

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

June 28, 1985

To: All County Welfare Directors
County Administrative Officers

Letter No. 85-48

REQUESTS FOR MEDI-CAL ELIGIBILITY VERIFICATION

The purpose of this letter is to provide counties with procedures for releasing limited beneficiary eligibility information to providers of medical services.

Background

With the statewide implementation of the Medi-Cal Eligibility Data System (MEDS), the Department of Health Services has received numerous requests for MEDS online terminal access from various providers. In response to these requests, the Department has developed the following position on eligibility information access and release;

1. Only county welfare departments (CWDs) and their outstationed staff may have access to MEDS terminals for inquiry and update purposes.
2. CWDs are authorized to release limited eligibility information (as indicated below) about eligible Medi-Cal beneficiaries to providers of medical services upon request.

County Procedures

When a provider requests beneficiary information, the county should obtain the provider's name, telephone number and enough information to identify the beneficiary. This information must be sufficient enough to assure the county that there is no question as to the identity of the beneficiary before releasing any information.

Typically, a provider will be requesting the beneficiary's county ID number and/or verification of eligibility for a specific month to enable them to bill the Medi-Cal program for services rendered. If the provider is unable to furnish the beneficiary's birthdate or social security number, but is able to provide sufficient information to identify the beneficiary (i.e., beneficiary's name and home address), the county shall release ONLY the following beneficiary information:

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- o County ID Number
- o Date of Birth
- o Eligibility Status for Requested Month(s)
- o Other Coverage
- o Restricted Status
- o Medicare Coverage

Counties are not required or authorized to release any other information, nor are the counties required to release information regarding ineligible beneficiaries other than the fact that they are not eligible for a specific month.

The above procedures have been developed in accordance with federal policy guidelines and state statutes. They provide that information should be released to providers for the purpose of billing the Medi-Cal program for services rendered to eligible Medi-Cal beneficiaries.

If you have questions regarding this policy, please contact your Medi-Cal Eligibility Branch MEDS Liaison.

Sincerely,

Original signed by

Tom J. Elkin, Acting Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants
MEDS Liaisons

Expiration Date: October, 1985