

DEPARTMENT OF HEALTH SERVICES

744 P STREET
BOX 942732
SACRAMENTO, CA 94234-7320



November 21, 1994

(916) 657-2941

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Pickle Coordinators

Letter No.: 94-89

PICKLE PACKETS OF FORMS AND NOTICES TYPE 51 AND TYPE 52

Ref.: Pickle Handbook Section 3-1 through 3-3

The purpose of this letter is to advise the counties that in December 1994 a package of forms will be mailed with the 503 Leads Type 51 Pickle Notice to potential recipients of the Pickle program. Also enclosed in this letter are the revised Tickler procedures, Section 4-1 and 4-2, a sample of the new Type 51, 503 Leads Pickle Notice as well as the new Type 52 Tickler Notice. Both of these notices and the Tickler procedures will be included in Pickle Letter No. 12 due to be released in January 1995.

Group A Counties

Potential Pickle beneficiaries, Group A, who reside in the Statewide Automated Welfare System counties of Butte, Colusa, Glen, Kern, Kings, Madera, Plumas, San Joaquin, and Yuba will be receiving a package of the following forms: SAWS 1, SAWS 2, MC 13, MC 219, MC 239, DHS 7044 along with the Type 51 Notice.

Group B Counties

Potential Pickle beneficiaries in the remaining counties, Group B, will receive the following packet of forms along with the Type 51 Notice: SAWS 1, MC 210, MC 13, MC 219, MC 239, and the DHS 7044.

Tickler Notice

The Tickler Notice was changed to request that potential Pickle individuals call the county welfare office instead of coming into the county welfare office to apply for Medi-Cal. Counties are to follow the procedures in Pickle Handbook Section 4-1 through 4-2 (revised in Pickle Letter No. 12), enclosed.

DEPARTMENT OF HEALTH SERVICES

141744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

November 21, 1994



(916) 657-2941

TO: All County Welfare Directors
All County Medi-Cal Program Specialists/Liaisons
All County MEDS Coordinators

INFORMATIONAL TELEPHONE NUMBERS UPDATE

The enclosed is an updated list of telephone numbers distinguishing clearly between numbers to give to providers and numbers to give to beneficiaries. I encourage you to give this listing to your eligibility workers for their use. However, please use caution when giving numbers to beneficiaries to prevent calls going to the incorrect office. Many of the misdirected calls are long distance which creates unnecessary cost for the beneficiary and creates frustration for them in trying to obtain answers or resolution to problems.

I appreciate your cooperation and assistance in trying to help us make the beneficiary's interaction with the Medi-Cal program a positive one in these times of reduced resources.

If you have any questions regarding the numbers, please call Judy Hamilton, Supervisor, Medi-Cal Eligibility Clerical Support Unit, at (916) 657-0863.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosure

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**THESE NUMBERS CAN BE GIVEN TO PROVIDERS OR USED TO ANSWER PROVIDER QUESTIONS.
PLEASE DO NOT GIVE THESE NUMBERS TO BENEFICIARIES.**

General Information

Electronic Data Systems (EDS) General Questions and Billing Information	1 (800) 541-5555
Obstetrics or the Comprehensive Perinatal Services Program	1 (800) 257-6900
California Children's Services/Genetically Handicapped Persons Program	1 (800) 541-7747

Out-of-State Authorizations for Treatment

DHS, Field Office Operations Section	(415) 904-9600
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Out-of-State Provider Billing

Electronic Data Systems (EDS)	(916) 636-1000
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Provider Enrollment (Including Out-of-State Providers)

DHS, Provider Services Information Unit/Payment Systems Division	(916) 323-1945
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Dental Contract Questions

DHS, PSD, Dental Contract Section	(916) 387-3120
Delta Dental, Dental Contract Payment Systems Division	1 (800) 423-0507

THESE NUMBERS CAN BE USED TO ANSWER BENEFICIARY QUESTIONS OR CAN BE GIVEN TO THE BENEFICIARY.

