STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

March 26, 1986

To: All County Welfare Directors
County Administrative Officers

Letter No. 86-18

JOHNSON V. RANK Revised Billing Instructions

Reference: All County Welfare Directors (ACWD) Letter Nos. 85-28 and 85-59.

This is to transmit a copy of a beneficiary notice which will be sent to all eligible long term care beneficiaries who have a share of cost. The notice describes the new two month billing limitation for submission of paid bills/receipts for necessary but noncovered services to a long term care facility and the deduction of paid bills from a beneficiary's share of cost.

A provider bulletin covering this same information will be issued by the Department on April 4, 1986. (See attached draft provider bulletin.)

Should you or your staff have any questions regarding details of the Johnson v Rank lawsuit, please contact Maria Enriquez or Karla Gurley of my staff at (916) 445-1912.

Sincerely,

Original signed by

Gary Pettigrew for
Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration: July 31, 1986

April 4, 1986

34-00-0000000-0-01

34-00-0000000-0-01
LASTNAME FIRSTNAME
LASTNAME, FIRSTNAME
FIRST ADDRESS LINE
SECOND ADDRESS LINE
CITY, STATE 95814

IMPORTANT NOTICE ABOUT YOUR MEDI-CAL BENEFITS

Notices were sent to you in May 1985 and October 1985 regarding the JOHNSON v. RANK federal court order. This court order stated that the California Department of Health Services must allow Medi-Cal beneficiares who have a share of cost and are in a nursing home, to use their share of cost to pay for necessary medical services, drugs or remedial items for which Medi-Cal does not pay. This notice provides you with further information regarding the timeframe for submitting bills/receipts to your nursing home for these necessary but noncovered services.

You will have two months after the month you receive necessary but noncovered services to submit your bills/receipts to the long-term care (LTC) facility. Bills/receipts submitted to the LTC facility later than two months following the month of service WILL NOT be accepted by by the LTC facility.

In a previous notice you were informed that you would continue to pay the nursing home the full amount of your share of cost at the beginning of the month as you did in the past. This is to notify you that under certain circumstances you need not pay the nursing home the full amount of your share of cost at the beginning of the month. If you have received necessary noncovered drugs, services, or remedial items within two months prior to the current month, you have the option of deducting the cost of such drugs, services, or remedial items from your current month's share of cost before paying that share of cost to your nursing home. You must, however, submit the paid bills/receipts for these services at the same time you would normally pay your full share of cost. For example, if you had a $200 share of cost for January and for February, and you received $50 of noncovered drugs, services or remedial items in January, you may pay the nursing home $150 for your February share of cost ($200 - $50), if you submit the paid bills/receipts to the nursing home at the same time you normally pay your share of cost.

If you receive your paid bills/receipts after the date you pay your share of cost, you may hold the paid bills/receipts until the following month, and then deduct them from your share of cost. For example, if you had a $200 share of cost for November and for December, and you received $75 of noncovered drugs, services, or remedial items in November but did not receive your paid bills/receipts until after the date you paid your November share of cost, then you may pay the nursing home $125 for your December share of cost ($200 - $75), but you must submit paid bills/receipts to justify the deduction of the $75.

Noncovered services deducted from your share of cost must be medically necessary and within the physician's plan of care. The facility has the obligation to verify that these requirements are met as a condition of your deducting paid bills/receipts from your share of cost. If you deduct expenses for noncovered services from your share of cost and then the facility determines that the services were not within the physician's plan of care, THE FACILITY WILL REQUIRE YOU TO PAY AN ADDITIONAL AMOUNT TOWARD YOUR SHARE OF COST.

You are also reminded that the nursing home must provide you with incontinence supplies, non-prescription pain relievers (such as aspirin products), laxatives, lubricants, rubbing compounds, antiseptics, first aid supplies, etc., as the rate Medi-Cal pays the nursing home covers these items. Therefore, in most circumstances, such items may not be charged to you nor can you use your share of cost to pay for such medical supplies.

Items such as shampoo and haircuts are not considered medical services, but should also be supplied by the nursing facility since they are covered by the Medi-Cal nursing hone rate in accordance with Medi-Cal regulations. Under no circumstances can such items be charged against your share of cost.

