



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

August 17, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-31
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: LOMELI LITIGATION SETTLEMENT UPDATES SUPPLEMENTAL
SECURITY INCOME/STATE SUPPLEMENTARY INCOME (SSI/SSP)
APPLICANT AND RECIPIENT MEDI-CAL INFORMATION NOTICES AND
RETROACTIVE ELIGIBILITY PROCESSING

(Ref.: All County Welfare Directors Letters (ACWDL) 95-51, 95-81,
96-39 07-01, 11-11 and Medi-Cal Eligibility Information Letters (MEDIL)
07-02, 07-05 and Medi-Cal Procedures Manual, Section 22 C-6)

This ACWDL informs counties of the settlement terms and conditions of the litigation entitled *Lomeli v. Shewry* and the related Medi-Cal Eligibility Data System (MEDS) changes that will assist counties to provide timely retroactive eligibility to SSI/SSP applicants.

Background

The settlement agreement in the *Lomeli v. Shewry* litigation requires the Department of Health Care Services (DHCS) to inform SSI/SSP applicants in a timely manner of their opportunity to seek retroactive Medi-Cal coverage for the three months period prior to their SSI/SSP application month.

DHCS has developed a new notice entitled, Important Information for SSI/SSP Applicants (MC19A), which advises SSI/SSP applicants about the availability of retroactive Medi-Cal coverage prior to their SSI/SSP eligibility determination. Additionally, the terms of the settlement required a revised MC19 notice (Important Information for New SSI/SSP Recipients).

This ACWDL provides counties with information regarding the following:

1. Distribution of the MC 19A notice to SSI/SSP applicants;
2. Processing retroactive requests for SSI/SSP applicants that have received the MC 19A notice;
3. Processing retroactive requests for all SSI/SSP recipients;
4. MEDS SSI/SSP Inquiry Screens;
5. Recent modifications made to the MC 19 notice (Important Information for New SSI/SSP Recipients).

Note: Copies of the MC 19A (Enclosure 1) and MC 19 (Enclosure 2) notices are included in this ACWDL.

1) Distribution of the MC 19A Notice to SSI/SSP Applicants

Effective August 1, 2011, DHCS began mailing the MC 19A notice on a monthly basis after receiving the Social Security Administration (SSA), State Data Exchange (SDX) report of the new SSI/SSP applicants, who are California residents. The MC 19A notice will be mailed to those SSI/SSP applicants, who are not receiving Medi-Cal in any one of the three months immediately prior to the month of SSA's application. For example, if MEDS shows the SSI/SSP applicant has Medi-Cal eligibility in only one retroactive month, the MC 19A notice will be mailed out. The MC 19A mailing packet will also include a listing of county offices and telephone numbers and the Multilingual Language Service notice (MC 4034), which informs individuals of their right to have interpreting services at no cost.

As a result of DHCS' new MC 19A monthly mailings, counties may see an increase in telephone calls or walk-ins from SSI/SSP applicants, who have received the notice and want to apply for retroactive Medi-Cal for their unpaid medical/dental expenses.

2) Processing Retroactive Requests for SSI/SSP Applicants That Have Received the MC 19A Notice

Counties shall refer to the following current procedures when processing the retroactive Medi-Cal requests for SSI/SSP applicants:

Requesting Retroactive Medi-Cal

A request for retroactive coverage may be done in conjunction with or after an application for public assistance or Medi-Cal (Title 22, California Code of Regulations (CCR), Section 50148). An application for SSI/SSP is an application for public assistance (Title 22, CCR, Section 50078). A request for retroactive coverage must be made within one year of the month the eligible expenses were incurred (Title 22, CCR, Section 50078). SSI/SSP applicants may also submit an application for retroactive coverage within one year of the month in which the medical/dental expenses were incurred. For example, if the SSI/SSP applicant had medical/dental expense in April 2011, he/she should contact the county office no later than April 30, 2012. If a request for retroactive Medi-Cal coverage is made after that time period, it is untimely.

