STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

March 28, 1991
Letter No.: 91-30

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: IMPLEMENTATION OF THE 185/200/133 PERCENT AND POSTPARTUM PROGRAM RENEWAL ALERTS - DATA PROCESSING CHANGES

REFERENCE: ACWDL 89-55, 89-104, 90-61 and EMC 2 DHS #91018

In February 1991, county eligibility renewal worker alerts for the 185/200/133 Percent and Postpartum programs were added to the Medi-Cal Eligibility Data System (MEDS) worker alert process. Please note the renewal worker alert messages described in All County Welfare Directors Letter (ACWDL) 89-55 for the 185 Percent program have been modified to accommodate the 200 Percent and 133 Percent programs. As stated in EMC2 DHS #91018, (dated January 29, 1991), Postpartum Renewal alert messages will be operable at MEDS Renewal March 1991 Month of Eligibility.

The renewal alerts are as follows:

A. PREGNANCY REVERIFICATION ALERT

This alert applies to pregnant women eligible under the 185 or 200 Percent programs. Pregnant women under the 185 Percent Program (aid codes 44, 48 and 49) and the 200 Percent Program (aid codes 70 and 75) are eligible for the duration of pregnancy and eligibility will continue through the sixty day period beginning on the last day of pregnancy and will end on the last day of the month in which the 60th day occurs following birth or termination of pregnancy. This is an optional county eligibility worker alert. The pregnancy alert message will be as follows:

9524 TWELFTH MONTH PREGNANCY PROGRAM - VERIFY CONTINUING ELIG
* ACTION

MEDS will issue this optional county eligibility worker alert requesting the county to verify continuing pregnancy eligibility when

a pregnant woman is beginning the twelfth month of continuous pregnancy program eligibility. This alert will remind the counties the woman may no longer be eligible for the 185 percent or 200 Percent program. No alerts will be generated in subsequent months.

RESPONSE: Verify continuing eligibility for the 185 Percent or 200 Percent program. Terminate if no longer eligible.

B. INFANT/CHILD REVERIFICATION ALERT AND INFANT/CHILD TERMINATION ALERT

These two alerts apply to infants and children eligible under the 185/200/133 Percent programs. MEDS Renewal will issue these two county eligibility worker alerts for infants eligible for the 185/200/133 Percent programs.

Infant/Child Reverification Alert

The first infant/child's alert message under the 185/200/133 Percent programs will be as follows:

9525 INFANT/CHILD WITHIN 2 MONTHS OF EXCEPTION ELIG PERIOD
* ACTION

The first alert is an optional alert and is a reminder that a notice of action should be sent and that a termination action should be initiated, unless the infant/child remains otherwise eligible and in continuing inpatient care. The first alert under the 185/200 Percent programs will be issued at the beginning of the eleventh month of age and every six months thereafter, if MEDS has no term date. The first alert under the 133 Percent program will be issued when the child has reached the age of 5 years and 11 months and every six months thereafter, if MEDS has no term date.

RESPONSE: Initiate appropriate action to terminate or continue infant/child's eligibility.

This message is reported at the beginning of the infant's eleventh month of age and every six months thereafter for the 185 Percent program (aid codes 47 and 69) and the 200 Percent program (79 and 07). It is a reminder that a Notice of Action should be sent and that a termination action should be initiated within two months unless the infant remains otherwise eligible and in continuing inpatient care. A notice of action for the 133 Percent eligibles should be sent and a termination action should be initiated at the end of the month in which the child reaches the age of six years unless the child remains otherwise eligible and in continuing inpatient care.

RESPONSE: Initiate appropriate action to terminate or continue infant/child eligibility.

Infant/Child Termination Alert

The second infant/child's alert message under the 185/200/133 Percent programs will be as follows:

9526 INFANT/CHILD ELIG TERMINATED - CHECK FOR EXCEPTION ELIG
* ACTION

This message appears when a 185 Percent or 200 Percent infant shows continuing eligibility past the end of the thirteenth month or every six months thereafter and eligibility has not been reconfirmed by the county. The same alert will be generated for 133 Percent eligible children showing continuing eligibility past the age of six years and one month or every six months thereafter and eligibility has not been reconfirmed by the county. It will inform the county the infant/child's eligibility has been terminated on MEDS. MEDS will terminate eligibility pending reconfirmation of eligibility by the county.

RESPONSE: Verify continuing eligibility for the 185 Percent, 200 Percent or the 133 Percent eligibles. If eligibility is to continue, re-establish eligibility on MEDS using the appropriate Eligibility Status Action Code (ESAC).

REPORTING EXCEPTION ELIGIBILITY

The special ESACs, (4 for reporting ongoing eligibility and 9 for a closed period of eligibility) are for use in reporting exception eligibility for otherwise eligible infants over one year of age under the 185 Percent or 200 Percent programs and otherwise eligible children over six years of age under the 133 Percent program who are eligible because of their continuing inpatient status. Regular ESACs (i.e., 1, 2, 3, 6, 7 or 8) must be used to report eligibility prior to one year of age for the 185 or 200 Percent eligibles and prior to six years of age for 133 Percent eligibles.

If an incorrect ESAC is used one of the following messages will be issued:

Online Messages

224 SPECIAL ESAC REQUIRED FOR AID-CODE OR AID CODE/AGE

225 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

C. POSTPARTUM TERMINATION ALERT FOR AID CODE 76

Women who have applied for, who are eligible for, and who have received Medi-Cal benefits on their last day of pregnancy and who have a SOC or whose eligibility is based solely on pregnancy shall continue to be eligible to receive pregnancy related and postpartum services for an additional 60 days beginning on the last day of pregnancy under the Postpartum program (aid code 76). These services are restricted to pregnancy related and postpartum services only. The postpartum alert message will be as follows:

9514 POSTPARTUM EXCEEDED TWO MONTHS - ELIG TERMINATED BY MEDS
* ACTION

At monthly Renewal, MEDS will determine whether a postpartum beneficiary has already received two months of pregnancy program eligibility. If the beneficiary has received two months of eligibility and the county has not terminated eligibility, MEDS will terminate eligibility, post a "PP" in the Termination Reason field and issue an alert message. This message will inform the county the woman's eligibility has been terminated on MEDS.

RESPONSE: Initiate appropriate action to terminate.

For additional information on these programs, please refer to All County Welfare Directors Letters 87-90, 89-55, 89-104, and 90-61.

Please contact Tina Velasquez at (916) 323-9510 if you have any questions concerning these alerts.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

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