Medi-Cal General Information

County of Residence of Applicant, Beneficiary, or Interested Party. For information regarding eligibility for receipt of Medi-Cal services.	Call the County Social Services Offices
L.A. County-Case Complaint, Inquiry, Referral	(310) 908-8333
San Diego County Public Assistance information	(619) 696-9442
For information regarding services provided under the Medi-Cal program	(call provider rendering service)
Department of Social Services (DSS) Public Inquiry and Response (PIAR)	(916) 654-1999 & 1 (800) 952-5253

State Hearings

DSS, PIAR	(916) 654-1999 & 1 (800) 952-5253
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SSI Benefits or SSI/SSA General information

Social Security Administration (SSA)	1 (800) 772-1213
OHC Coding Errors (Medi-Cal and Medicare)	1 (800) 952-5294

Medicap and Medicare Supplement Information

Federal Health Care Financing Administration	1 (800) 638-6833
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Prepaid Health Plans/Managed Care

To Enroll or Disenroll:	(916) 657-0306 (916) 657-0315 (916) 657-0317
To Report a "Plan Specific" Complaint:	(916) 657-0025 (916) 654-0618

THESE NUMBERS CAN BE USED TO ANSWER BENEFICIARY QUESTIONS OR CAN BE GIVEN TO THE BENEFICIARY.

Third Party Liability

- . Health Insurance Billing and Coding, Premium Payment, Medicare Buy-in 1-800-952-5294
- . Casualty, Personal Injury, Probate, Estate, Liens, Workers' Compensation, Overpayment Recover (916) 322-0521

Medi-Cal Cards Coded With Utilization Restrictions

- . DHS, Audits & Investigations Division (916) 322-1071

Medi-Cal Fraud and Patient Abuse

- . State Attorney General's Office,
Bureau of Medi-Cal and Patient Abuse
- . Sacramento (916) 324-5230
- . Los Angeles (213) 897-2023
- . San Francisco (415) 557-0801
- . San Diego (619) 645-2456

Provider Fraud & Abuse (A & I)

- . Northern California 1 (800) 822-6223
- . Southern California 1 (800) 822-6222

Non-Medi-Cal Services for Persons With AIDS

- . Office of AIDS (916) 323-4314

Beneficiaries Billing Inquiries

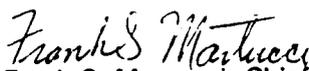
- . Delta Dental 1 (800) 322-6384
- . Electronic Data Systems (EDS) (916) 636-1980
(for Medical bills)

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Pickle Coordinators
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Counties are to determine the Medi-Cal eligibility of the 503 Leads individuals (individuals in Group A and B above) and follow the procedures in Pickle Handbook Section 3-1 through 3-3 in a timely manner.

If you have any questions, please contact Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,


Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

SF:gf

Author: Sylvia Finberg/657-0080
Policy Section A

Unit Chief: Marlene Ratner/657-0715

P I C K L E H A N D B O O K

SECTION 4--TICKLER SYSTEM

Each January, at the time of the Social Security Retirement, Survivors, and Disability Insurance (RSDI) cost of living adjustment, the Department of Health Services (DHS) will send counties a Tickler listing of potential Pickle eligibles. DHS has established a permanent means of identifying potential Pickle eligibles and will assume responsibility for mailing the court-mandated annual notices. (A copy of the notice is included in this section.) This notice advises individuals to call their local county welfare department (CWD) within 30 days of the notice if they wish to apply for zero share of cost Medi-Cal benefits under the Pickle amendment.

