DEPARTMENT OF HEALTH SERVICES 714/744 P STREET ACRAMENTO, CA 95814 (916) 445-1912

October 14, 1982

To: ALL COUNTY WELFARE DIRECTORS

Letter No. 82-53

MONTHLY SHARE OF COST (SOC) MANDATE

Reference: CWD Letters No: 81-51, 81-39, and 82-6

As you are aware, SB 1326 (Chapter 327, Statutes of 1982) requires the use of a monthly SOC determination for all Medi-Cal recipients. SB 2012 (Chapter 1594, Statutes of 1982) specifies that regulations to implement this provision be filed on an emergency basis. This letter is to provide you with sufficient information to begin planning for the return to a monthly SOC determination from the multi-month determination. Implementation of the change shall occur beginning October 1, 1982 for intake cases and the November month of eligibility for continuing cases.

Attached are the copies of the regulations to implement monthly SOC filed with an effective date of October 1, 1982. Also attached is an advanced copy of revisions to the Procedures Manual dealing with SOC. (Please note that the Procedures Manual will need to be revised again when monthly SOC forms are available.)

CONVERSION METHODOLOGY

- 1. Conversion of the existing caseload to a monthly SOC is to begin for the November month of eligibility. The conversion can be staggered over the November and December, 1982 and January 1983 period as long as by February 1, 1983, all cases have their SOCs determined on a monthly basis. However, conversion of a continuing case is to be made no later than the time the existing multi-month SOC period ends within this November-January period. For example, if a recipient's quarterly SOC period is August, September and October, that recipient's SOC must be converted to a monthly basis as of November. Similarly, if a recipient's QSOC period ends in November, that recipients's SOC for December and ongoing is to be on a monthly basis. This does not mean, however, that counties are to be required to immediately convert cases which were assigned a QSOC for the November-January period before receipt of this letter and, if appropriate, had been sent timely and adequate notice.
- 2. SOC determination for intake cases in October, 1982 and ongoing are to be computed on a monthly basis. If retroactive benefits also are requested, that SOC also is to be computed on monthly basis, even if the retroactive period is prior to October, 1982.

-2 -All County Welfare Directors

FORMS

We are in the process of printing a supply of monthly SOC determination forms. You will be informed when they can be ordered from the warehouse. If such forms are not available to your county by the time of conversion, you may use either (1) the MC 176M 9/81 SOC Determination -- MFBUs Which Do Not Include LTC Persons or (2) the MC 176M-LTC 9/81 SOC Determination -- MFBUs LTC Person Included.

NOTICES OF ACTION

Notices of Action are to be sent to all recipients who have a share of cost. Although the conversion from a quarterly SOC to a monthly SOC is not by itself an adverse action, recipients have a right to a fair hearing on the issue of the compution of the monthly SOC. Therefore, the Notice of Action explaining the conversion and specifying the SOC amount must be timely as well as adequate.

STUFFERS

Recipients without a SOC may be sent stuffers instead of Notices of Action since the conversion to a monthly SOC does not meet any condition requiring a Notice of Action as outlined in Eligibility and Assistance Standards Manual Section 22-021.

SYSTEMS CHANGE FUNDING/COUNTY ADMINISTRATIVE COSTS

The Legislature did not appropriate any funds for FY 82-83 for either conversion back to monthly SOC or for costs for continuing multi-month SOC until the conversion. Any allocation adjustments for multi-month SOC will not be possible until the end of FY 82-83 when we can determine available funding.