If you have any questions you may call the Department of Health Services JOHNSON v. RANK clerk at (916) 445-1912 weekdays, or you may contact the Public Inquiry and Response Unit, TOLL FREE at (800) 952-5253.

AVISO IMPORTANTE ACERCA DE LOS BENEFICIOS DE MEDI-CAL

EN MAYO Y OCTUBRE DE 1985 AVISOS FUERON ENVIADOS A UD. EN RELACION CON LA ORDEN DE LA CORTE FEDERAL EN EL PROCESO LEGAL LLAMADO JOHNSON V. RANK.

ESTA ORDEN DEL LA CORTE DECLARO QUE EL DEPARTAMENTO DE SERVICIOS DE SALUD DE CALIFORNIA DEBE PERMITIR A LOS BENEFICIARIOS DE MEDI-CAL QUE TIENEN QUE PAGAR UNA PARTE DEL COSTO Y ESTAN EN UNA RESIDENCIA CON CUIDADO MEDICO, USAR SU PARTE DEL COSTO PARA PAGAR POR SERVICIOS MEDICOS NECESARIOS, MEDICINAS O ITEMS TERAPEUTICOS POR LOS CUALES MEDI-CAL NO PAGA. ESTE AVISO LE PROPORCIONA MAS INFORMACION ACERCA DE LA FECHA PARA PRESENTAR SUS FACTURAS/RECIBOS A LA RESIDENCIA DONDE SE ENCUENTRA POR ESTOS SERVICIOS NECESARIOS, PERO QUE NO SON CUBIERTOS.

USTED TENDRA DOS MESES DESPUES DEL MES QUE USTED RECIBIO LOS SERVICIOS NECESARIOS PERO NO CUBIERTOS PARA PRESENTAR SUS FACTURAS/RECIBOS AL ESTABLECIMIENTO DE ATENCION A LARGO PLAZO (LONG-TERM CARE (LTC) FACILITY). LAS FACTURAS/RECIBOS QUE SE PRESENTEN AL ESTABLECIMIENTO LTC DESPUES DE DOS MESES SIGUIENTES AL MES DEL SERVICIO, NO SERAN ACEPTADOS POR EL ESTABLECIMIENTO LTC.

EN AVISOS ANTERIORES SE LE INFORMO QUE UD. CONTINUARIA PAGANDO A LA RESIDENCIA MEDICA LA SUMA TOTAL DE SU PARTE DEL COSTO AL COMIENZO DEL MES COMO LO HACIA EN EL PASADO. CON ESTE AVISO LE INFORMAMOS QUE, BAJO CIERTAS CIRCUNSTANCIAS, UD. NO NECESITA PAGAR A LA RESIDENCIA MEDICA LA SUMA TOTAL DE SU PARTE DEL COSTO AL COMIENZO DEL MES. SI UD. HA RECIBIDO MEDICINAS NECESARIAS QUE NO SON CUBIERTAS, SERVICIOS O ITEMS TERAPEUTICOS DENTRO DE LOS DOS MESES ANTES DEL MES CORRIENTE UD. TIENE LA OPCION DE DEDUCIR EL COSTO DE TALES MEDICINAS, SERVICIOS O ITEMS TERAPEUTICOS DEL MES CORRIENTE DE SU PARTE DEL COSTO ANTES DE PAGAR ESA PARTE DEL COSTO A SU RESIDENCIA MEDICA. USTED DEBE, SIN EMBARGO, PRESENTAR LAS FACTURAS/RECIBOS PAGADOS AL MISMO TIEMPO QUE NORMALMENTE PAGARIA EL TOTAL DE SU PARTE DEL COSTO. POR EJEMPLO, SI UD. TIENE $200 DE PARTE DEL COSTO POR ENERO Y FEBRERO Y UD. TUVO $50 DE MEDICINAS NO CUBIERTAS, SERVICIOS O ITEMS TERAPEUTICOS EN ENERO, UD. PUEDE PAGAR A LA RESIDENCIA MEDICA $150 ($200 - $50) POR SU PARTE DEL COSTO EN FEBRERO SI UD. PRESENTA A LA RESIDENCIA MEDICA LAS FACTURAS/RECIBOS PAGADOS AL MISMO TIEMPO QUE NORMALMENTE PACA SU PARTE DEL COSTO.