Each of the individuals on the tickler listing who has an active Medi-Cal case or who brings the notice into the CWD to apply under the Pickle amendment shall have an eligibility determination completed in accordance with Title 22, California Code of Regulations (CCR), Section 50189. If the Tickler notice is returned, according to Section 50179, a Notice of Action (NOA) must be sent to the applicant whether Pickle eligible or ineligible. Also, Section 50189 provides that if the Tickler notice is not returned and there is an active case, a NOA is required if there is a change in eligibility or share of cost. The eligibility determination shall take place in the month preceding or following the RSDI cost of living adjustment. This listing will contain the following information, if available:

- Name
- Address
- MEDS identification number
- County identification number
- District (if appropriate)
- Eligibility worker code
- Case name
- Sex
- Date of birth
- Date last received Supplemental Security Income (SSI)

Upon receipt of returned (undeliverable) Tickler notices, counties must review the active case (if any) and obtain the correct address, or otherwise verify loss of contact. If there is an active case with a more current address, counties should initiate a notice. Where no case file exists (or no more current address) and a contact cannot be made, the record should be updated on the Tickler file. Prior to updating a record on the Tickler system, each returned notice must be reviewed to ensure that no current active case exists and no current action on the case is in process. Please note that the county must document all actions in the case file (if any).

In cases where the listing indicates an individual with an incomplete address or no address at all, counties should review each case record (if any) to identify whether there is a correct address. If there is an active case, counties should initiate a notice to the appropriate address. If there is no known address, counties will be responsible for updating the Pickle Tickler system.

PICKLE HANDBOOK

There is currently in place a means for CWDs to update the Pickle Tickler status and related information as needed, on an ongoing basis. For example, beneficiaries who request, in writing, that their names be removed from the list of people receiving annual notices can be coded, by the CWD, with a status of "2"--Beneficiary has requested not to be contacted. These individuals will remain in a Pickle Tickler status on MEDS but their names will be excluded from the annual listings sent to the CWDs.

The following pages contain specific information concerning CWD modification of the Pickle status.

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 51
NOTICE PREPARATION DATE:
OCTOBER 31, 1994

MEDI-CAL NOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
EXTENDED MEDI-CAL ELIGIBILITY
(503 Leads - Pickle)

PN00001

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP On January 1, 1995

RE: CONTINUED MEDI-CAL BENEFITS & FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That notice also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue. You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

If you want Medi-Cal coverage, please complete the enclosed forms:

- o The Application for Medical Assistance/Food Stamps
- o Statement of Facts
- o Statement of Citizenship, Alienage, & Immigration Status
- o Important Information for Persons Requesting Medi-Cal
- o Statement of Living Arrangements, In-Kind Support etc.

Within 30 days of the date of this notice, mail the forms to the office listed below. If you do not hear from the county by March 15, be sure to contact a worker at your local county welfare department.

You may also be eligible for food stamps. Food stamps are coupons that can be used to pay for food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them -- and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

If you need help in completing the forms or have questions about Medi-Cal, contact the county welfare department at the phone number listed below.

CONTACT: Alameda County
Social Service Agency
P.O. Box 12941
Oakland, CA 94607
(510) 268-2189

Old Notice

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 51
NOTICE PREPARATION DATE:
OCTOBER 6, 1992

MEDI-CAL NOTICE

DISCONTINUANCE OF SSI/SSP MEDI-CAL --
EXTENDED MEDI-CAL ELIGIBILITY
(503 Leads - Pickle)

PH00002

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP On January 1, 1993

RE: CONTINUED MEDI-CAL BENEFITS & FOOD STAMPS

You were recently told by the Social Security Administration (SSA) that your Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits have stopped. That we also instructed you to contact your county welfare department within 30 days of that notice if you wanted your Medi-Cal benefits to continue. You should ignore the information included in the notice that related to your Medi-Cal Benefits.

The reason your SSI/SSP checks were stopped is that you received an increase in your Social Security benefits. Although this increase makes you ineligible for the SSI/SSP check, you will continue to receive Medi-Cal benefits under the federal law called the Pickle Amendment until the county evaluates your eligibility. Those who are Pickle eligible will continue to receive Medi-Cal without a share of cost.

