

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

(916) 445-1797



March 26, 1979

To: All County Welfare Directors

Letter No. 79-7

ORTHOMOLECULAR MEDICINE DEMONSTRATION PROJECT

Background

Senate Bill 1474, which was effective January 1977, requires the Department of Health Services (DHS) to implement an orthomolecular medicine (OM) demonstration project, which would allow beneficiaries to obtain orthomolecular treatment in the form of vitamins and other nutritional substances. Under this project, specified orthomolecular services shall be considered Medi-Cal covered benefits for a limited period of time, April 1, 1979, through June 30, 1979, with a possible extension through August 1980. During this time period, the Department is required to evaluate the relative cost of and the general patient satisfaction with OM treatment.

Only medical providers (physicians, pharmacies, labs and clinics) in three counties, Alameda, Orange and Santa Cruz may participate in the OM project. However beneficiaries wishing to participate may be residents of any county. Participation in the OM project does not affect their Medi-Cal eligibility or restrict them from receiving regular Medi-Cal services.

Provider Responsibility

Beneficiary enrollment in the OM project will be the responsibility of the participating providers, who must have registered with DHS. The provider will have the responsibility of obtaining written informed consent for participation from the beneficiaries who wish to receive services under the OM project. Beneficiaries who are interested in the OM project may obtain provider participation information by writing to the Department (see address below).

Effect on Medi-Cal Eligibility

All beneficiaries participating in this project will be issued a special RED Medi-Cal card (see example attached). While RED cards usually indicate that the beneficiary is restricted to certain services, in this case participants will be eligible for special services in addition to the normal Medi-Cal schedule of benefits.

Department of Health Services Responsibilities

After receipt of the signed informed consent form indicating the beneficiary has voluntarily enrolled in the project, DHS will issue an initial POE only MC-301 RED card with the OM services notation. Monthly full complement MC-300 RED cards, appropriately coded, will be issued by DHS for the remainder of the project

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for every month the county indicates on the monthly CID file that the beneficiary has continuing eligibility. The regular blue CID MC-300 cards will be suppressed during the beneficiary's participation in the project.

Department of Health Services will provide a written report of all individuals participating in the OM project on a monthly listing to counties. They will be part of the list that includes the beneficiaries enrolled in prepaid health plans and pilot projects and those on limited services status. The appropriate special services code, OM, for the beneficiaries participating in the OM project will be included on the listing.

County Responsibility

Counties are responsible for referring to the monthly listing issued by DHS when processing requests for replacement, supplemental and immediate need Medi-Cal cards and for issuing MC-301 RED cards with the appropriate coding when a beneficiary is enrolled in the OM special project.

If a member of a multi-person Medi-Cal Family Budget Unit (MFBU) enters the orthomolecular project, this will not affect the status of the other members of the MFBU.

For share of cost beneficiaries participating in the OM project, OM services are considered covered Medi-Cal benefits and can be used to meet their monthly share of cost. The OM providers will be asked to put the letters "OM" on the MC-177 for easy identification of share of cost cases.

The revised procedures for completing and issuing the MC-301 RED card, plus instructions regarding the OM project will be incorporated into the Medi-Cal Procedures Manual.

If you have any questions regarding the effect of the OM project on the Medi-Cal eligibility program or you receive questions from beneficiaries or providers you may direct them to:

Orthomolecular Project
Department of Health Services
714 P Street, Room 924
Sacramento, CA 95814

Telephone Number: (916) 322-7462

Sincerely,

Original signed by

Barbara V. Carr for
Doris Z. Soderberg, Chief
Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives

SCHEMATIC OF ORTHOMOLECULAR MEDI-CAL CARD

(Red MC 300 and MC 301)

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE
BENEFITS UNDER MEDICAL PROVIDED THAT BENEFITS UNDER
OTHER COVERAGE INCLUDING MEDICARE, ARE USED FIRST
I ASSIGN PAYMENTS FOR CLAIMS FOR SERVICES TO
MEDICARE TO THOSE PROVIDING SERVICES

HIC#123456789A
VALID OCT 1977 LIABILITY

OTHER COVERAGE. N DOB 10-28-05 M

INCLUDES ORTHOMOLECULAR SERVICES
23-60-0000010-0-04**0** ABCD

FIRST-NAME LAST-NAME-2

FIRST-NAME LAST-NAME-2

1234 BLANK STREET
ANYTOWN CA

12345

236000000100041077209M12

MC 301 R 19 76

*FIRST-NAME LAS *FIRST-NAME LAS

2360-0000010-004 2360-0000010-004

*1077MEDIO *05M4 *1077MEDIO *05M4

N*OM N*OM

*FIRST-NAME LAS *FIRST-NAME LAS

2360-C0C001C-004 2360-0000010-004

*1077*P0E0 *C5M4 *1077*P0E0 *05M4

N*OM N*OM

*FIRST-NAME LAS *FIRST-NAME LAS

2360-C000010-004 2360-0000010-004

*1077*P0E0 *05M4 *1077*P0E0 *05M4

N*OM N*OM

*FIRST-NAME LAS *FIRST-NAME LAS

2360-C0C001C-004 2360-0000010-004

*1077*P0E0 *05M4 *1077*P0E0 *05M4

N*OM N*OM

YOU SEE THIS CARD
IF YOU SEE THIS CARD
YOU SEEK
ATTENTION

Special service code. Corresponds with items 4a(2)
and 17c of Procedure Section 14A - 2 in the Medi-Cal
Eligibility Manual.

CONTROL NUMBER 7029573

TEMPORARY MEDI-CAL IDENTIFICATION CARD

THE PERSON NAMED ON THIS CARD IS
ELIGIBLE TO RECEIVE BENEFITS UNDER MEDI-
CAL PROVIDED THAT BENEFITS UNDER
OTHER COVERAGE INCLUDING MEDICARE
ARE USED FIRST

SEA# 123-45-6789

01/02/43 M

INCLUDES ORTHOMOLECULAR SERV.

23-60-0000010-004

John Doe
123 Street
City, CA 95678

John Doe
23-60-0000010-004
11/77 ON*43M
N*OM

PROVIDER
OF SERVICE

John Doe
23-60-0000010-004
11/77 ON*43M
N*OM

REMOVE APPROPRIATE LABEL
AND ATTACH TO YOUR CLAIM

VALID Nov. '77

LIABILITY

OTHER COVERAGE

TEAR
THIS

SIDE
OFF

AND

THROW
AWAY
CARBON

MEDICAL ELIGIBLE

PRESENT THIS
CARD TO YOUR DOCTOR OR OTHER PERSON GIVING
MEDICAL SERVICE EACH TIME YOU SEE HIM. HE
WILL COPY CERTAIN INFORMATION FROM IT, REMOVE
A LABEL AND RETURN IT TO YOU. UNLESS HE
OBTAINS A LABEL FOR EACH SERVICE HE CANNOT
BILL MEDICAL. PLEASE HELP HIM BY HAVING YOUR
CARD AVAILABLE.

— SAFEGUARD THIS CARD —
LOSS WILL RESULT IN DELAYS
WHEN YOU NEED MEDICAL ATTENTION

FORM
MC 301
(NEW 11/73)