If you have any questions, please contact your Medi-Cal Program Consultant at (916) 445-1912.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons Medi-Cal Program Consultants

FACE SWEET FOR FILING ADMINISTRATIVE REGULATIONS WITE THE OFFICE OF ADMINISTRATIVE LAW

R-64-82

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	 The attached are true and correct copies of regulations adopted, amended, or repealed by: 	
	DEPARTMENT OF HEALTH SERVICES	· · · ·
	September 30, 1982 (Date)	
	By: Onch G May Agency Officer with Rule Taking	
LEAVE ELANK	Authority) Beverlee A. Myers, Director	LEAVE BLANK
AGENCY CONTACT PERSON AND P		TILLYHONI NUMBER
Ron Wetherall, Chief	f, Office of Regulations	(916) 322-4990
2. Indizate California Adm	inistrative Code Title and specify second	ions to be zended, scopted,
and/or repealed: Title 22		
	<u>50137, 50191, 50517, 50653, 5065</u>	53.3, 50653.5, 50657, 50658 & 50737
Sections Adopted:		
Sections Repealed:	50565, 50652	
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Are to be publi	ished in full in the Administrative God	6.
	fied by appropriate reference in the Ad tement as to where the full text may be	
h. 🗌 These are fire and	panic safety regulations corraining St	ate Fire Marshal approvel.
4. Effective Date of Regul	latory Changes: 10/1/80	
Government Code Section after the date of filis instructions on reverse below.	n 11346,2 provides that a regulation is ng with the Secretary of State. If an e. Check the appropriate box and fill	exception is desired, see the
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	after f	we date eacher than DC days iling with the Secretary of
	er than 30 days after. Section	irsuant to Governa⊷nt Code [1]346.2(⊰)).
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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE (Pursuant to Government Code Section 11380.1)

(1) Amend Section 50137 by deleting subsection (a)(3). NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code.

(2) Amend Section 50191 by amending subsection (a) to read as follows and deleting subsection (c).

(a) The county department shall require the completion of a Medi-Cal Status Report, Form MC 176S, at three month intervals as-specified-in-(c) for all MFBUs which contain at least one AFDC-MN or MI person. The requirement to complete status reports shall not apply to the following:

(1) through (5) unchanged.

NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code.

Reference: Section 14005.9, Welfare and Institutions Code.

5 P.A.C.E THIS WRITE IN NOT ĝ

(3) Amend Section 50517 by amending subsections (a)(2)(A) and (a)(4) and adding new subsection (a)(8) to read:

(A) The beneficiary wishes to receive Medi-Cal for more than two months er-the-beneficiary-is-included-in-an-MFBU-with-a-miltimenth-share-ef-cest period-pursuant-to-Section-50652(a).

(4) Income received less frequently than monthly shall be converted to monthly income by the following methods for-MFBUs-with-a-one-month-share of-cost-pursuant-to-Secton-50652(b).

- (A) Divide quarterly income by three.
- (B) Divide income received every two months by two.

(8) Interest income which is received less frequently than monthly and is not exempt as specified in Section 50542 shall be apportioned as follows:

(A) Determine the number of months of the period during which the interest accrued.

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE (Pursuant to Government Code Section 11380.1)

	() Drauger to Government Code Section (1360, 1)
	(B) Divide the interest income by the number of months in the
	interest period.
	(C) Consider the amount determined in (B) as income in each of
	the months of the next interest period.
	NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare
	and Institutions Code.
	Reference: Section 14005.9, Welfare and Institutions Code.
	(4) Repeal Section 50565.
	NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare
1,1	and Institutions Code.
N THIS SPACE	Reference: Section 14005.9, Welfare and Institutions Code.
	(5) . Repeal Section 50652.
NOT WRITE	NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare
	and Institutions Code.
0	Reference: Section 14005.9, Welfare and Institutions Code.
	(6) Amend Section 50653(a) and (a)(1) to read:
	(a) The share of cost shall cover a one month period and be determined
	as follows:
	(1) For MFBUs which do not include a person in LTC:
	(A) Determine the net nonexempt income anticipated-to-be available to
	the members of the MPBU during-each-month-of-the-share-of-cost-period.
	(B) Round the total net nonexempt income fer-each-manth determined in
	(A) to the nearest dollar, with amounts ending in 50 cents or more rounded
	to the next higher dollar. Add-these-amounts.

(C) Determine the appropriate taintenance need for the MFBU for-each month-during-the-share-of-cost-period in accordance with Section 50603. Add-these-amounts.

(D) Subtract the combined maintenance need from the total rounded net nonexempt income for-the-share-of-cost-period. The remainder, if any, is the share of cost.

NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code.

Reference: Section 14005.9, Welfare and Institutions Code.

(7) Amend Section 50653.3, subsections (a) and (b) to read:

(a) In situations where a change in income or other circumstances, which results in a decrease in the share of cost is reported by the beneficiary in a timely manner, as specified in Section 50185, the county department shall:

(1) Make the necessary changes in the ongoing share of cost by the first of the share-ef-eest-period month following the period month in which the change was reported.

(2) Determine what the share of cost should have been for the share of-eest-period month in which the change occurred.

(5) Implement the beneficiary's choise of either of the following:

(A) Having an adjustment made in future share-of-cost-periods months in accordance with (c) for the periods months in which income in excess of the correct share of cost was paid or obligated toward medical bills.

(B) Having the correct form MC 177S or Medi-Cal card with a share of cost issued and processed for the share-ef-cest-perieds months in which the share of cost should have been lower.

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE (Pursuant to Government Code Section 11380.1)

(b) In situations where a change in income or other circumstances, which results in a decrease in the share of cost, is not reported by the beneficiary in a timely manner, as specified in Section 50185, the county department shall:

(1)--For-MFBUs-with-a-one-month-share-of-cost-period;

(A) (1) Make the necessary changes in the ongoing share of cost by the first of the month following the month in which the change was reported.

(B) (2) Not make an adjustment for the excess income the beneficiary may have paid or obligated prior to county action specified in (A) (b)(1) unless the county department determines that there was good cause for failure to report in a timely manner. Good cause shall be determined in accordance with Section S0175.

(2) -- For-MFBUS-with-a-multimonth-share-of-cost-period-and-the-change is-reported-during-the-last-month-of-the-period.

(A) -- Make-necessary-changes-in-the-engeing-share-ef-cost-by-the-first ef-the-following-share-ef-cost-period-

(B)--Not-make-an-adjustment-for-the-excess-income-the-beneficiary may-have-paid-or-obligated-prior-to-county-action-specified-in-(A)-unless the-county-department-determines-that-there-was-good-cause-for-failure-to report-in-a-timely-manner.

(3)--For-MFBUs-with-a-multimonth-share-of-cost-period-and-the-change is-reported-prior-to-the-last-month-of-the-period:

(A) -- Make-the-necessary-changes-in-the-orgoing-share-of-cost-by-the first-of-the-following-share-of-cost-period.

(B)--Determine-what-the-share-of-cost-should-have-been-for-the-share of-cost-period-in-which-the-change-occurred-by:

1---Making-the-necessary-changes-effective-the-first-of-the-month, within-the-share-of-cost-period,-following-the-month-in-which-the-change

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was-reported.

2.--Not-making-any-adjusgments-to-reflect-the-changes-in-any-month prior-to-the-county-action-specified-in-1.-unless-the-county-department determines-that-there-was-good-cause-for-failure-to-report-the-change-in a-timely-manner.

(G) -- Implement-the-beneficiary is-cheice-of-either-of-the-following;

1:--Having-an-adjustment-made-in-future-share-of-cost-periods-in accordance-with-(c)-for-the-periods-in-which-income-in-excess-of-the correct-share-of-cost-was-paid-or-obligated-toward-medical-bills.

2.--Having-the-correct-Form-MC-1775-issued-and-processed-for-the share-of-cost-periods-in-which-the-share-of-cost-should-have-been-lower, <u>NOTE</u>: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code.

Reference: Section 14005.9, Welfare and Institutions Code.

(8) Amend Section 50653.5 by amending subsections (a) and (b)(2) to read as follows and deleting subsection (c).

(a) In situations where a change in income or other circumstances, which results in an increase in the share of cost, is reported by the beneficiary in a timely manner, as specified in Section 50185, the county department shall make necessary changes effective:

(1) Immediately, if the increase is due to the inclusion of a previously excluded family member who has income.

(2) For-MFBUS-with-a-one-month-share-of-cost-period: In accordance with the following, in all other instances:

(A) The first of the month following the month in which the change was reported, if a 10 day notice can be given.

