of AE is to accelerate temporary, fee-for-service, full-scope, no-cost Medi-Cal coverage for children under the age of 19 who are new to Medi-Cal, applied for Medi-Cal through SPE, and are likely eligible for a Medi-Cal percent program based on screening by SPE.

The cost of those services provided during the AE period is under Title XIX.

Accelerated Enrollment Overview

Those Precluded from AE

The following individuals are ineligible for AE. Those:

- Who will be 19 years of age or over in the application month;
- With an active Medi-Cal case (eligibility status code < '999' in current or pending Medi-Cal Eligibility Data System (MEDS) month or in the application month);



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714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320
(916) 657-2941
Internet Address: www.dhs.ca.gov

- Without California residency;
- Whose application does not provide a county of residence or sufficient address information so that the county of residence can be determined;
- Whose application does not provide enough information so that a client identification number (CIN) can be assigned;
- That have not requested Medi-Cal or whose SPE screening indicates that they are not likely eligible for no-cost Medi-Cal;
- Who are in the Healthy Families (HF) Bridging (7Y) or Medi-Cal Bridging (7X) programs in the month of or the month prior to the month AE would be established;
- Who are HF eligible on the database of the Healthy Family Administrative Vendor or MEDS in the application month, or current or pending months;
- Who do not appear eligible for no-cost Medi-Cal when current screening procedures are used;
- Whose application does not provide enough information at screening to establish eligibility; and
- Who have been reported as deceased on MEDS with a death date present.

Coverage and Aid Code

AE will be temporary, full-scope, and fee-for-service while the county welfare department makes a final determination of eligibility. Children living in a county where there is a county organized health system (COHS) will be fee-for-service until the county welfare department determines their eligibility. At that time the child will be enrolled in that plan.

If eligible for AE, the child will be assigned Aid Code '8E' and MEDS will generate the mailing of a Benefits Identification Card (BIC) from the Fiscal Intermediary to the household of the AE applicant. AE begins the first day of the month of the date SPE receives the application, if the child is eligible.

MEDS Information

An AE record on MEDS will reflect changes in the following fields.

Eligibility Status Code (ESC). The ESC will be in the 001-499 range and will be stored in the HFAMILY special segment on MEDS. The ESC will reflect full month eligibility.

Government Responsibility Code (GRC). The GRC will show "1" – "County Responsibility," when the MEDS record is AE. The County-ID for an AE individual will be formatted: residence county number, Aid Code, "9," and CIN.

Other Health Coverage (OHC) Information. The OHC field should not reflect any health coverage during the AE period unless it is indicated on the application. Due to the limited other health insurance information on the combination application the most likely OHC code reported for AE will be "N" for none or "V" for various.

Termination of AE

Note: There is no requirement to provide a ten-day Notice of Action (NOA) when AE ends. Therefore, when a county has denied eligibility, MEDS will discontinue AE at the end of the month in which the county reports the determination to MEDS.

Two new values for the Reason for Termination field (# 0185) were added to MEDS documentation:

- A1 Application Determined – Denial Reported
- A2 Application Determined – Eligibility Reported

The following scenarios describe the information reflected on MEDS screens for AE.

If a county reports a denial before the end of the calendar month, for example, on the 27th day of the month, MEDS will discontinue AE the last day of the calendar month. The AE termination date displayed on the screen will be the denial date from the transaction submitted by the county and the termination reason will be A1.

NOTE: The term RENEWAL in the following scenarios means the process in which MEDS changes from the current calendar month to the next calendar month of eligibility (MOE). Renewal usually occurs around the 24th of the month.

If the county approves an application and grants eligibility during a month before RENEWAL, both the AE aid code and the regular Medi-Cal aid code will show on the MEDS screen for the current month. The AE aid code will terminate at the end of the month while the regular Medi-Cal aid code continues.

If a county establishes Medi-Cal eligibility after RENEWAL and on or before the end of the calendar month, MEDS will show the new ongoing Medi-Cal eligibility aid code and AE will be terminated the last day of the calendar month. The AE termination date displayed on MEDS will be the date that the transaction submitted by the county posted to MEDS and the termination reason will be A2.

Example: Assume AE was reported early April and today's date is April 27th. Since RENEWAL has happened, MEDS MOE is now May. Because RENEWAL has occurred, the MEDS screen will show an AE aid code of 8E for the months of April and May. On April 29th (before the end of the month) the county sends in a MEDS transaction that approves the application and grants eligibility effective April 1 and ongoing. The MEDS screen will now reflect the AE aid code '8E' ended as of April. The AE termination date displayed on the MEDS screen will be the date the county transaction posted to MEDS, in this example April 29th and the termination reason will be A2. The county-reported Medi-Cal aid code would show in the current calendar month of April and the MEDS MOE of May.

MEDS Edits: MEDS will repeat the following edits on aid code 8E that are already performed by SPE:

- Less than 19 years of age;
- No active Medi-Cal case in the current or pending MEDS month or in the application month;
- Is a California resident;
- Not in the HF to Medi-Cal Bridging Program (7Y) or the Medi-Cal to HF Bridging Program (7X) for the current or prior month to the month in which AE would be established; and
- Not HF eligible (9H) on MEDS.

Informing Notices and NOAs

AE continues until the county makes a final determination of eligibility. Because AE is granted before a full Medi-Cal determination is made, there are no fair hearing rights or NOA requirements during this period.