Note: If the SSI/SSP recipient received Medi-Cal covered services from a Medi-Cal provider, since he or she applied and became eligible for SSI/SSP, that provider can bill Medi-Cal for those services. This may include a number of months before receipt of the Beneficiary Identification Card (BIC). However, the recipient must contact the Medi-Cal providers they saw during this period so that these providers can bill Medi-Cal. Payment for services over one year prior to receiving the BIC requires a Letter of Authorization (Form MC 180) showing the initial payment information. The request for payment for services over one year prior to receiving the BIC should be made within six months of the date of the award letter. Additional information is available in the MC 19 Notice.

The Beneficiary Reimbursement Process

Counties should continue to provide information to SSI/SSP applicants who have paid out-of-pocket expenses for Medi-Cal covered services about the availability of the Beneficiary Reimbursement Process (BRP). The BRP was established by court order as a result of the *Conlan* lawsuit.

The Retroactive Period

The county should provide information about the BRP to SSI/SSP applicants, who have paid out-of-pocket expenses for Medi-Cal covered services received from any qualified provider during the *retroactive eligibility period* (up to 3 months prior to the month of application to the Medi-Cal Program).

The Evaluation and Post-Approval Periods

Additionally, the county should provide information about the BRP to SSI/SSP applicants, who have paid out-of-pocket expenses for covered Medi-Cal services from a Medi-Cal provider that occurred in the following time periods: the *evaluation period* (from the time of application to the Medi-Cal Program until eligibility is established), and/or the *post-approval period* (the time period after eligibility is established).

SSI/SSP applicants, who have such paid expenses as noted above, should immediately contact the Beneficiary Service Center at (916) 403-2007 or visit the website at this link: http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_Conlan.aspx. Counties may refer to ACWDL 07-01 and MEDIL 07-02 and 07-05 for more information.

Retroactive Medi-Cal Application

The [MC 210A](#) is the application used to request retroactive Medi-Cal. In accordance with Title 22, CCR, Section 50148(a), “a person or family applying for retroactive Medi-Cal shall: (1) Submit a completed application form to the county department, if the application is for retroactive coverage only.” The SSI/SSP applicant will contact the county to make the retroactive request, complete the MC 210A and provide any additional documentation the county requests as necessary to make an eligibility determination.

Establishing the Retroactive Months

The retroactive months are the three months prior to the application month. Title 22, CCR, Section 50197 specifies “an applicant shall be eligible for Medi-Cal in any of the three months immediately preceding the month of application”.

Establishing the Application Date

For SSI/SSP applicants, the application date shall be the same date as the SSA application date. Per ACWDL 95-51, the month of application is not changed for retroactive purposes even if SSI/SSP aid is never approved for the SSA application month. The application date can be obtained from the SDX3 screen in MEDS. Information about the SDX3 screen and Screens SDX1-SDX5 is provided on page 5 of this ACWDL.

Beginning Date of Eligibility

Under Title 22, CCR, Section 50193 (a), “The beginning date of eligibility for Medi-Cal for persons who apply under any public assistance program shall be the first day of the month of application, ... notwithstanding the beginning date of the cash grant....” For SSI/SSP applicants, the beginning date of Medi-Cal eligibility shall be the first day of the month of the SSA application if found eligible for Medi-Cal. If the SSI/SSP applicant is not found eligible in the month of application, the beginning date of eligibility shall be the first day of the first month in which the SSI/SSP applicant meets Medi-Cal eligibility criteria for a given program (Title 22, CCR, Section 50193).

SSI/SSP recipients eligible under the Aged & Disabled Federal Poverty Level (A&D FPL) Program are eligible for Medi-Cal in the month of application or in the month of the first day in which their SSI/SSP eligibility criteria was met. MEDS has been programmed to provide eligibility on this basis for the month of application.

Determining Retroactive Medi-Cal Eligibility for SSI/SSP Applicants Pending SSA Disability Determination

In accordance with Title 22, CCR, Section 50153(b) (3) (B), "Pending the SSI/SSP determination the county department shall determine eligibility under any other program for which the person may be eligible."