SI UD. RECIBE SUS FACTURAS/RECIBOS QUE YA FUERON PAGADAS DESPUES DE LA FECHA EN QUE UD. PAGA SU PARTE DEL COSTO, UD. PUEDE RETENER LAS FACTURAS/RECIBOS HASTA EL SIGUIENTE MES, LUEGO DEDUCIRLOS DE SU PARTE DEL COSTO. POR EJEMPLO, SI UD. TUVO UNA PARTE DEL COSTO DE $200 EN NOVIEMBRE Y DICIEMBRE, Y UD. RECIBIO $75 DE MEDICINAS NO CUBIERTAS, SERVICIOS O ITEMS TERAPEUTICOS EN NOVIEMBRE PERO NO RECIBIO SUS FACTURAS/RECIBOS QUE YA FUIERON PAGADOS HASTA DESPUES DE LA FECHA EN QUE PAGO SU PARTE DEL COSTO EN NOVIEMBRE, ENTONCES UD. PUEDE PAGAR A LA RESIDENCIA MEDICA $125 POR SU PARTE DEL COSTO DE DICIEMBRE ($200 - $75), PERO UD. DEBE PRESENTAR LAS FACTURAS/RECIBOS PARA JUSTIFICAR LA DEDUCCION DE LOS $75.

SERVICIOS NO CUBIERTOS DEDUCIDOS DE SU PARTE DEL COSTO DEBEN SER MEDICALMENTE NECESARIOS Y DENTRO DEL TRATAMIENTO DE ATENCION DEL MEDICO. LA RESIDENCIA MEDICA TIENE LA OBLIGACION DE COMPROBAR QUE ESTOS REQUERIMIENTOS SE CUMPLAN COMO UNA ESTIPULACION PARA QUE SUS FACTURAS/RECIBOS, QUE YA FUERON PADADOS, SE DUDUZCAN DE SU PARTE DEL COSTO. SI UD. DEDUCE DE SU PARTE DEL COSTO GASTOS POR SERVICIOS NO CUBIERTOS Y LUEGO LA RESIDENCIA MEDICA DETERMINA QUE ESOS SERVICIOS NO FUERON ORDENADOS POR SU MEDICO, LA RESIDENCIA MEDICA EXIGIRA QUE UD. PAGE UNA SUMA ADICIONAL EN SU PARTE DEL COSTO.

SE LA RECUERDA TAMBIEN QUE LAS RESIDENCIAS MEDICAS DEBEN PROPORCIONARLE ARTICULOS PARA LA INCONTINUENCIA, ANALGESICOS QUE NO NECESITAN PRESCRIPCION MEDICA (TALES COMO PRODUCTOS CON ASPIRINA, LAXANTES, LUBRICANTES, FROTACIONES, ANTISEPTICOS, ARTICULOS DEL PRIMEROS AUXILIOS, ETC.) AL PRECIO QUE MEDI-CAL PAGA A LAS RESIDENCIAS MEDICAS POR ESTOS ITEMS. POR LO TANTO, EN LA MAYORIA DE LOS CASOS, TALES ITEMS NO PUEDEN SER CARGADOS A UD. O UD. NO PUEDE USAR SU PARTE DEL COSTO PARA PAGAR POR ESOS ARTICULOS MEDICOS.

ITEMS TALES COMO CHAMPU Y CORTE DEL CABELLO NO SE CONSIDERAN SERVICIOS MEDICOS, PERO DEBEN SER PROPORCIONADOS POR LA RESIDENCIA MEDICA SEGUN LA TARIFA DE MEDI-CAL PARA LA RESIDENCIA MEDICA DE ACUERDO CON LOS REGLAMENTOS DE MEDI-CAL. BAJO NINGUNA, CIRCUNSTANCIAS TALES ITEMS PUEDEN SER CARGADOS A SU PARTE DEL COSTO.

SI UD. TIENE ALGUNAS PREGUNTAS, UD. PUEDE LLAMAR AL DEPARTAMENTO DE SERVICIOS PARA LA SALUD, AL FUNCIONARIO ENCARGADO DEL CASO JOHNSON V. RANK AL (916) 445-1912 EN LOS DIAS DE SEMANA, OR PUEDE PONERSE EN CONTACTO CON LA OFICINA DE PREGUNTAS Y RESPUESTAS AL PUBLICO AL NUMERO GRATUITO (800) 952-5253.