(B) The first of the second month following the month in which the

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change was reported, if the change cannot be made in accordance with (A). (3)--Fer-MFBUs-with-a-multimenth-share-ef-cest-period-and-the-change is-reperted-during-the-last-menth-ef-a-share-ef-cest-period+

(A)--The-first-month-of-the-following-share-of-cost-period,-if-a

10-day-notice-can-be-given-

(B)--The-second-month-of-the-following-share-of-cost-period,-if-the change-cannot-be-made-in-accordance-with-(A).

(4)--For-MFBUs-with-a-multimonth-share-of-cost-period-and-the-change is-reported-prior-to-the-last-month-of-the-share-of-cost-period:

(A)--The-first-of-the-menth-within-the-share-of-cost-period-following
the-issuance-of-a-10-day-notice---The-share-of-cost-for-the-period-shall
be-adjusted-in-accordance-with-{e}.

(B) -- The-first-month-of-the-following-share-of-cost-period,-if-the change-cannot-be-made-in-accordance-with-(A)-

(b) (2) Determine what the share of cost should have been for the <u>share</u> ef-cest-periods months in which the increase occurred.

NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code.

Reference: Section 14005.9, Welfare and Institutions Code.

(9) Amend Section S0657 (a) (2) through (4) to read as follows and renumber (a) (6), (7) and (8) to (a) (5), (6) and (7) respectively:

(2) Form MC 177S shall be issued to the beneficiary for each period month during which the beneficiary must meet a share of cost.

(A) For continuing beneficiaries, form MC 177S shall be issued prior to the first day of the month of the-share-of-cost-period eligibility.

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(B) For new and restored beneficiaries, form MC 177S shall be issued at the time the approval notice of action is issued.

(3)--An-additional-or-supplemental-form-NG-1778-shall-be-issued-when the-share-of-cost-is-increased-during-a-share-of-cost-period-as-specified in-Section-50653.5.

(4) (3) The beneficiary shall present form MC 177S to each provider when the cost of services provided will be used to meet the share of cost.

(5) (4) The provider will list on the form MC 177S health services which have been provided and meet all of the following criteria:

(A) Were provided in the period month specified on form MC 177S. Services are considered to have been provided in the period month of the date of service is within the period month. The date of service for:

1. Health Services provided under a Global Billing Agreement is the date the last service under the agreement is rendered or the date of delivery, if the global billing is for pregnancy and delivery.

2. Dental prosthesis, prosthetic and orthotic appliances, and eye appliances is the date the item is actually ordered from the fabricating laboratory.

5. Prescription drugs is the date the item was actually received.

4. All other health services is the date the service was actually rendered.

(B) Have not been submitted as a claim against the Medi-Cal program.

(C) Have not been paid by medicare, other health care coverage, or any other party, and the provider does not anticipate reimbursement from such sources for the amounts listed on form MC 1775.

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DO NOT WRITE IN THIS SPACE

CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE (Pursuant to Government Code Section 11380.1)

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Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare NOTE: and Institutions Code. Reference: Section 14005.9, Welfare and Institutions Code. (10) Amend Section 50658 by amending subsection (a)(3) to read as follows and deleting subsection (a)(8). (3) Each service listed was provided within the period month specified on the form. NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code.³ Reference: Section 14005.9, Welfare and Institutions Code. SPACE THIS (11) Amend Section 50757(c) to read: Ξ WREFE (c) The Medi-Cal card for persons who have met their share of cost and are required to complete form MC 177S, shall contain: NOT ò (1) The items listed in (b). (2) The date of certification for claims clearance. The-date-of certification-shall-be; {A}--For-the-month-during-the-share-of-cost-period-in-which-the-share of-cost-is-met--the-last-date-of-service-listed-on-form-MC-1775. (B)--For-any-prior-month-during-the-share-of-cost-period,-the-last day-ef-that-month-(C)--For-any-subsequent-month-during-the-share-of-cost-period,-the-first day-of-that-month-providing-the-beneficiary-remains-eligible-and-cortified. NOTE: Authority cited: Sections 10725, 14005.9(c) and 14124.5, Welfare and Institutions Code. Reference: Section 14005.9, Welfare and Institutions Code.

