STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
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June 26, 1990
Letter No.: 90-61

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: IMPLEMENTATION OF THE 133 PERCENT PROGRAM (SECTION 6401 OF THE OMNIBUS BUDGET RECONCILIATION ACT [OBRA] OF 1989) - DATA PROCESSING CHANGES

REFERENCE: ACWDL 89-55 and 89-104

This letter provides the counties with the information necessary for reporting eligibility for the 133 Percent Program to MEDS. The procedures for the 133 Percent program are identical to the 185 Percent program (contained in ACWDL 89-55) and the 200 Percent program (contained in ACWDL 89-104). Two aid codes have been redefined to identify the 133 Percent eligibles.

The objective of the 133 Percent program is to extend eligibility for medical assistance under Medicaid (Medi-Cal) to children who have attained age one but who have not attained age six and whose family income does not exceed 133 percent of the federal poverty level.

The 133 Percent program provides full Medi-Cal benefits, at no share of cost, to children with citizen/lawful permanent resident/PRUCOL/Conditional status who have attained age one but who have not attained age six. Restricted Medi-Cal benefits for emergency services only will be granted to children with undocumented or temporary visa status, at no share of cost, who have attained age one but who have not attained age six. Exceptions: (1) If the child's eligibility continues under the 185 or 200 Percent programs because he/she was receiving inpatient services during a continuous period which began before and continues beyond the child's first birthday, the child shall continue to be treated under the 185 or 200 Percent programs until the end of the stay for which the inpatient services are furnished, or (2) if the child's eligibility for the 133 Percent program should end for the 133 Percent program solely because he/she has attained age six, but he/she is otherwise eligible and is receiving inpatient services on the date eligibility should end, the child's eligibility continues until the end of the stay for which the inpatient services are provided. In this instance, the counties must redetermine 133 Percent eligibility when the child has attained the age of six and again at six month intervals.

AID CODES

Background:

The Department of Health Services (DHS) and the Department of Social Services (DSS) are currently working on a project to expand the number of available aid codes which are critically needed. Until the project is completed, only three aid codes remain available. To conserve the remaining aid codes and to accommodate the implementation of the 133 Percent program, a change is required to make available two of the four aid codes now designated for TPN and Dialysis services.

The aid codes in question and a detailed definition of each existing aid code follows:

#71 - DP - Medi-Cal Dialysis Only Program (non-FFP) -- Persons of any age who are eligible only for dialysis and related services.

#72 - DSP - Medi-Cal Dialysis Supplement Program (non-FFP) -- Persons of any age who are eligible under the Medically Needy or Medically Indigent Programs and who also meet the specific eligibility requirements contained in Article 17, Title 22, CAC.

#73 - TPN - Medi-Cal TPN Only Program (non-FFP) -- Persons of any age who are eligible under provisions of Article 17, Title 22, CAC, only for parenteral hyperalimentation and related services.

#74 - TPN-SUPP. - Medi-Cal TPN Supplement Program (non-FFP) -- Persons of any age who are eligible under the Medically Needy or Medically Indigent Programs and who also meet the applicable eligibility requirements contained in Article 17, Title 22, CAC.

A decision was made to combine aid Code #72 (Medi-Cal Dialysis Supplement Program) with #71 (Medi-Cal Dialysis Only Program), and #74 (Medi-Cal TPN Supplement Program) with #73 (Medi-Cal TPN Only Program). This decision was based on statistics which indicate a very small number of beneficiaries are in aid codes #72 and #74. The services provided for these two aid codes are virtually the same, the cards are identical in that they are red limited service cards, and all services are non-FFP.

Effective immediately, counties should not add any new TPN and dialysis eligibles onto MEDS with aid codes #72 (Medi-Cal Dialysis Supplement Program) and #74 (Medi-Cal TPN Supplement Program). All new eligibles for the Medi-Cal Dialysis Supplement program should be reported to MEDS in aid code #71.

All new eligibles for the Medi-Cal TPN Supplement program should be reported to MEDS in aid code #73.

On May 25, 1990, the Department of Health Services completed the necessary transactions to convert current eligibles on MEDS in aid codes 72 to 71 and eligibles in aid codes 74 to 73 for the current and the prior twelve months.

Listed below are the two revised TPN and Dialysis aid codes with their detailed definitions:

#71 - DP - Medi-Cal Dialysis/Supplement (non-FFP) -- Persons of any age who are eligible for dialysis and related services contained in Article 17, Title 22, CAC, including persons eligible under the Medically Needy or Medically Indigent Programs.

