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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

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Medi-Cal Eligibility Division Information Letter No.: I 19-13

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH LIAISONS
ALL COUNTY MEDS LIAISONS
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: UPDATE: DEACTIVATING PRE-ACA AID CODES - IN MEDI-CAL
ELIGIBILITY SYSTEM (MEDS) AND STATEWIDE AUTOMATED
WELFARE SYSTEM (SAWS)

Purpose

The purpose of this Medi-Cal Eligibility Division Information Letter is to provide counties and SAWS with updated expectations for deactivating aid code programming in MEDS and SAWS, and updated guidance on how to reevaluate eligibility for individuals who are currently enrolled in an obsolete pre-Affordable Care Act (ACA) aid code. Please refer to the pre-ACA to ACA aid code crosswalk table included in this letter (attachment 1). This letter supersedes MEDIL No.: [114-47](#) and previous All County Welfare Directors Letters that reference the use of any of the aid codes included in this letter.

Background

Since the implementation of the ACA, there remain a number of individuals enrolled in obsolete pre-ACA aid codes. On November 27th, 2018, the Department of Health Care Services (DHCS), in partnership with the counties, implemented a clean-up effort to adjudicate beneficiaries out of these aid codes. The following is a list of these aid codes: 3N, 3V, 44, 47, 48, 55, 58, 5F, 69, 72, 74, 7A, 7C, 7S, 7U, 7W, 8N, 8P, 8R, 8T, H1, H2, H3, H4, and H5

SAWS programming changes are needed to prevent new enrollments into these obsolete pre-ACA aid codes, thus enabling counties to effectively adjudicate all beneficiaries out of these aid codes. Once this effort is complete, DHCS can then work toward deactivating these obsolete aid codes in MEDS.

Aid Code Clean-Up Progress Monitoring

DHCS has leveraged the existing pre-ACA aid code clean-up effort that commenced on November 27, 2018, to monitor counties' progress in adjudicating beneficiaries out of these obsolete aid codes. Through this monitoring effort, counties are sent an updated list of beneficiaries enrolled in any of these aid codes on a bi-monthly basis. Counties shall use the updated list to identify and transition beneficiaries into an appropriate Medi-Cal program based on the Medi-Cal hierarchy (please refer to [ACWDL 17-03](#)), or terminate eligibility if continued eligibility cannot be reaffirmed.

- ❖ Note: The Medi-Cal hierarchy in [ACWDL 17-03](#) references aid codes 5F, 55 and 58; however, per [ACWDL 08-19](#), these aid codes were replaced with "C" and "D" aid codes. Therefore, all beneficiaries in aid codes 5F, 55 or 58 must be placed in the appropriate "C" or "D" aid code.

Updated Guidance, Reminders and Clarification

Below are scenarios that were encountered through the pre-ACA aid code clean-up effort and technical assistance that was previously issued via email. The guidance below may contain additional information provided for clarification.

Scenario No. 1

Counties noticed that for a majority of the beneficiaries who are active on a pre-ACA aid code, there is ongoing eligibility in MEDS, but no eligibility in SAWS. How shall counties handle these beneficiaries?

Response No. 1

Follow the ex-parte process outlined in [ACWDL 14-32](#) to transition the beneficiary into an appropriate Medi-Cal program based on the Medi-Cal program hierarchy in [ACWDL 17-03](#).

If eligibility cannot be reaffirmed electronically and/or through the ex-parte process, please refer to [ACWDL 18-06](#) and follow the guidance issued for the LIHP population.

Scenario No. 2

For beneficiaries who are not active in SAWS, who are not known to the county, and only known to MEDS, are county eligibility workers to register an application, and attempt to obtain the verifications needed to reaffirm eligibility?

Response No. 2

Yes. Counties are to register the application in SAWS, and follow the ex-parte process outlined in [ACWDL 14-32](#) to transition the beneficiary into an appropriate Medi-Cal program based on the Medi-Cal program hierarchy in [ACWDL 17-03](#).