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CONTINUATION SHEET FOR FILING ADMINISTRATIVE REGULATIONS WITH THE SECRETARY OF STATE

R-64-82

(Pursuant to Government Code Section 11380.1)

FINDING OF EMERGENCY

This agency certifles the attached orders are necessary for the immediate preservation of the public peace, health and safety or general welfare. The specific facts constituting the need for immediate action are:

STATEMENT OF FACTS

These regulations implement, interpret and make specific Section 14019.9 of the Welfare and Institutions Code as amended by SB 1326, Chapter 327, Statutes of 1982 and SB 2012, Chapter 1594, Statutes of 1982.

Section 14005.9(c). Welfare and Institutions Code provides as follows:

(c) The State Director of Health Services shall adopt regulations implementing this section as emergency regulations in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. For the purposes of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, adoption of the regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare. Notwithstanding the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, emergency regulations adopted by the State Department of Health Services in . order to implement the provisions shall not be subject to the review and approval of the Office of Administrative Law. These regulations shall become effective immediately upon filing with the Secretary of State.

COST STATEMENT

A. Fiscal Effect on Local Government: None.

- B. Fiscal Effect on State Government: Annual General Fund savings of approximately \$627,550 (82/83 savings \$516,400).
- C. Fiscal Effect in Federal Funding of State Programs: Annual savings of approximately \$627,450 (82/83 savings \$328,700).
- D. Fiscal Effect on Small Businesses: None.

MEDI-CAL ELIGIBILITY MANUAL

12C - PROCESSING CASES WHEN A SHARE OF COST HAS BEEN REDUCED RETROACTIVELY

A. Background

California Administrative Code (CAC), Title 22, Sections 50565 and 50567, discuss the options available to eligible persons determined, after recomputation, to have a lower Medi-Cal share of cost for a given month than was originally computed. Such a person has the option of:

- 1. Having future share-of-cost amounts adjusted by the county; or
- 2. Adjusting with providers, the amounts obligated or paid to those providers to meet the overstated portion of the original share of cost.

If an individual is seeking an adjustment of a future share of cost and transfers to another county prior to receiving the full adjustment, the former county of responsibility must inform the new county of the adjustment amount that is still due.

Beneficiaries whose future share of cost is zero before an adjustment is applied, must be advised that the only recourse is to seek reimbursement from the provider. In any situation where a beneficiary chooses to seek reimbursement from a provider, it must first be determined whether the provider has billed Medi-Cal for any portion of the service for which reimbursement is requested. This may be determined by reviewing the original MC 177. If the "Total Bill" amount is greater than the "Patient Billed" amount or if there is an amount shown in the "Billed Medi-Cal" column, it should be assumed that the provider has billed Medi-Cal. If the "Billed Medi-Cal" column is blank or the "Billed Patient" column is equal to the "Total Bill" column, it should be assumed that the provider has not previously billed the Medi-Cal program.

Prior to seeking reimbursement from the provider, clients shall be instructed by the county to give the provider a revised MC 177-S and a "Share of Cost Medi-Cal Provider Letter" (MC 1054 -- see Attachment II) so that the provider may bill the Medi-Cal program and reimburse the client the appropriate share-of-cost amount. If the county or the client is in possession of the original MC 177-S, the county may modify that form rather than prepare a revised one. The "Share of Cost Medi-Cal Provider Letter" will explain the reimbursement and billing procedures and the recomputation of the share of cost. So that the provider may be informed of the proper procedures to follow, counties shall check the box appropriate to the client's situation.

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MEDI-CAL ELIGIBILITY MANUAL

The MC 1054 may be ordered through the normal Department forms ordering process described in the forms section of the Medi-Cal Eligibility Manual, page F-1, beginning May 15, 1980. Until that time, the MC 1054 may be reproduced by the counties.