#73 - TPN - Medi-Cal TPN/Supplement (non-FFP) -- Persons of any age who are eligible for parenteral hyperalimentation and related services contained in Article 17, Title 22, CAC, including persons eligible under the Medically Needy or Medically Indigent Programs.

Aid codes #72 (previously used for the Medi-Cal Dialysis Supplement Program) and #74 (previously used for the Medi-Cal TPN Supplement Program) will be used to identify the eligibles under the 133 Percent program. The Medi-Cal Eligibility Data System (MEDS) and the Medi-Cal fiscal intermediary's claims processing system are currently being reprogrammed to accommodate the redefined aid codes to identify the 133 Percent eligibles. The two groups of children are identified below:

#72 - Citizen/Lawful Permanent Resident/PRUCOL/Conditional Status

The 133 Percent provides full Medi-Cal benefits to otherwise eligible children who have attained age one but not age six whose family income does not exceed 133 percent of the federal poverty level and who are either: (1) U.S. citizens, (2) lawfully admitted for permanent residence, (3) PRUCOL, or (4) conditional permanent residents. Benefits for the child shall begin upon attainment of his/her first birthday, and shall end upon attainment of his/her sixth birthday. Exceptions: (1) If the child's eligibility continues under the 185 or 200 Percent programs because he/she was receiving inpatient services during a continuous period which began before and continues beyond the child's first birthday, the child shall continue to be treated under the 185 or 200 Percent programs until the end of the stay for which the inpatient services are furnished, or (2) If the child's eligibility for the 133 Percent program should end solely because he/she has attained age six but he/she is otherwise eligible and is receiving inpatient services on the date eligibility should end, the child's eligibility continues until the end of the stay for which the inpatient

services are provided. When the child is eligible for continued treatment after his/her sixth birthday, his/her eligibility shall be redetermined six months from his/her sixth birthday and again at six month intervals until the record is terminated or changed to a different category.

Eligibility worker alerts will be sent to county welfare departments when the child attains the age of six years and again at six month intervals until the record is terminated or changed to a different category. If the county welfare department takes no action, MEDS will automatically terminate eligibility. A special ESAC code will be required to reinstate the child's eligibility. There will be no message on the Medi-Cal card. No share of cost is allowed.

#74 - Undocumented Status/Temporary Visa (OBRA)

The 133 Percent program provides restricted Medi-Cal benefits to otherwise eligible children who have attained age one but not age six whose family income does not exceed 133 percent of the federal poverty level and who have either: (1) undocumented , or (2) temporary visa status. Benefits under aid code #74 will cover treatment of emergency medical conditions only. The period of coverage is the same as for aid code #72. This Medi-Cal card will bear the phrase: "Emergency Services Only". No share of cost is allowed. Eligibility worker alerts will be sent to county welfare departments when the child attains the age of six years and again at six month intervals until the record is terminated or changed to a different category. As with aid code 72, eligibility may continue after the child attains age six if the child is receiving inpatient services during a continuous period which began before his/her sixth birthday.

MEDS PROCESSING/STORAGE

The 133 Percent aid codes will be treated as Special Program aid codes, as are the 185 Percent and 200 Percent aid codes, because beneficiaries may also be a part of an MC177 share of cost case. Eligibility information for these aid codes will be stored in one of the two special program segments which currently accommodate Dialysis, TPN, Postpartum, the 185 Percent, the 200 Percent and QMB eligibles. The special program segment identifier PREGNT that was previously designated for the postpartum, the 185 Percent and the 200 Percent eligibles also applies to the 133 Percent eligibles.

COUNTY REPORTING TO MEDS

A. Transactions:

As with other special program eligibility, reporting of 133 Percent program eligibility information is limited to certain transaction codes, specifically

EW16, EW20, EW30 and EW40. The 133 Percent program aid codes may also be reported on EW10 and EW11 to report MEDS-ID changes or to correct MEDS when more than one record exists for the same individual. The EW16 and EW11 are online transactions only. All other transactions may be submitted either batch or online. As a reminder, when special program aid codes are entered on an EW30, all aid codes on the EW30 must be the same.

B. Edits:

MEDS edits consider the 133 Percent program aid codes to be no share of cost, no post-eligibility allowed and acceptable for up to three months of SB1980 pre-eligibility.

As with the 185 Percent and 200 Percent programs, MEDS edits will issue an error message on the online EW16 when MEDS has an unmet MC177 SOC for the requested month. The error message indicates that the aid code is not a SOC aid code but there is a SOC present. Entry of an asterisk in the SOC-AMOUNT field on the EW16 will override the error message and will allow the ID card to be issued.

