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Director

State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
Governor

October 14, 2010

Medi-Cal Eligibility Division Information Letter No.: I 10-11

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: ERRATA TO SUPERSEDE MC 180 INSTRUCTIONS IN MEDIL I 10-10

This is to inform counties that instructions contained in Medi-Cal Eligibility Division Information Letter (MEDIL) I 10-10 (Reinstatement of Optometry Services), page 3, paragraph entitled, "Eligibility Letter of Authorization (MC 180) Instructions" are superseded by this letter.

As part of the reinstatement of Optometry Services, effective July 26, 2010, if a provider does not voluntarily cooperate in the reimbursement, the Department of Health Care Services may reimburse an eligible Medi-Cal beneficiary for out-of-pocket expenses in accordance with the Beneficiary Reimbursement Process (otherwise known as *Conlan*) for optometry services provided on or after July 1, 2009, through July 25, 2010, that would have otherwise been covered by Medi-Cal. There may be some requests for reimbursement that will require counties to provide confirmation of eligibility for the month(s) in question. Counties should follow these guidelines:

Confirmation of Eligibility for Optometry Services Reimbursement

The Medi-Cal Eligibility Division (MCED) will request counties to assist with confirming eligibility for Medi-Cal eligible beneficiaries if eligibility for the month(s) in question does not appear in the Medi-Cal Eligibility Data System. The county's confirmation of eligibility shall be provided through a copy of a Notice of Action, and/or information obtained from the case record. Counties are requested to fax the case information to MCED's secure fax at 916-440-5632, attention Angelica Perez.

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Please note the clarification edit to page 3 of MEDIL I 10-10 shown in *italics* below:

Where to refer Medi-Cal beneficiaries for more information?

Enclosed is a copy of the notice, which is being sent to beneficiaries concerning the optometry reinstatement and Beneficiary Reimbursement Process, including a provider notice ***that beneficiaries may take to their providers.***

If you have any questions about this MEDIL please contact Angelica Perez at (916) 552-9511 or by e-mail at: [Angelica.Perez@dhcs.ca.gov](mailto:Angelica.Perez@dhcs.ca.gov).

Original Signed by René Mollow

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Medi-Cal Eligibility Division