STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

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

January 31, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-09

SUBJECT: MEDI-CAL CARD ISSUANCE TO SSI/SSP BENEFICIARIES IN PAYMENT STATUS CODE T30

The purpose of this letter is to advise county welfare departments of a current problem concerning Medi-Cal card issuance to SSI/SSP beneficiaries in Payment Status Code (PSC) T30 (a temporary termination status for a record due to a change in record composition). Also, to solicit input from the counties regarding a suggested solution proposed by the Social Security Administration (SSA).

BACKGROUND

Several years ago the State Department of Health Services (DHS) discontinued Medi-Cal card issuance to those SSI/SSP beneficiaries who were reported, via the State Data Exchange (SDX) file, in T30 payment status with a Reaccretion Indicator Code of "X". The Medi-Cal card discontinuance action was taken upon completion of a study which revealed that a majority of records in that payment status remained unchanged indefinitely. Consequently, it could not be determined if Medi-Cal cards were being issued erroneously.

Up to that time, Medi-Cal cards were issued to SSI/SSP beneficiaries in T30 payment status and an "X" Reaccretion Indicator Code with the understanding that the T30 status would be changed to another payment status or terminated status code the month following the initial reporting.

Subsequently, the SSA requested that we reevaluate our Medi-Cal card discontinuance decision based upon the issuance of a SSA Regional Program Circular which reminded SSA staff to change the T30 code for SSI/SSP beneficiaries to either an active or different terminated status.

Another study was conducted which tracked new T30 records to determine if the T30 status was being changed as a result of the above circular. Results indicated an improvement in T30 status changes, but a number of T30 records remained unchanged. It was concluded that there would be a cumulative effect caused by unchanged T30 records, creating an enormous cost to the state due to erroneous Medi-Cal card issuances. Based on the above study, we were unable to reinstate Medi-Cal card issuance to SSI/SSP beneficiaries reported by SSA in Payment Code Status Code T30 with Reaccretion Indicator Code "X".

PROPOSED SOLUTION

The SSA concurs with our decision and proposes the following solution:

1. The SSA should reaccrete these individuals, whenever possible, to a current (C01) payment status for the same month in which they are placed in Payment Status Code T30.

   Medi-Cal card issuance by the Medi-Cal Eligibility Data System (MEDS) depends upon the payment status code at the time of MEDS renewal. Records in T30 payment status at renewal would continue to not receive a Medi-Cal card. If a subsequent SDX transaction is received after renewal for the MEDS current month changing the record to a payment status code for which a card should be issued, a card would be generated by the State. Prior month(s) cards would have to be requested by the SSA. For example:

   a. If the beneficiary is placed in Payment Status Code T30 prior to renewal for February 1989 Month of Eligibility (MOE), a card would not be issued at renewal for the current month of February 1989. If a subsequent SDX transaction is received after renewal, but before the next month's renewal, placing the beneficiary back into a card eligible payment status code, the State would issue a card for February 1989.

   b. If the beneficiary is placed in Payment Status Code T30 after renewal for February 1989 MOE and a subsequent SDX transaction is received 2 months later placing the beneficiary back into a card eligible payment status code for March and April 1989, the State would issue a card for April 1989, the current MOE, but not for March 1989 MOE. The county would have to issue a March 1989 MOE card if requested by the SSA through the referral process described below.

2. If the action in item #1 above cannot be accomplished, the SSA field office staff would mail Medi-Cal card referrals, instead of referring the beneficiary, to local county Medi-Cal offices. Based upon the referral from SSA, the local county office should take the appropriate action to ensure that Medi-Cal cards are issued via MEDS to the affected recipients by using current card issuance procedures.

DHS believes that the SSA proposed solution would help to reduce the number of "face to face" contacts in county offices. It would also reduce the inconvenience to those beneficiaries, all of whom are aged, blind or disabled, of having to go to the SSA field office for a referral form, then taking the form to a county office and requesting a Medi-Cal card.

We are asking that each county welfare department consider the proposed solution of "mail-in" referrals as opposed to "walk-in" referrals and provide us with any input in favor of or against the solution. If the proposal is accepted by the majority of County Welfare Departments (CWDs), we would need an address and contact person in each CWD where the forms could be sent. For that reason we are asking that each county provide us with a mailing address for the mail-in referrals and the name and telephone number of a person whom the SSA may contact for assistance. Your input and mailing address/contact person should be submitted to us no later than February 28, 1989.

The information should be sent to:

Department of Health Services
Medi-Cal Eligibility Branch
Attention: Ron Campos
714 P Street, Room 1692
Sacramento, CA 95814

If there are any questions, please contact Ron Campos of my staff at (916) 324-4974. Thank you in advance for your cooperation and timely responses.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: February 17, 1990