C. ESACs:

The two ESACs designated for the 185 Percent and 200 Percent programs for infants over one year of age who are eligible because of their continuing inpatient status apply to the 133 Percent children in aid codes 72 and 74. ESAC 4 is used for reporting ongoing eligibility (with no termination date) and ESAC 9 is used for reporting a closed period of eligibility (eligibility with a termination date or reported on an EW16 or in a EW30 history field). If a county is reporting 133 Percent program eligibility which begins prior to age six and continues past age six, the eligibility period beginning at six years and one month of age must be reported with one of the special ESACs and the earlier eligibility must be reported with a regular ESAC (i.e., 1, 2, 3, 6, 7 or 8). If an incorrect ESAC is used, one of the following messages will be issued (the first two are online messages and the second two are batch messages):

ONLINE MESSAGES

P224 SPECIAL ESAC REQUIRED FOR AID-CODE OR AID CODE/AGE
P225 SPECIAL ESAC NOT ALLOWED FOR AID CODE OR AID CODE/AGE

BATCH MESSAGES

1079 SPECIAL ESAC NOT ALLOWED FOR AID CODE OR AID CODE AND AGE
1080 SPECIAL ESAC REQUIRED FOR AID CODE OR AID CODE AND AGE

E. Pseudo Numbers:

When special program eligibility is first reported to MEDS for a beneficiary who does not have a Social Security Number, there is a potential for two records to be established on MEDS if the beneficiary is already known to MEDS. The establishment of two records can be avoided if either: 1) the serial, FBU and person number match a County-ID previously reported to MEDS by the county; 2) the initial eligibility is reported online and the pseudo MEDS-ID is included on the transaction; or 3) the county EDP system can report in the Alternate County ID field (data element 9005) a County ID previously reported to MEDS.

MEDI-CAL CARD ISSUANCE

Procedures for the 133 Percent program Medi-Cal card issuance will be the same as for other special programs. An ID card will automatically be issued by MEDS when a beneficiary has ongoing eligibility at Renewal or when eligibility is reported and an ID card has not previously been issued for a particular month.

If an immediate need ID card is requested via an EW16 and the beneficiary already has regular full Medi-Cal eligibility on MEDS for that month, MEDS will issue an online error message indicating that a special program ID card is inappropriate and that a regular ID card should be requested via an EW15 or EW45.

NOTE: Retroactive Eligibility - A Medi-Cal card for the no share of cost 185 Percent, 200 Percent or the 133 Percent programs should not be issued to a beneficiary who has met his/her share of cost and received a full benefits Medi-Cal card. The Department will be issuing a subsequent ACWDL to address the situation when the beneficiary has met his/her share of cost, has received a full benefits Medi-Cal card and is retroactively determined eligible for one of the no share of cost special programs.

All children in aid code 74 will receive a Medi-Cal card with the restriction message "FOR EMERGENCY SERVICES ONLY". Children reported with aid code 72 will receive a Medi-Cal card with no message. See Enclosure A for samples of the online and batch Medi-Cal cards for the 133 Percent program.

RENEWAL ALERTS

Renewal edits and messages, previously identified for the 185 Percent program, will apply to the 185 Percent, 200 Percent and the 133 Percent program. An ACWDL will be issued to counties prior to the implementation of

the Renewal alerts informing them the alerts have been added to the system and are operable.

RECONCILIATION

The MEDS Reconciliation process is still unable to accommodate overlapping eligibility, thus records containing one of the special program aid codes (07, 44, 48, 49, 69, 70, 71, 72, 73, 74, 75, 76 or 79) will still be ignored by the reconciliation process. These same aid codes are bypassed in the process that creates the MEDS reconciliation extract file.

EFFECTIVE DATE FOR REPORTING TO MEDS

The effective date of the legislation for the 133 Percent program is April 1, 1990; however, the Department of Health Services and Claims Processing System changes necessary to process these new aid codes will not be in place until July 1, 1990. Because of EDP resource considerations, MEDS changes to accept the new aid codes were installed prior to June 1, 1990. However, COUNTIES MUST NOT REPORT ELIGIBILITY IN THESE NEW AID CODES UNTIL AFTER JULY 1, 1990.

NOTICES OF ACTION (NOAs)

Enclosed are the camera ready Notices of Action for the 133 Percent program.

PROVIDER BULLETIN

The Department will be issuing a provider bulletin to Medi-Cal providers informing them of the 133 Percent program.