To help you, we have listed below the address and telephone number of the county welfare department in your area. If you do not hear from them by March 15, be sure to contact a caseworker at your local county welfare department.

You may also be eligible for food stamps. Food stamps are coupons that can be used to buy food. Your local county welfare office will tell you more about food stamps and whether you are eligible to receive them -- and even help you apply.

If you are receiving SSI/SSP benefits, please ignore this notice.

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 52
NOTICE PREPARATION DATE:
OCTOBER 18, 1994

MEDI-CAL NOTICE

Lynch v. Rank Tickler Notice

PT00002

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income and/or State Supplemental Program (SSI/SSP) benefits some time after April 1977. We have also been told that your benefits have stopped. If we are wrong and you have never received SSI/SSP, or you are now getting SSI/SSP benefits, please ignore this notice.

The purpose of this notice is to let you know that under a federal law called the Pickle amendment, Medi-Cal eligibility continues without a share of cost for certain individuals whose SSI/SSP benefits were stopped.

What does this mean to you? Because you once received SSI/SSP and are still on our list, you may be evaluated for Medi-Cal under the Pickle legislation. If eligible, you will receive Medi-Cal with no share of cost.

How do you apply? Call your local county welfare office within 30 days if you want your Medi-Cal eligibility determined under the Pickle Amendment. They will send you an application and/or make an appointment for you. Be sure to save this notice.

What if you already get Medi-Cal but have to pay a share of cost? Call your worker at your local welfare office and ask that your case be evaluated for "Pickle" eligibility.

What if you are now getting SSI/SSP benefits? You should ignore this notice. Persons who receive SSI/SSP automatically receive Medi-Cal at no share of cost.

If you have any questions about your Medi-Cal benefits as a Pickle eligible, you should contact the county welfare department for the county in which you live. To help you, we have listed below the address and telephone number of the county welfare department in your area.

Note: If you have already been in contact with the county welfare department regarding your Pickle status, please follow their instructions and ignore this notice.

CONTACT: Kern County
Department of Human Services
P. O. Box 511
Bakersfield CA 93302

Old Notice

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 52
NOTICE PREPARATION DATE:
OCTOBER 19, 1992

MEDI-CAL NOTICE

Lynch v. Rank Tickler Notice

PT00005

TO: Medi-Cal Beneficiaries Discontinued
From SSI/SSP

RE: CONTINUED MEDI-CAL BENEFITS

We have been told that you received Supplemental Security Income and/or State Supplemental Program (SSI/SSP) benefits some time after April 1977. We have also been told that your benefits have stopped. If we are wrong and you have never received SSI/SSP, or you are now getting SSI/SSP benefits, please ignore this notice.

The purpose of this notice is to let you know that under a federal law called the Pickle amendment, Medi-Cal eligibility continues without a share of cost for certain individuals whose SSI/SSP benefits were stopped.

What does this mean to you? Because you once received SSI/SSP and are still on our list you may be evaluated for Medi-Cal under the Pickle legislation. If eligible, you will receive Medi-Cal with no share of cost.

How do you apply? Take this notice with you to your local county welfare office within 30 days if you want your Medi-Cal eligibility determined under the Pickle Amendment. Show this notice to your worker.

What if you already get Medi-Cal but have to pay a share of cost? Call your worker at your local welfare office and ask that your case be evaluated for "Pickle" eligibility.

What if you are now getting SSI/SSP benefits? You should ignore this notice. Persons who receive SSI/SSP automatically receive Medi-Cal at no share of cost.

If you have any questions about your Medi-Cal benefits as a Pickle eligible, you should contact the county welfare department for the county in which you live. To help you, we have listed below the address and telephone number of the county welfare department in your area.

Note: If you have already been in contact with the county welfare department regarding your Pickle status, please follow their instructions and ignore this notice.

CONTACT: