

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1912



August 14, 1981

To: All County Welfare Directors

Letter No. 81-38

QUESTIONS FOR COUNTIES REGARDING ELIGIBILITY INFORMATION GIVEN TO PROVIDERS

Enclosed is a questionnaire requesting information regarding the information your county currently makes available to Medi-Cal providers. This information is being requested because of the passage of AB 251 which allows for labelless billing by providers and because of changes in state and federal confidentiality requirements which mandate that certain information be given to providers. In order to assess the impact of any requirements we might implement regarding the information/labels counties must give to providers, it is necessary for us to have information regarding current county procedures and workload.

Also enclosed is a copy of the provisions in AB 251, Chapter 102 which allow labelless billing by providers. We would appreciate any comments or suggestions you may have regarding implementation of these specific provisions.

Please complete the questionnaire and forward the information to your program consultant by letter or telephone no later than August 31.

Sincerely,

Original signed by

David Mitchell for
Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

COUNTY QUESTIONNAIRE
Medi-Cal Eligibility Information Given to Providers

County _____ County Contact _____
Date _____ Telephone Number _____

Some of the following questions require responses for separate categories of county facilities. If you do not collect Medi-Cal eligibility information/label inquiry data for some of these county facility categories, or do not collect the data in a way that can be easily separated into these categories, please respond to these questions as completely as possible with the data that you do have.

1. Indicate how eligibility information and/or labels are being provided to the following county facilities using the following numbered methods.
 - 1 - Computerized eligibility data base
 - 2 - Direct county eligibility worker contact
 - 3 - Other (specify)

<u>County Facility</u>	<u>Method</u>
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County Hospitals

- Inpatient
- Outpatient

County Contract Hospitals

- Inpatient
- Outpatient

District Hospitals

- Inpatient
- Outpatient

University Hospitals

All other hospitals

County-operated clinics

County-contracted clinics

Other clinics

County mental health agencies
and its contract agencies

2. Indicate an estimate of the number of eligibility information and/or label inquiries generated each month by the following county facilities.

County Facility

Monthly Inquiries

County Hospitals

- Inpatient
- Outpatient

County Contract Hospitals

- Inpatient
- Outpatient

District Hospitals

- Inpatient
- Outpatient

University Hospitals

All other hospitals

County-operated clinics

County-contracted clinics

Other clinics

County mental health agencies
and its contract agencies

3. List the county contract hospitals in your county.

4. Do you provide any information regarding a person's Medi-Cal eligibility to private providers? yes ___ no ___ If yes: _____
- a. Do you accept request for information in writing? yes ___ no ___
By phone? yes ___ no ___
- b. Indicate the type of information you require the provider to give you regarding the beneficiary.
1. Medi-Cal ID Number _____
 2. Address _____
 3. Job information _____
 4. Other (specify) _____
- c. Do you require any authorization from a beneficiary before you give eligibility information to a provider? yes ___ no ___
- d. If you do not require an authorization, do you contact the beneficiary after providing the information? yes ___ no ___
- e. Indicate the type of beneficiary information that you give to a provider.
1. Eligibility status for a given month _____
 2. Medi-Cal ID number _____
 3. Other (specify) _____
- f. Indicate how you verify that an inquiry is from a bona fide medical provider either prior or after releasing beneficiary information.
1. Confirm provider name and/or number with appropriate state regulatory board (Board of Medical Quality Assurance, Board of Pharmacy) _____
 2. Confirm providers' membership status in local medical associations _____
 3. Confirm provider name and practice in local telephone directory _____
 4. Do not verify provider inquiries _____
 5. Other (specify) _____

5. Indicate an estimate of the time per month billed to the Medi-Cal program which is currently spent providing eligibility information and/or labels to the following providers in your county.

<u>Providers</u>	<u>EW Hours</u>	<u>Clerical Hours</u>
County Hospitals		
- Inpatient		
- Outpatient		
County Contract Hospitals		
- Inpatient		
- Outpatient		
District Hospitals		
- Inpatient		
- Outpatient		
University Hospitals		
All other hospitals		
County-operated clinics		
County-contracted clinics		
Other clinics		
County mental health agencies and its contract agencies		
Private providers		

6. Is any record maintained as to which provider requested information, which client was involved, or what information was given and provided, and/or date of request?

7. If providers in your county were informed that they could contact the county to determine whether their patients were eligible for Medi-Cal, indicate what your anticipated workload may be in terms of eligibility

worker, clerical hours, and total hours for eligibility information/
label inquiries from the following providers in your county.

<u>Providers</u>	<u>EW Hours</u>	<u>Clerical Hours</u>	<u>Total Hours</u>
County Hospitals			
- Inpatient			
- Outpatient			
County Contract Hospitals			
- Inpatient			
- Outpatient			
District Hospitals			
- Inpatient			
- Outpatient			
University Hospitals			
All other hospitals			
County-operated clinics			
County-contracted clinics			
Other clinics			
County mental health agency and its contract agencies			
Private providers			

Additional Comments/Suggestions Regarding AB 251 Implementation

Medi-Cal Eligibility Branch
Department of Health Services
July 1981

containing his or her picture, social security number, identifying characteristics, and signature.

SEC. 109. Section 14017.5 is added to the Welfare and Institutions Code, to read:

14017.5. It shall be the responsibility of the provider prior to rendering Medi-Cal reimbursable services to persons presenting themselves as Medi-Cal beneficiaries to verify the person's identity by matching the name and signature on their identification card issued by the department or their valid California driver's license or California identification card issued by the Department of Motor Vehicles, against the name and signature on the Medi-Cal card and further by visually verifying their likeness to the photograph on the identification card or driver's license.

If a provider, in attempting to verify identity, suspects a person to be guilty of impersonating a Medi-Cal beneficiary, the provider shall attempt to retain that person's Medi-Cal card and shall promptly notify the department.

SEC. 110. Section 14018.2 is added to the Welfare and Institutions Code, to read:

14018.2. Reimbursement shall not be denied to any qualified health care provider for care rendered to an eligible Medi-Cal beneficiary for the sole reason that a proof of eligibility label does not accompany the bill.

Proof of eligibility labels may, however, continue to be used as such and shall be made available to an eligible Medi-Cal beneficiary through the local office which has determined the person's eligibility or through the department.

By March 1982, the department shall report to the Legislature on the accuracy and reliability of its automated eligibility reporting system so that the Legislature can make a determination as to the continued need for proof of eligibility labels.

SEC. 111. Section 14018.4 of the Welfare and Institutions Code is repealed.

SEC. 112. The State Department of Health Services shall work with interested qualified representatives of private industry to assess the feasibility of instituting an automated eligibility verification system for the Medi-Cal program, and shall report to the Legislature on results of this study by May 15, 1982.

SEC. 113. Section 14023 of the Welfare and Institutions Code is amended to read:

14023. (a) Any applicant for public assistance or for coverage under this chapter who at the time of application has any other contractual or legal entitlement to any health care service defined in Section 14053, and who willfully fails at that time to disclose the fact of such other entitlement, or falsely represents that he does not have such other entitlement, is guilty of a misdemeanor.

(b) Any public assistance recipient or person eligible under this chapter who, subsequent to the date of application for such assistance