Please contact Tina Velasquez at (916) 323-9510 for any system questions regarding the 133 Percent Program. Policy questions should be directed to Marge Buzdas at (916) 324-4972.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
MEDS Liaisons

(A) State-Issued Medi-Cal cards for recipients with aid code 72 will be green in color and will have no message because they are entitled to full scope Medi-Cal coverage. A sample card is shown in Figure 1.

```
VALID: JUN 90 12/16/1988 F   ELIGIBIL REG02
                             555115555F  72
                              0690M88N
                             ELIGIBIL REG02
02-72-1111111-1-11 **1**     555115555F  72
REGULAR N ELIGIBILITY         0690M88N
FIRST ADDRESS LINE           ELIGIBIL REG02
SECOND ADDRESS LINE          555115555F  72
CITY              CA 95814    0690P88N
                             ELIGIBIL REG02
                             555115555F  72
        MEDSID 555115555      0690P88N
             *101 1234       ELIGIBIL REG02
                             555115555F  72
                   O/C:N      0690P88N
                   F015
```

Figure 1. Sample State-Issued Full Scope 133 Percent Program Medi-Cal I.D. Card

(B) State-Issued Medi-Cal cards for recipients with aid code 74 will be red in color and have the message "FOR EMERGENCY SVS ONLY" (SVS=Services). A sample card is shown in Figure 2.

```
VALID: JUN 90 12/16/1988 M ELIGIBIL RES02
                           555445555M  74
FOR EMERGENCY SVS ONLY      0690M88N
                           ELIGIBIL RES02
02-74-1111111-1-11 **1**   555445555M  74
RESTRICTED N ELIGIBILITY    0690M88N
FIRST ADDRESS LINE         ELIGIBIL RES02
SECOND ADDRESS LINE        555445555M  74
CITY             CA 95814   0690P88N
                           ELIGIBIL RES02
                           555445555M  74
        MEDSID 555445555    0690P88N
             *101 1234     ELIGIBIL RES02
                           555445555M  74
                  O/C:N     0690P88N
                  F015
```

Figure 2. Sample State-Issued Restricted Services 133 Percent Program Medi-Cal I.D. Card

(C) County-Issued Medi-Cal cards will be green in color. Sample of the two 133 Percent program recipient type aid codes are shown in Figure 3.

```
 *FULLSCOPE CITI   *FULLSCOPE CITI
5009702401*02 72  5009702401*02 72
 1289MEDI   *88F6  1289MEDI   *88F6   CITIZEN       FULLSCOPE          VALID  DEC,1989
N*                N*                  RECIPIENT-ID 500-97-0240         DOB 10-21-1988
 *FULLSCOPE CITI   *FULLSCOPE CITI   COUNTY ID 02-72-5009702-4-00              SEX F
5009702401*02 72  5009702401*02 72         SSA# 500970240          OTHER COVERAGE N
 1289*POE   *88F6  1289*POE   *88F6                                     DISTRICT MEB
N*                N*                                                 CASEWORKER M526
 *FULLSCOPE CITI   *FULLSCOPE CITI
5009702401*02 72  5009702401*02 72
 1289*POE   *88F6  1289*POE   *88F6
N*                N*
 *FULLSCOPE CITI   *FULLSCOPE CITI
5009702401*02 72  5009702401*02 72
 1289*POE   *88F6  1289*POE   *88F6
N*                N*                       KH0190131100904          SEE INSTRUCTIONS ON BACK
                                                                        (OSP-312 1-86)
```

```
 *OBRA TEMPVISA    *OBRA TEMPVISA
5009702423*06 74  5009702423*06 74
 1289MEDI   *86F5  1289MEDI   *86F5   TEMPVISA    A OBRA              VALID  DEC,1989
C*                C*                  RECIPIENT-ID 500-97-0242         DOB 01-01-1986
 *OBRA TEMPVISA    *OBRA TEMPVISA    COUNTY ID 06-74-5009702-4-22              SEX F
5009702423*06 74  5009702423*06 74         SSA# 500970242          OTHER COVERAGE C
 1289*POE   *86F5  1289*POE   *86F5                                     DISTRICT MEB
C*                C*                                                 CASEWORKER M526
 *OBRA TEMPVISA    *OBRA TEMPVISA    ******************************************
5009702423*06 74  5009702423*06 74   **                                      **
 1289*POE   *86F5  1289*POE   *86F5   **    VALID FOR EMERGENCY SVS ONLY      **
C*                C*                  **                                      **
 *OBRA TEMPVISA    *OBRA TEMPVISA    **                                      **
5009702423*06 74  5009702423*06 74   **                                      **
 1289*POE   *86F5  1289*POE   *86F5   ******************************************
C*                C*                       KH0190131100306          SEE INSTRUCTIONS ON BACK
                                                                        (OSP-312 1-86)
```

Figure 3. Sample County-Issued 133 Percent Program Medi-Cal I.D. Card

MEDI-CAL
NOTICE OF ACTION
DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 133 PERCENT (%) PROGRAM

(County Stamp)

Case No. _____

District: _____

This affects: _____

_____

_____

_____
Name(s)

The 133% Program is a program for children from one to six years of age that provides Medi-Cal benefits at no share of cost. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

☐ A review of your case shows that your child(ren) does not qualify for this program because your family's income is over the allowable limit. This does not affect your child(ren)'s regular Medi-Cal eligibility.