While the application is pending at SSA, the county shall screen the SSI/SSP applicant to any other Medi-Cal program. If the county finds the SSI/SSP applicant eligible for retroactive Medi-Cal under any other Medi-Cal program, the effective date for Medi-Cal eligibility is the first day of the SSA application month, and retroactive Medi-Cal eligibility, if found eligible, applies to any/all of the three month(s) prior to the application month. If the county finds the SSI/SSP applicant not eligible for retroactive Medi-Cal under any other Medi-Cal program, the county shall send a disability packet to the Disability Determination Service Division-State Programs for a disability determination. The disability packet shall include an evaluation request for the retroactive month(s). Please refer to the Medi-Cal Eligibility Procedures Manual (MEPM), Section 22 C-1 and ACWDL 11-11 for more information on processing disability cases.

3) Processing Retroactive Requests for All SSI/SSP Recipients

Counties are instructed to follow current retroactive Medi-Cal procedures to determine eligibility. Counties shall request the SSI/SSP recipient complete the MC 210A and provide the SSI/SSP Award Letter, along with any additional information needed to make an eligibility determination as requested by the county. Additionally, counties may obtain SSI/SSP information from the SDX report located on the INQX screen and ISDX1-ISDX5 screens in MEDS. Counties should not ask an applicant for information that is already available to the county from the SDX report or unnecessary for a Medi-Cal determination.

If counties are not able to process the retroactive request with the information obtained from these sources, or if the SSI/SSP recipient believes that his or her disability on-set date is earlier than the one established by SSA, the county shall request only the additional information and documentation necessary in order for the county to process the retroactive request. Please refer to Section 2 above, ACWDL 95-51, ACWDL 95-81, and the MEPM, Section 22 C-6, for more information on processing retroactive Medi-Cal requests for disabled SSI/SSP recipients.

4) MEDS SSI/SSP Inquiry Screens

DHCS' Information Technology Services Division developed inquiry screens in MEDS that allow counties to obtain additional SSI/SSP case information reported in SDX. These screens can be accessed in MEDS by clearing the screen, typing ISDX and entering the social security number (SSN) of the individual. The following provides a description of the data included in the screens:

- SDX1-CLIENT DATA: contains MEDS identification (ID) number, person's name, client index number, health insurance claim number, BIC issue date, birthdate, language spoken/written and birthplace.
- SDX2-ADDRESS DATA: contains MEDS ID number, person's name, address, and telephone number.
- SDX3-CLIENT INFORMATION: contains MEDS ID number, person's name, Title II Claim number, SSI application date, CA residency date, and disability on-set date.
- SDX4-CLIENT INCOME STATUS DATA: contains MEDS ID number, person's name, unearned income, and eligibility determination data.
- SDX5-CLIENT INCOME/STATUS DATA: contains MEDS ID number, person's name, eligible spouse SSN, ineligible spouse/parent data, spouse/parent earned income, and unearned income.

5) Recent Modifications to the MC 19 Notice (Important Medi-Cal Program Information for New SSI/SSP Recipients)

The MC 19 was modified to reflect the changes mentioned above, as well as the following notable modifications made to this notice:

- A new paragraph entitled PAYMENT OF MEDICAL BILLS IN THE THREE MONTHS BEFORE THE MONTH OF YOUR SSI/SSP APPLICATION was added. This paragraph informs SSI/SSP recipients of the potential for retroactive Medi-Cal coverage and how to request it.
- On the prior notice, the paragraph titled PAYMENT OF PRIOR MONTH MEDICAL BILLS has been replaced with HOW TO PAY FOR PAST MEDICAL BILLS SINCE APPLYING FOR SSI/SSP. This paragraph provides information on the reimbursement process for medical/dental expenses incurred while waiting for SSA's eligibility determination.
- The Wide Area Telephone System e-mail address and facsimile number were added for individuals to request the removal of their other health coverage.
- The MC 19 mailing packet will now include a listing of county office names and telephone numbers, and the Multilingual Language Service Notice (MC 4034).

If you have any questions or if we can provide further information, please contact Kennalee Gable at (916) 552-9443 or by email at kennalee.gable@dhcs.ca.gov.