Individuals needing a Medi-Cal identification card in order to accomplish the adjustment process should be given proof of eligibility (POE) labels only, except for individuals who did not meet their original share of cost. Those beneficiaries who did not meet their original share of cost will receive a full complement card from Benefits Review Unit (BRU) when the MC 177 is completed and processed. If any individual used services to meet the share of cost which would require a "MEDI" label, the provider may use the POE label, along with the MC 1054 to bill the program. This letter will alert the fiscal intermediary (FI) that the case is being adjusted and to waive the "MEDI" label requirement for the specific services listed on the claim; in addition, a Treatment Authorization Request (TAR) will not be necessary for claims submitted with this letter for services normally requiring a TAR.

B. <u>Case Situations</u>

The following procedures describe the adjustment process and the different methods for working with various case situations in recomputing the share of cost.

Adjustment of Share-of-Cost Amount

<u>Case Situation 1</u> -- Client was determined eligible for July with a share of cost and met the share of cost. It is later determined that the July share of cost should have been lower. Client requests adjustment of future share-of-cost amounts.

Case Processing Steps

- a. The county shall recompute the July share of cost and prepare a new MC 176-M (latest revision) for the case file. (The difference between the original and recomputed share of cost for July is the amount of the adjustment.)
- b. On the MC 176-M for August (the future month in which the share of cost is to be adjusted) enter the August share-of-cost amount in Column III, line 17, and enter the amount of the adjustment in line 18. Subtract line 18 from line 17 to determine the new adjusted share-of-cost amount (see example -- Attachment III) and enter the amount in line 19. If the amount of the adjustment (line 18) is greater than the August share-of-cost amount (line 17), the client is not required to meet a share of cost for August. If necessary, repeat this step for subsequent months until the entire adjustment is made.

Sections 50565, 50567	MANUAL LETTER N	NO. L	12C-2

- c. For the August and other future months' eligibility, the county shall prepare an MC 177-S showing the adjusted share-of-cost amount and submit to the client (see example -- Attachment IV). The MC 177-S must be completed by the provider showing the amount of the new adjusted share of cost for which the client is responsible.
- d. Upon completion of the MC 177-S by the provider, the client must sign and return the form to the county, which in turn, shall send it along with the revised MC 176-M to: Department of Health Services, Benefits Review Unit, P. O. Box 668, Sacramento, CA 95803, for card issuance.

<u>Case Situation 2</u> — Client was determined eligible for October with a share of cost, but did not meet the share-of-cost amount in full. It is later determined that the October share of cost should have been lower. Client requests adjustment of the future share of cost.

Case Processing Steps

- a. Obtain documentation from the client of the amount that was paid or obligated toward services received in October (documentation may be cancelled checks, a statement of charges from the provider, or the original MC 177-S for October showing amounts paid or obligated to the provider). If no documentation exists, the client may choose to have the provider complete a new MC 177-S.
- b. If it is determined that the client paid or obligated more than the recomputed October share of cost, the difference between the amount paid or obligated and the recomputed share of cost will be the amount to be adjusted (e.g., client's original share of cost is \$100.00, client paid \$75.00; the recomputed share of cost is \$50.00, the amount to be adjusted for future months is \$25.00).
- c. Process case according to steps listed for items a-d in Case Situation 1. The client should be provided a new MC 177-S for each month in question, indicating the adjusted share of cost.
- d. If the amount already paid or obligated in October is less than the recomputed October share of cost, no adjustment is necessary.

Provider Reimbursement of Share-of-Cost Amount

<u>Case Situation 3</u> -- Client was determined eligible in November with a share of cost and met the share of cost. A recomputation indicates the share of cost should have been zero. Client wants a reimbursement of the share-of-cost amount paid to the provider(s). The provider(s) billed Medi-Cal for a portion of the service(s).

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Case Processing Steps

- a. The county shall recompute the November share of cost and prepare the MC 176-M for the case file.
- b. The county shall also prepare an MC 1054 explaining the November share-of-cost adjustment, give it to the client, and send a copy to BRU for its record.
- c. The client should give the MC 1054 to the provider.
- d. The provider should then submit a claim along with a copy of the MC 1054 to the appropriate Medi-Cal FI.
- e. The FI will reimburse the provider the appropriate adjusted amount.
- f. The provider(s) should then pass the difference in the share-ofcost amount on to the client.

