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

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

December 23, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86-79

SUBJECT: ISSUANCE OF MEDI-CAL CARDS TO SSI/SSP RECIPIENTS MORE THAN ONE YEAR AFTER THE DATE OF SERVICE

Recently counties have requested clarification of Title 22 CAC Sections 50743 and 50746 regarding issuance of POEs or Medi-Cal cards more than one year after the date of service to SSI/SSP recipients.

The current Section 50743 requires the county to issue a current or past month card to any SSI/SSP recipient who was SSI/SSP-eligible in the month; was not enrolled in a PHP; and needs a card or labels. Issuance of Medi-Cal cards to all other Medi-Cal eligibles is subject to the limitations in Section 50746. This special provision for SSI/SSP recipients was established to address the lag between the time the person was granted SSI/SSP eligibility by the Social Security Administration and the time such eligibility was subsequently reported to the state via the SDX.

The period of SSI/SSP-based Medi-Cal eligibility begins with the month SSI/SSP cash assistance is effective. However, the Department is unable to automatically issue cards for the period between the effective date of eligibility (if it is prior to current month) and the month the SDX update is received. Since the person was entitled to a card but the Department failed to issue one, there is a state administrative error. Please note that Section 50743 does not prohibit issuance of an SSI/SSP-based Medi-Cal card even if one was previously issued. The Department will be addressing this inconsistency in a future regulation change which will require application of the limitations in Section 50746 to SSI/SSP-based Medi-Cal cards.

Before issuing a POE or card to an SSI/SSP recipient who requests one more than one year after the date of service, the county must ensure that the claimant was eligible for SSI in the month for which a card is being requested. Since MEDS does not go back more than one year, the burden of proof must fall upon the claimant; i.e. the claimant must obtain from Social Security proof of his/her SSI eligibility in the month in question. In situations where a Medi-Cal card was previously issued, the basis for issuance is per Department request.

Please note that a provider letter which authorizes billing beyond the one year limit must be provided along with the label. The fiscal intermediary will not otherwise pay the claim. The provider letter should be similar to the draft letter attached.

If you have any further questions, please contact Tony Plescia at (916) 324-4968.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 23, 1987

Dear _____:

Attached is a replacement Medi-Cal card for _____ for the month(s) of _____. This card was issued in accordance with Title 22, California Administrative Code (CAC), Section 50743, which requires the county department to issue a Medi-Cal card to SSI/SSP recipients who were entitled to a card.

To ensure that your claims will be processed, code the billing limit box on the claim form with an "8", mark the attachment box on the claim with an "X" and indicate the date proof of eligibility was received in the remarks section of the claim. Additionally, attach all the necessary documentation required to process the claim (e.g., Treatment Authorization Request (TAR) form or TAR control number inserted in the appropriate box on the claim form; Sterilization Consent Form (PM 330); Operative Report or Medi-Cal Justification if necessary; etc.). When requesting a retro-TAR from the Medi-Cal field office, it will facilitate processing if you attach a copy of this letter with the TAR request.

A copy of this letter, along with the patient's replacement Medi-Cal label, must be attached to your completed claim form for the month of service. The completed claim form should then be submitted to:

Department of Health Services
Fiscal Intermediary Management Division
Provider Services Section
714 P Street, Room 950
Sacramento, CA 95814

Should you have any questions regarding this matter, please contact the welfare department at _____.

Sincerely,

_____
Medi-Cal Program Manager