Original signed by:

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Enclosures

Important Information for SSI/SSP Applicants

Medi-Cal May Help Pay Past Medical and Dental Bills ("Retroactive Coverage")

Why is Medi-Cal writing me?

In California, your application for Supplemental Security Income/State Supplementary Payment (SSI/SSP) is also an application for health care coverage through the Medi-Cal program. If you are found eligible for SSI/SSP, Medi-Cal may help pay for medical and/or dental covered services you have received in any of the three months before the SSI/SSP application month. This is called "retroactive coverage." To receive this coverage, you must be eligible for Medi-Cal in the month Medi-Cal covered services were provided. If you have already paid for medical and/or dental bills for covered services provided during the three months of the retroactive period, Medi-Cal may also help you get reimbursed.

What do I need to do to get retroactive coverage?

First, you need to contact your county social services office. A list of county social services offices is enclosed. Call the telephone number listed for your county. The county worker will help you locate the Medi-Cal office close to your home.

What do I tell the county worker?

Tell the county worker that you have applied for SSI/SSP and that you have past medical and/or dental bills you need help from Medi-Cal to pay. The county will send you the forms that you need to fill out and return to the county social services office.

Who should I contact if I need help filling out the forms?

Call your county worker and ask for help on how to complete the forms.

How soon should I contact the county social services office?

You can contact the county social services office now even before you find out if you will receive SSI/SSP benefits. You must contact the county social services office to request retroactive Medi-Cal coverage within one year of the month in which covered services were provided to you. For example, if you received medical and/or dental services any time in October 2009 and applied for SSI in January 2010, you should contact the county social services office to ask for retroactive Medi-Cal coverage by October 31, 2010.

What happens after I send in the forms to the county?

The county social services office will send you a Notice of Action (NOA) to let you know if you are approved for retroactive Medi-Cal coverage. If you are denied retroactive coverage, the NOA will tell you about your right to ask for a hearing if you do not agree with the decision.

Will Medi-Cal help pay for my past medical and/or dental bills even if I am not found eligible for SSI/SSP?

Medi-Cal may still be able to help pay for covered medical and/or dental services provided to you in any of the three months before you applied for SSI/SSP. Even if you are not found eligible for SSI/SSP, you can still apply for Medi-Cal by contacting your county social services office.

IMPORTANT MEDI-CAL PROGRAM INFORMATION FOR NEW SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS

You are eligible for Medi-Cal benefits because you have been approved for SSI/SSP benefits. The first month of your eligibility for Medi-Cal benefits is the month you applied for SSI/SSP, as long as you were eligible for SSI/SSP in that month.

BENEFITS IDENTIFICATION CARD

You have now received or will shortly receive a plastic Benefits Identification Card (BIC). This BIC is used to verify your eligibility for Medi-Cal benefits, allowing your Medi-Cal providers to bill for your medical and/or dental care. If your doctor or your health care provider tells you that your Medi-Cal eligibility is listed for a county in which you do not reside, you must contact your Social Security Administration (SSA) office to have them correct their records.

HOW TO PAY FOR PAST MEDICAL BILLS SINCE APPLYING FOR SSI/SSP

If you received Medi-Cal covered medical and/or dental services from a Medi-Cal provider since you applied and became eligible for SSI/SSP, that provider can bill Medi-Cal for those services. This may include a number of months before you receive your BIC. However, you must contact the Medi-Cal providers you saw during this period so that these providers can bill Medi-Cal.

Payment for services over one year prior to receiving your BIC, requires a Letter of Authorization (Form MC180) showing the initial payment information. You can obtain this form by bringing your award letter or a letter from the SSA to your county social services office. You also should bring in copies of your medical and/or dental bills to assist in determining what month(s) you need to request Medi-Cal benefits.

IMPORTANT: You should make this request within six months of the date of the award letter.

PAYMENT OF MEDICAL BILLS IN THE THREE MONTHS BEFORE THE MONTH OF YOUR SSI/SSP APPLICATION

The Medi-Cal program may be able to help pay for medical and/or dental expenses that you had in any of the three months before the date of your SSI/SSP application. To receive this help, you must be eligible for Medi-Cal in the month(s) Medi-Cal covered services were provided. You must make the request for Medi-Cal coverage for those months within a year of the month you had the medical and/or dental services. To make your request for coverage for those months, please contact your local county of social services office in your area. A list of county of social services offices is enclosed. Call the telephone number listed for your county. The county worker will help you locate the Medi-Cal office nearest your home.

DO NOT THROW AWAY YOUR BIC. If you received Medi-Cal in the past, you may already have a plastic card that can be used again. If you lose your card, contact your local county of social services office and ask for a new card.

If you are issued a new card, then your old card will no longer be valid.

MEDI-CAL MANAGED CARE

Depending on where you live, you may have the opportunity to enroll in a Medi-Cal managed care plan. A Medi-Cal managed care plan is a health care plan that arranges or provides all covered Medi-Cal services for you through a network of physicians, clinics, hospitals, pharmacies, and other health care providers. In some counties, enrollment in a Medi-Cal managed care plan is required and in other counties you may have a choice to enroll in a health plan on a voluntary basis. All Medi-Cal managed care plans offer a selection of primary care physicians and other providers within the plan. If your county does not offer health care services through a Medi-Cal managed care plan, you will be able to obtain services directly through individual providers that participate in the Medi-Cal program. Your local county of social services office can provide you with information about Medi-Cal managed care plans that may be available in your county.

IF YOUR SSI/SSP IS STOPPED

If you are getting SSI/SSP disability benefits and SSA later decides that you are no longer disabled, you will receive a notice telling you that you will continue to receive Medi-Cal benefits until your county social services office re-determines if you are eligible for other Medi-Cal programs. Once your county social services office completes the Medi-Cal eligibility redetermination, you will be notified regarding your continuing eligibility or ineligibility for the Medi-Cal program.

IF YOU HAVE MORE THAN ONE PROVIDER

If you receive treatment from more than one doctor, you should tell each doctor about the other doctor(s). Do not abuse your Medi-Cal benefits. It is a crime to get drugs through false statements or allow others to use your BIC.

IF YOU HAVE PRIVATE HEALTH INSURANCE

As a Medi-Cal beneficiary, you must report any private health insurance you have to your county social services office. If you have a change in your other health coverage and have a request to remove the other health coverage from the computer system, please send a secure email to WATS@dhcs.ca.gov or fax to (916) 440-5675. **Having private health insurance does not prevent you from being eligible for Medi-Cal; however, if you do not report it, your Medi-Cal benefits can be stopped.** State and federal law requires Medi-Cal to bill your private health insurance before billing the Medi-Cal program.

If your private health insurance is through a Prepaid Health Plan or Health Maintenance Organization (PHP/HMO), you must go to your health plan to receive health care services. Medi-Cal may not pay for services available through a PHP/HMO plan if you choose to seek treatment elsewhere.

Additionally, the Health Insurance Premium Payment (HIPP) program may pay your health insurance premiums for you **if it is cost effective**. If you have high monthly health care costs and presently have health insurance or have health insurance available to you, you may qualify for this program. To contact HIPP please send an email to HIPP@dhcs.ca.gov.

INFORMATION YOU MUST REPORT

You must report any changes in your income, resources, or living arrangements to the SSA.

You must report when you get Medi-Cal services because of an accident or injury caused by someone else. Report all accidents or injury to:

Department of Health Care Services
Personal Injury Unit
P.O. Box 997425, MS 4720
Sacramento, CA 95899-7425

If you receive any direct payments from an insurance company for services paid by Medi-Cal, send them to:

Department of Health Care Services
Other Coverage Branch
P.O. Box 997423, MS 4719
Sacramento, CA 95899-7424

You may also call (916) 650-0490 or fax information to (916) 650-6581.

MEDICARE

If you do not already have Social Security benefits, you must apply for Medicare benefits at the local SSA office if you are 64 years and 9 months of age or older.