If eligibility cannot be reaffirmed electronically, and/or through the ex-parte process, please refer to [ACWDL 18-06](#) and follow the guidance issued for the LIHP population.

Scenario No. 3

How should counties handle records that do not contain a residence or mailing address in MEDS, and the beneficiary is not known to SAWS?

Response No. 3

Counties are to perform an ex-parte review for renewal. If there is not sufficient information to complete the renewal via the ex-parte process, request additional information by sending the appropriate renewal documents to the last known residence/ mailing address, or email address, and follow the manual renewal process.

If there is not an address, email, phone number or some other way to reach the beneficiary, please discontinue eligibility with a termination reason of *loss of contact*. If the discontinued individual contacts the county within 90 days of the discontinuance and requests restoration of benefits, counties are to obtain the updated residence/ mailing address and phone number, register the case in SAWS, send the appropriate renewal documents to the updated address, and treat the situation as a 90-day cure period renewal request.

Research has shown that most of the beneficiaries who do not have a residence address displayed on the MEDS eligibility screen do have either a mailing address or an email address in MEDS on the address screen. Prior to discontinuing beneficiaries for loss of contact, please review the MEDS address screen for any available contact information.

SAWS Programming and Next Steps

Upon publication of this letter, SAWS shall make all necessary programming changes to prevent new enrollment of applicants/beneficiaries into any of the aid codes outlined in this MEDIL within the next available SAWS release. Counties shall ensure that all beneficiaries are adjudicated out of the aid codes referenced in this letter no later than December 31, 2019.

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Upon confirmation that there are zero beneficiaries enrolled in these aid codes, DHCS will notify the SAWS via a SAWS Internal Request for Research and Analysis (SIRFRA) to fully deprogram these aid codes, and DHCS will deactivate the aid codes in MEDS. Once deactivated, enrollment into the aid codes will no longer be accepted by MEDS. Counties and SAWS will be notified of the date of deactivation through the existing Change Cycle Letter process.

If you have any questions, or if we can provide further information, please contact Amy Halim, by phone at (916) 345-8184 or by email at Amy.Halim@dhcs.ca.gov.

ORIGINAL SIGNED BY:

Sandra Williams, Chief
Medi-Cal Eligibility Division

Attachment

Pre-ACA Aid Code (Old)	ACA MAGI Aid Code (New)
H5/5D (Citizen, age 6-19)	T1 (Premiums)
H4/5C (Citizen, age 6-19)	T2
H3/5D (Citizen, age 1-6)	T3 (Premiums)
H2/5C (Citizen, age 1-6)	T4
H1/5C (Citizen, infant)	T5
3N (Citizen, Parent/Caretaker Relative)	M3
3N (Citizen, Pregnant Person)	M7
3V (Parent/Caretaker Relative)	M4
3V (Pregnant Person)	M8
3N/7A/8R (Citizen, age 6-19, Income 0%-108%)	P5
3N/7A/8R (Citizen, age 6-19, Income 108% -133%, has OHC)	P5
3N/7A/8R (Citizen, age 6-19, Income 108%-133%, No OHC)	M5
3V/7C/8T (Age 6-19, Income 0%-108%)*	P5
3V/7C/8T (Age 6-19, Income 108% -133%, has OHC)*	P5
3V/7C/8T (Age 6-19, Income 108%-133%, No OHC)*	M5
3N/72/8P (Citizen, age 1-6)	P7
3V/74/8N (Age 1-6)*	P7
3N/47 (Citizen, infant)	P9
3V/69 (Infant)*	P9
44 (Pregnant Citizen, Income 138% - 200% FPL)	M9
44 (Pregnant Citizen, Income below 138% FPL)	M7
48 (Pregnant, Income 138% - 200% FPL)	M0
48 (Pregnant, Income below 138% FPL)	M8

*Full-Scope aid code due to SB-75 (Chapter 18, Statutes of 2015), as amended by SB4 (Chapter 709, Statutes of 2015)

Please Note: Effective January 1, 2014, the Modified Adjusted Gross Income methodology replaced the pre-Affordable Care Act budgeting methodologies for the aid codes listed in the table above.