☐ Eligibility for benefits under the 133% program ends _____ because your child(ren) is six years old.

☐ Eligibility for benefits under the 133% program ends _____ because:

IMPORTANT: If your child(ren) was hospitalized before his/her sixth birthday and continues to be in the hospital after the age of six, he/she may continue to be eligible for benefits at no share of cost. You must tell your worker about this right away.

The regulation that requires this action is California Code of Regulations (CCR), Title 22, Section 50262.5.

_____ (Eligibility Worker) _____ (Phone) _____ (Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MEDI-CAL
NOTIFICACION DE ACCION
NEGACION O DESCONTINUACION DE BENEFICIOS BAJO EL PROGRAMA DE 133 PORCIENTO (%)

(County Stamp)

No. del caso: _____

Distrito: _____

Con respecto a: _____

_____

_____

_____
(Nombres)

El programa de 133% es un programa para niños de uno a seis años de edad que proporciona beneficios de Medi-Cal sin tener que pagar parte del costo. Además de tener que llenar otros requisitos de elegibilidad, el ingreso de la familia debe estar dentro de ciertos límites para poder ser elegible para este programa.

☐ Una revisión de su caso indica que su niño(s) no es elegible para este programa porque el ingreso de la familia excede el límite permitido. Esto no afecta la elegibilidad de su niño(s) bajo el programa normal de Medi-Cal.

☐ La elegibilidad para recibir beneficios bajo el programa de 133% se termina en _____ porque su niño(s) tiene seis años de edad.

☐ La elegibilidad para beneficios bajo el programa de 133% se termina en _____ porque:

IMPORTANTE: Si su niño(s) fue hospitalizado antes de cumplir seis años de edad y continúa en el hospital después de su cumpleaños, es posible que continúe siendo elegible para beneficios sin tener que pagar parte del costo. Usted debe informarle a su trabajador(a) de esto de inmediato.

El ordenamientos que requiere esta acción es la sección 50262.5, título 22 del Código de Ordenamientos de California (CCR).

_____ (Trabajador(a) de elegibilidad) _____ (Teléfono) _____ (Fecha)

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACION

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR THE 133 PERCENT (%) PROGRAM

(County Stamp)

Case No. _____

District: _____

This affects: _____

_____

_____

_____
Names(s)

Beginning _____ , your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the 133% program for children from one to six years of age. Under this program, the child's Medi-Cal card will provide:

☐ Full Medi-Cal benefits.

☐ Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements. You must let your worker know about any changes within 10 days to see if your child(ren) is still eligible under this program.

The regulation which requires this action is California Code of Regulations (CCR), Title 22, Section 50262.5.

_____ (Eligibility Worker) _____ (Phone) _____ (Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MEDI-CAL
NOTIFICACION DE ACCION
APROBACION PARA EL PROGRAMA DE 133 PORCIENTO (%)

(County Stamp)

No. del caso: _____

Distrito: _____

Con respecto a: _____

_____

_____

_____
(Nombres)

A partir de _____, su niño(s) es elegible para recibir beneficios de Medi-Cal sin tener que pagar parte del costo bajo el programa de 133% para niños de uno a seis años de edad. Bajo este programa, la tarjeta de Medi-Cal del niño le proporcionará a éste(a):

☐ Cobertura completa de beneficios de Medi-Cal

☐ Beneficios limitados de Medi-Cal (únicamente para recibir servicios para tratamiento en caso de emergencia médica).

Además de tener que llenar otros requisitos del programa, su elegibilidad bajo este programa se basará en el ingreso de su familia. Usted debe informarle a su trabajador(a) sobre cualesquier cambios, en un plazo de 10 días, para determinar si su niño(s) sigue siendo elegible bajo este programa.

El ordenamiento que requiere esta acción es la sección 50262.5, título 22 del Código de Ordenamientos de California.

_____ (Trabajador(a) de Elegibilidad)

_____ (Teléfono)

_____ (Fecha)