DEPARTMENT OF HEALTH SERVICES

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August 20, 1993

TO: All County Welfare Directors   **Letter No.: 93-62**
       All County Medi-Cal Program Specialists/Liaisons
       All County MEDS Coordinators

HAND-TYPED MEDI-CAL ID CARDS

In March 1989, the Department of Health Services (DHS) and the Fiscal Intermediary (FI) began using the Fiscal Intermediary Access to Medi-Cal (FAME) file for eligibility verification in the Medi-Cal claim payment process. FAME file information is derived directly from the MEDS database and therefore reflects up-to-date eligibility history information as reported to MEDS. Prior to the use of the FAME file, DHS and FI obtained eligibility information from the Recipient Eligibility History File (REHF). The REHF data was produced on a weekly basis from ID Card Issuance records and additionally was updated manually with information provided by the counties on the HAS 2007 (Control Log for MC 301 (Temporary Card)).

Counties should avoid issuing hand-typed cards unless absolutely necessary. When a county must issue a hand-typed card, a MEDS card issuance transaction with "LOGS" in the issue location should be completed as soon as possible after card issuance, unless MEDS edits prevent reporting of the information entered on the cards. Where a "LOGS" transaction can not be done, the COUNTY MUST instruct the beneficiary that his/her provider(s) must attach a label to each claim and submit the claim by mail and not electronically. If the provider does not do this, the provider's bill will be denied because eligibility information will not be present on the FAME file.

LOGS transaction will not work when the person is dually eligible for Medically Indigent Long Term Care Medi-Cal (only) and CMSP in the same month and when Medi-Cal eligibility was established prior to CMSP that month. The provider will have to attach a copy of the CMSP card to his/her bill since there is no eligibility on MEDS. As a temporary measure for these dually eligible recipients, counties must take the following actions:

- Day One--Establish one month eligibility for CMSP on MEDS.
- Day Two--Update MEDS and issue card for same month to reflect restricted Medi-Cal.
- Day Three--Establish CMSP eligibility for the upcoming month.

Repeat this process as necessary.

A recent survey on hand-typed cards revealed that hand-typed Medi-Cal cards are issued for a number of inappropriate reasons. Below is a summary of the information we received and the proper actions to be taken.

- <u>New SSI/SSP recipient not yet eligible on MEDS:</u> The county should do an EW 15 transaction to issue a card based on the eligibility identified by SSA on their referral forms.

- <u>SSI/SSP cards show Medicare coverage and recipient has been in the United States (U.S.) less than five years:</u> Use and EW 15, input the INS-ENTRY date and Refugee/Alien fields to report this information. Cards will print without the Medicare coverage.

- MN-LTC has been approved but SSI/SSP is still active on MEDS: The MN-LTC should be held until the SSI/SSP has been terminated. Contact the local SSA office to get the case discontinued.

- SSI/SSP cards over one year old: Use an EW 50 to issue the cards.

- Medi-Cal recipient living in one county but coded for another county: Replacement cards can be issued in the county of residence using an EW 45, or you can request that the other county issue the card on your printer if something needs to be changed. If the beneficiary is covered by a County Health Initiative, providers must bill these plans using the billing information on the front of the Medi-Cal card. For a correction to the county code in future months for an SSI/SSP recipient, contact the local SSA district office and request that they change the STATE/COUNTY code on the State Supplemental Register (SSR) file. The current county should use an EW 05 transaction to take over control of a record OTHER than an SSI record.

- Change the OHC on SSI/SSP record and issue card the same day: Use an EW 55 and request card print in the county. Contact the Third Party Liability Branch at 1-800-952-5294 for future month posting of cost avoidance OHC.

- Beneficiary enrolled in a comprehensive prepaid health plan: Do not hand-type a card. Comprehensive prepaid health plans (which include medical and dental services) will show an eligibility status of 491 or 492 on MEDS and no Medi-Cal card will be issued.

- Beneficiary is enrolled in a non-comprehensive prepaid health plan: Beneficiaries who wish to disenroll from their prepaid health plans should contact their health plans' disenrollment coordinator. Providers must obtain prior authorization for services rendered using the health plan information printed on the front of the card.

- Beneficiary has an erroneous death date on MEDS: Contact the MEDS coordinator in your county for death code removal.

In those cases where "LOGS" can not be used to report eligibility information from hand-typed cards, either fill out the HAS 2001's or send copies of system problems/transaction screens which resulted in hand-typed cards and send them monthly to:

> Ms. Bonnie Kinkade
> Medi-Cal Eligibility Branch
> 714 P Street, Room 1650
> P.O. Box 942732
> Sacramento, CA 94234-7320

These logs/copies of printouts will be examined so that the Department can determine the number and types of problems that are causing hand-typed cards to be issued. The problems that are causing hand-typed cards must be addressed given the impending implementation of the permanent plastic card in lieu of the paper card, and the exclusive use of eligibility history file information in lieu of a copy of a card or Medi-Cal card labels for provider eligibility verification and claims payment.

For those counties using the HAS 2007 form to report hand-typed Medi-Cal cards, please write the following codes in field (14) reason issue code (A) so that MEB can determine the "reason" for the typed cards.

Code 1 = MEDS not available (system down, printer broken, county line down)
Code 2 = Unable to do Adverse Actions (raise share of cost, etc.)
Code 3 = MEDS will not accept eligibility information.
Code 4 = Other, put short word explanation.

For Codes 2-4, if possible, attach a copy of the rejected transaction, the hand-typed card, or an explanation on the line underneath the listed card. Any explanation you can provide will be extremely helpful in developing alternatives to deal with the issues that lead to hand-typed card issuance.

You can leave certain field blank on the HAS 2007. The fields are (4) sex; (5) restoration; (6) FFP; (9) alien ID; (10) other coverage; (11) co-pay stat; (12) district code; (13) county use field; and, (15) type card code (B).

For ease of transmittal, an abbreviated version of the HAS 2007 is available on EMC 2/TAO.

Thank you for your cooperation. If you have any questions, please contact Ms. Bonnie Kinkade at (916) 657-1469 or Al Brinsfield at (916) 657-0837.

Sincerely,

ORIGINAL SIGNED BY
Angeline Mrva for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch