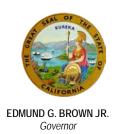


# State of California—Health and Human Services Agency Department of Health Care Services



December 23, 2016

Medi-Cal Eligibility Division Information Letter No.: I 16-23

TO: ALL COUNTY WELFARE DIRECTORS

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY MEDS LIAISONS

SUBJECT: County of Incarceration and County of Responsibility in Medi-Cal

Eligibility Data Systems

The purpose of this letter is to provide supplemental guidance to counties regarding processing County Medi-Cal Inmate Eligibility Program (MCIEP) applications for a Medi-Cal beneficiary who has residency in one county (County of Residency) and is incarcerated in another county (County of Incarceration) and subsequently requires inpatient hospital services off the grounds of the correctional facility.

This letter also ensures proper billing of inmate claims to the correct county. Therefore, it is imperative that the appropriate county completes and maintains the eligibility for the incarcerated individual to prevent the incorrect county being billed for the non-federal share incurred by the medical services provided to the MCIEP eligible county inmate.

## **Background**

With the recent implementation of the Secondary Segment and "In/Out" date fields in Medi-Cal Eligibility Data Systems (MEDS), all State and County inmate Medi-Cal aid codes have been relocated from the primary segment to the secondary segment, effective July 1, 2016. As a result, both full scope Medi-Cal coverage and restricted scope inmate coverage can now co-exist in MEDS in the same month. In addition, MEDS also allows for a different county of responsibility within these segments.

Implementation of the inmate aid codes moving to the Secondary/Special Segment also allows for payment of claims for inpatient services provided under the inmate programs and payment of claims for full Medi-Cal coverage (before or after incarceration) in the same month. Prior to this implementation, MEDS was not designed to allow an inmate

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program claim to be paid for an individual who is in regular Medi-Cal coverage and eligible for inmate coverage in the same month.

## **Summary of Billing and County Responsibility**

Under the County MCIEP, the county of incarceration is responsible for reimbursing the Department of Health Care Services (DHCS) for the non-federal share incurred by the state for Fee-For-Service medical services provided to MCIEP eligible county inmates and administrative costs. **Note:** The county code data element in MEDS will be utilized to identify and determine the county responsible for payment of the non-federal share and will now function as an indicator of the responsible county for billing purposes. Therefore, it is the county where the inmate is incarcerated that is responsible for completing the eligibility determination of the MCIEP application and ensuring that the county address of incarceration is listed as the residence in MEDS in the secondary segment.

In circumstances where the county receiving the MCIEP application is not the inmate's county of incarceration, the Courtesy Application Process should be followed. Pursuant to Medi-Cal Eligibility Procedures Manual Letter No. 156 (dated January 23, 1996), the county shall forward the application and all information collected within fifteen (15) days from the date of application to the County of Responsibility for follow-up and initial eligibility determination. The following scenarios provide further guidance on the actions to take for different circumstances. For further clarification, refer to the sample screenshot of MEDS below.

## Scenario 1:

County A receives an application from County B for an inmate who is incarcerated in County B, but the inmate claims he resides in County A on the MCIEP application.

## Action:

County A should return the application back to County B for eligibility determination and maintenance of case.

## Scenario 2:

County A receives an application from the jail in County B for an individual who is incarcerated in County B, but received inpatient services off the grounds of the correctional facility in County A.

#### Action:

County A should return the application to County B, as County B is the county responsible for processing the MCIEP application and maintenance of case.

#### Scenario 3:

Inmate was incarcerated in County A from 1/29/16 to 4/5/16. The inmate reported to the county eligibility worker at the jail facility who took the application he was planning on

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returning to County B once he was released. This inmate was not living in County A at the time of the arrest.

## **Action:**

County A is the county responsible for processing the MCIEP application and maintenance of case.

#### Scenario 4:

County A receives MCIEP application for an incarcerated individual in County A. There is an active Medi-Cal case that was suspended in County B.

#### Action:

County A sends a request to County B to lift the suspension pursuant to All County Welfare Directors Letter 14-26 (dated May 6, 2014). The two counties would need to communicate to ensure the correct county removes the suspension, as only the county which suspended the Medi-Cal eligibility can remove the suspension. County A is the county responsible for processing the MCIEP application and maintenance of case.

## Sample Scenario screenshot of MEDS

 Los Angeles County (19) Medi-Cal beneficiary resident gets arrested in San Bernardino County (36) and is incarcerated 7/1/2016 with inpatient medical needs off the grounds of the county correctional facility. San Bernardino County is the responsible county for processing the MCIEP application and determines approved eligibility on F3 aid code.

INQM *	* PRIMARY	MEDI-CAL/	CMSP INFOR	** NOITAMS	AXI -					
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INQ1 ** SPECIAL PROGRAM 2 INFORMATION **									
CASE-NAME COUNTY-ID 36-F3-xxxx	xxx-x-xx	DISTRICT EW-COL		xxxxxx	, xx				
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OPTION <f13=valid options=""> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN</f13=valid>									

If you have any questions regarding the information in this letter, please contact Ms. Letty Lozano at (916) 327-6691 or <a href="MCIEP@dhcs.ca.gov">MCIEP@dhcs.ca.gov</a>. All billing/claiming inquiries should be directed to the DHCS Safety Net Financing Division at <a href="DHCSIMCU@dhcs.ca.gov">DHCSIMCU@dhcs.ca.gov</a>.

Sincerely,

Sandra Williams, Chief Medi-Cal Eligibility Division