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Director

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



EDMUND G. BROWN JR.
Governor

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

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

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.

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INQM                ** PRIMARY MEDI-CAL/CMSP INFORMATION **          AXI -
CASE-NAME           DISTRICT           xxxxxxxx           , xxx
COUNTY-ID 19-M1-xxxxxxx-1-01  EW-CODE
MEDS-ID xxx-xx-xxxx  SSN-VER W  RV-COMP 09-2015
BIRTHDATE xx-xx-xxxx  DOB-VER S  SEX F GOV-RSP 1
CHAINED-ID           LAST-MC/CP-CHG 06-30-16  ADDRESS-FLAG A  RES-COUNTY
PRIOR-MEDS-ID        LAST-OTH-CHG 05-18-16  APDP  PICKLE  RECOVERY
WELFARE-PGM 007  DEATH-DT           DEATH-CD  TERM-DT           TERM-REAS
CIN 9xxxxxxx C 3  HIC-NO           BIC-ISSUE 10-05-15  PAPER-ISSUE
PGM:  M C H 1(GR/CAP) C H 2(INMATE) C H 3           FS C H CW
                2016===== > 2015
                12-16 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY      19           19  19  19  19  19  19  19  19  19  19  19  19
AID-CODE     M1           M1  M1  M1  M1  M1  M1  M1  M1  M1  M1  M1
ELIG-STAT    301         001 001 301 301 301 301 301 301 001 001 001 001
SOC-AMT
CERT-DAY
OHC          N           N   N   N   N   N   N   N   N   N   N   N
RESTRICT
MEDICARE
HCP1-NUM           352 352 352 352 352 352 352 352 352 352 352 352
HCP1-STAT         01  01  01  01  01  01  59  59  59  59  09  01
OPTION  ___ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
    
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** SPECIAL PROGRAM 2 INFORMATION **

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CASE-NAME                                DISTRICT                xxxxxxxx      , xx
COUNTY-ID 36-F3-xxxxxxx-x-xx            EW-CODE
MEDS-ID xxx-xx-xxxx  SSN-VER W  RV-COMP    COUNTY JAIL ADDRESS
BIRTHDATE xx-xx-xxxx  DOB-VER S  SEX F GOV-RSP 1  SAN BERNARDINO    CA 92415
CHAINED-ID                                LAST-MC/CP-CHG 06-30-16  ADDRESS-FLAG A  RES-COUNTY
PRIOR-MEDS-ID                                LAST-OTH-CHG 05-18-16  APDP  PICKLE  RECOVERY
WELFARE-PGM 007  DEATH-DT                                DEATH-CD  TERM-DT  TERM-REAS
CIN 9xxxxxxxxC 3  HIC-NO                                BIC-ISSUE 10-05-15  PAPER-ISSUE
PGM:  M C H 1(GR/CAP) C H 2(INMATE) C H 3                                FS C H CW
                                2016=====> 2015
                                12-16 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY 36                                19  19  19  19  19  19  36  19  19  19  19  19
AID-CODE F3                                F3
ELIG-STAT 301                                301
SOC-AMT
CERT-DAY
OHC      N      N      N      N      N      N      N      N      N      N      N      N
RESTRICT
MEDICARE
HCP1-NUM      352  352  352  352  352  352  352  352  352  352  352  352
HCP1-STAT      01  01  01  01  01  01  59  59  59  59  09  01
OPTION  __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
    
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If you have any questions regarding the information in this letter, please contact Ms. Letty Lozano at (916) 327-6691 or MCIEP@dhcs.ca.gov. All billing/claiming inquiries should be directed to the DHCS Safety Net Financing Division at DHCSIMCU@dhcs.ca.gov.

Sincerely,

Sandra Williams, Chief
 Medi-Cal Eligibility Division