PLEASE MAKE NOTE: "MEDS WILL PRODUCE MONTHLY (RENEWAL) ALERTS AND AGING REPORTS TO REFLECT THE TIME AN "AE" BENEFICIARY REMAINS IN AID CODE '8E'. THE RENEWAL ALERTS ARE OPTIONAL AND WOULD ONLY BE SENT TO THE COUNTY ELIGIBILITY WORKER IF REQUESTED BY THE COUNTY. THERE ARE TWO ALERTS. THE FIRST, 9545, ACCELERATED ENROLLMENT ELIGIBILITY – CHECK APPLICATION STATUS, IS GENERATED IN THE FIRST MONTH OF AE WHEN RENEWAL IS SETTING UP THE SECOND MONTH OF AE. THE SECOND ALERT, 9546, OVER 2 MONTHS ACCEL ENROLL – APP DETERMINATION OVERDUE, IS GENERATED WHEN AE HAS CONTINUED FOR MORE THAN TWO MONTHS. THE AGING REPORTS WILL BE SENT MONTHLY TO THE COUNTY MEDS COORDINATORS."

Informing Notice

SPE will send an informing notice to all children determined eligible for AE. This notice will explain that a BIC will be issued and should be received soon. It will also tell how to use the BIC and access services (see enclosures.)

NOAs

Once the county makes the appropriate eligibility determination, the county shall send an appropriate NOA either approving or denying the application. Counties may use language along the following lines to explain the transition from AE to ongoing Medi-Cal or the denial of ongoing Medi-Cal.

Regular Medi-Cal approval with no Share-of-Cost (SOC):

"Your child(ren) _____ will now receive Medi-Cal under the regular _____ program, instead of under the Accelerated Enrollment program, which was temporary."

Medi-Cal approval with a SOC:

"Beginning _____, your child(ren) _____, will now receive Medi-Cal under the regular _____ program, instead of under the Accelerated Enrollment program which was temporary. Your child may use their Benefits Identification Card (BIC) to obtain no-cost Medi-Cal until _____."

Denial:

"Your child(ren) _____ has/have been determined ineligible for Medi-Cal. His/Her/Their Accelerated Enrollment will end on the last day of _____. Your child(ren) may use the Benefits Identification Card (BIC) to obtain no-cost Medi-Cal until _____."

If you have any questions concerning the content of this letter, please call Ms. Sherilyn Walden of my staff at (916) 657-3091.

Sincerely,

ORIGINAL SIGNED BY

Richard Brantingham
Acting Chief
Medi-Cal Eligibility Branch

Enclosures



<<MM/DD/CCYY>>

Family Member Number: <<XXXXXXXXXXXX>>
 <<APPLICANT NAME>>
 <<ADDRESS LINE 1>>
 <<ADDRESS LINE 2>>
 <<CITY>> <<STATE>> <<99999-9999>>

Dear Applicant:

We have reviewed your Healthy Families/Medi-Cal application. Family size, income, and age of the person determine whether a person qualifies for Healthy Families or Medi-Cal. It appears that the person(s) listed below qualifies for no-cost Medi-Cal:

Person(s)	County	Person(s)	County
<<First Name>> <<Last Initial>>	<<99>>	<<First Name>> <<Last Initial>>	<<99>>
<<First Name>> <<Last Initial>>	<<99>>	<<First Name>> <<Last Initial>>	<<99>>
<<First Name>> <<Last Initial>>	<<99>>	<<First Name>> <<Last Initial>>	<<99>>
<<First Name>> <<Last Initial>>	<<99>>	<<First Name>> <<Last Initial>>	<<99>>

The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.
 The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.
 The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.
 The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.
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 The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.
 The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.
 The effective date of Medi-Cal Accelerated Enrollment for <<First Name>> is <<MM/DD/CCYY>>.

Your application has been sent to the Medi-Cal office(s) below. Under a new program to quickly give health care coverage to children who seem to be eligible for Medi-Cal, each child listed above has been enrolled in the **Medi-Cal Accelerated Enrollment** program. This program gives children no-cost Medi-Cal coverage for up to two months while ongoing Medi-Cal eligibility is being determined by your county Medi-Cal office(s).

[The following adult(s) also applied to enroll in Healthy Families:]

[Adult(s)]

<<First Name>> <<Last Initial>>	<<First Name>> <<Last Initial>>
<<First Name>> <<Last Initial>>	<<First Name>> <<Last Initial>>
<<First Name>> <<Last Initial>>	<<First Name>> <<Last Initial>>
<<First Name>> <<Last Initial>>	<<First Name>> <<Last Initial>>

[We are forwarding the above adult(s) to Healthy Families. If any of the adults are found to be eligible for Healthy Families, those adult(s) will be enrolled in Healthy Families for 2 months while their child(ren)'s eligibility for no-cost Medi-Cal is being reviewed. If the child(ren) are not enrolled in no-cost Medi-Cal by the end of the 2nd month, the adult(s) will be disenrolled from the Healthy Families Program.]

The Medi-Cal program will review your application in the next 45 days to see if your child(ren) qualifies for Medi-Cal and will contact you with the results. If you have any questions about Medi-Cal, please contact the office(s) below.

<u>Name of Office</u>	<u>County</u>	<u>Address</u>	<u>Phone Number</u>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>
<<Name of Office>>	<<99>>	<<Address Line 1>> <<City>> <<State>> <<99999-9999>>	<<(999) 999-9999>>

We encourage you to work closely with Medi-Cal, and provide any information they request, to make sure you and/or your family members receive health coverage.

If you applied for another person(s) who is not listed above, you will receive a separate letter explaining if he/she qualifies for the Healthy Families Program. If you have any questions about Healthy Families, please call 1-800-880-5305, between the hours of 8 a. m. and 8 p.m., Monday through Friday, and 8 a.m. to 5 p.m. on Saturday.

Sincerely,

Healthy Families Program