

DEPARTMENT OF HEALTH SERVICES

4744 P STREET
SACRAMENTO, CA 95814

(916) 445-1912



February 11, 1982

TO: ALL COUNTY WELFARE DIRECTORS

Letter No. 82-8

FROM: TRAINING AND IMPLEMENTATION OF AB 251, SECTION 105
(Medi-Cal Beneficiaries' Other Health Coverage)

This letter is to inform you that implementation of AB251, Section 105 (Chapter 102, Statutes of 1981) will begin January 1, 1982. Section 105 requires that county welfare departments obtain other health insurance coverage information from all Medi-Cal beneficiaries, including the AFDC recipient, during the application and redetermination process.

The Legislature made this change based on a pilot project which revealed a significant underreporting of other health insurance coverage. This revised process will increase the identified and billable Medi-Cal population with known other health insurance coverage from 1.25% to 8%. More importantly, we estimate our collections will increase by an additional \$7.5 million, after a full operational year. Beginning January 1, 1982, the counties will identify and direct other health coverage data to the Department of Health Services, Health Insurance Unit, 77 Cadillac Drive, Sacramento, CA 95825, using the "Health Insurance Questionnaire" (HRB-2A). Currently, a similar form is mailed to the beneficiary and it is his/her responsibility to return the form to the Department.

Regulatory Background

For the Medi-Cal only population, Sections 50703(c)(1), 50185(a)(1)(6), 50763(a)(1)(2) and 50175(a)(2) of the California Administrative Code Title XXII require, as a condition of eligibility, that beneficiaries give the necessary information regarding other health insurance coverage. Further, the completion of the Health Insurance Questionnaire serves as a verification of other health insurance coverage information which is required during the intake process.

AFDC-based Medi-Cal population: For those Medi-Cal recipients receiving AFDC benefits, the County Welfare Departments (CWDs) are instructed to comply with Section 14016.3 of the Welfare and Institutions Code which states:

"The department (Department of Health Services) shall provide technical assistance to counties in order to maximize the identification of private health care coverage as defined by Section 10020. A county agency shall receive reimbursement for the administrative costs for properly completing a form which identified such private health care coverage only in those cases where the agency does not receive such reimbursement from the department or the State Department of Social Services. The administrative costs for properly completing the form shall be determined by the department."

Beginning January 1, 1982, according to the attached implementation schedule, CWD's shall: (1) inform the applicants/recipients of their responsibility to complete or participate in the completion of the Questionnaire at the time of initial application and during the periodic redetermination process; (2) be responsible for assuring that the Questionnaire is completed when the applicant/recipient indicates an affirmative response regarding other health care coverage during the initial application and periodic redetermination process; and (3) forward the completed Questionnaire to the Department of Health Services, Recovery Branch. The completion of the Questionnaire will not be a condition of eligibility for AFDC benefits.

Claiming Instructions

Section 105 provides that counties will be reimbursed for county administrative costs incurred in properly completing the Health Insurance Questionnaire.

The Medi-Cal Only eligibility workers will time study to the Medi-Cal intake and/or continuing function that time spent with beneficiaries to complete the HRB-2A form. County allocations will be adjusted to reflect reasonable Medi-Cal Only increases in workload as determined by the Department of Health Services. MCAC Letter will follow shortly requesting county input about increased workload and target adjustments for this and other AB 251 sections.

For the AFDC linked Medi-Cal applicants and recipients of the AFDC FG, U, and Foster Care, the eligibility worker is to time study to the AFDC intake or continuing functions that time spent working with AFDC applicants during the intake process or recipients during the redetermination process to complete the HRB-2A. Therefore, 75% of the county's administrative costs will be reimbursed through the normal claiming mechanism. The Department of Social Services will be meeting with CWDA to discuss reimbursement for the remaining 25% (county share).

Training and Implementation Schedule

Simultaneous training and implementation for AFDC and Medi-Cal program staff will occur according to the attached implementation schedule. We plan to phase in the use of the HRB-2A over a six-month period. If possible, please take time to develop your internal procedures for handling this new form prior to the month you are required to forward the HRB-2A to the Department. If you have not received the attached county profile questionnaire regarding your county's training needs, please complete and return as directed.

Forms Procurement

An initial supply of the form will be provided during training. If you would like a supply of forms prior to training, please call Glenda Torres. Thereafter, forms will be obtained from the Department of Health Services' Supply Warehouse at 1723 20th St., Sacramento, CA 95814 by completing a form HAS 1390.

If you have any questions regarding the other health insurance data identification process, the forms, or the training schedule, please contact Glenda Torres, Health Insurance Unit, Recovery Branch (916) 924-2383 or on the toll free number 800-952-5294. If you have any questions regarding the AFDC claiming instructions please contact the Department of Social Services, Fiscal Policy and Procedures Bureau at (916) 445-7046.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
AFDC Program Management Consultants
D. Jerome Hansen, Chief, Recovery Branch

Expiration Date: July 31, 1982

Original signed by

Kyle S. MCKinsey
Deputy Director
Welfare Program Operations Division
Department of Social Services

SCHEDULE FOR IMPLEMENTATION OF DIRECT COUNTY INPUT

<u>Date</u>		<u>Counties</u>	
January 1982	Sacramento	Placer	Calaveras
	San Joaquin	Colusa	Yuba
	Amador	Solano	Sutter
	Yolo	Stanislaus	
February 1982	Del Norte	Mendocino	Butte
	Humboldt	Glenn	Contra Costa
	Trinity	Lake	
	Shasta	Sonoma	
	Tehama	Napa	
March 1982	Alameda	Santa Clara	Kern
	San Mateo	Monterey	
	Marin	San Benito	
	San Francisco	Merced	
	Santa Cruz	Santa Barbara	
April 1982	Sierra	El Dorado	Alpine
	Nevada	Modoc	
	Plumas	Siskiyou	
	Lassen	Mono	
May 1982	San Luis Obispo	Mariposa	Kings
	San Bernardino	Fresno	San Diego
	Tuolumne	Tulare	Orange
	Madera	Inyo	Imperial
June 1982	Los Angeles		
	Ventura		
	Riverside		

COUNTY PROFILE

COUNTY : _____
ADDRESS : _____
NAME : _____
TITLE : _____
TELEPHONE: () _____

CONTACT PERSON FOR SCHEDULING TRAINING: _____
TELEPHONE: _____

NUMBER OF WELFARE OFFICES WITHIN COUNTY: _____

NUMBER OF STAFF TO BE TRAINED: _____

WORKERS _____

SUPERVISORS _____

MANAGERS _____

Do you have training sites available? Yes ___ No ___

If yes, give address of site. Address Capacity

If you are a larger county with several offices, can the staff travel to one central location or several different locations?

If yes, give address of locations. _____

Out of total number of offices within one county, give the number of possible combined offices.

Maximum number _____

Minimum number _____

For medium to small counties, given the grouping of counties on the Implementation Schedule and your ability to travel, are there counties that could link together?

Yes ___ No ___ Name of counties _____

Within the month designated on the Implementation Schedule for training and implementation of your county, what would be best possible dates?

1st Choice _____ 2nd Choice _____

Give address of sites available on these dates:

PLEASE MAIL TO US WITHIN 5 WORKING DAYS TO:

Department of Health Services
Health Insurance Unit
Attention: Glenda Torres
77 Cadillac Drive
Sacramento, CA 95825

If you have any questions, please call Glenda Torres at (916) 924-2383 or our toll free number 800-952-5294.