<u>Case Situation 4</u> -- Client was determined eligible in September with a share of cost and met the share of cost. A recomputation indicates the share of cost should have been lower. Client wants reimbursement for the excess share-of-cost amount paid. The provider(s) billed Medi-Cal for a portion of the service(s).

Case Processing Steps

- a. The county shall recompute the September share of cost and prepare the MC 176-M for the case file.
- b. The county shall also prepare a revised MC 177-S showing the recomputed September share-of-cost amount and give it to the client along with a completed copy of the MC 1054.
- c. The client should submit to the provider form MC 177-S and the MC 1054 which explain the adjustments made.
- d. Upon completion of the MC 177-S by the provider, the client must sign and return the form to the county.
- e. The county will send form MC 177-S and a copy of the recomputed MC 176-M to Department of Health Services, BRU.
- f. BRU will adjust any previous claims submitted by the providers and return the claims to the FI.
- g. The FI will reimburse the provider the appropriate amount.
- h. Provider(s) should then pass the difference in the share-of-cost amount on to the client.

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 Sections 50565, 50567
 MANUAL LETTER NO.
 12C-4

MEDI-CAL ELIGIBILITY MANUAL

<u>Case Situation 5</u> -- Client was determined eligible in January to have a share of cost and met the share of cost. A recomputation indicates the share of cost should have been lower. Client wants a reimbursement of the excess share-of-cost amount previously paid. Client's provider(s) did not previously bill the Medi-Cal program.

Case Processing Steps

- a. For processing MC forms 176-M and 177-S, follow steps are in Case Situation 4.
- b. BRU will request preparation of a Medi-Cal card with POE labels only. The card will be mailed directly to the client by the Department of Health Services.
- c. The client should return the POE labels to the provider who should reimburse the client and use the labels to bill the program.

<u>Case Situation 6</u> -- Client was determined eligible in June with a share of cost and met the share of cost. A recomputation indicates the share of cost should have been zero. Client wants a reimbursement of the share-of-cost amount paid to the provider(s). The provider(s) did not previously bill the Medi-Cal program.

Case Processing Steps

- a. The county shall recompute the June share of cost, prepare the MC 176-M for the case file, and send a copy to BRU for its records.
- b. The county shall prepare for the client the MC 1054 explaining the June share-of-cost adjustment and issue the client a POE only Medi-Cal card or request that one be issued by BRU via form MC 110.
 - c. The client should present the Medi-Cal card and the MC 1054 to the provider.
 - d. The provider should then submit a claim with the Medi-Cal label attached along with a copy of this letter to the Medi-Cal FI.
 - e. The FI will reimburse the provider the appropriate amount.
 - f. The provider(s) should then pass the difference in the share-ofcost amount on to the client.

C. Submitting Revised MC 176-M and MC 177-S Forms to Department of Health Services

In order to ensure proper processing of recomputed share-of-cost cases by BRU, it will be necessary for county welfare departments to properly identify these cases. The following procedures shall be followed:

- 1. In case situations where the provider has billed the Medi-Cal program previously and the client still, after recomputation, has a share of cost and does not want a reimbursement, counties shall indicate at the top of the revised MC 177-S "Adjustment ---Billed" (see Attachment IV).
- 2. In case situations where the provider has billed the Medi-Cal _ program and the client, after recomputation, has a lower share of cost and wants a reimbursement, the county shall indicate on the top of the revised MC 177-S "Adjust Previous Claims" (see Attachment V).
- 3. In case situations where the client met the share of cost and the provider did not bill the program because the share of cost equaled the amount of the bill and the client, after recomputation, has a lower share of cost, the county shall indicate at the top of the MC 177-S -- "Adjustment -- Not Billed" (see Attachment VI). For these cases, BRU will prepare a Medi-Cal identification card, POE labels only, and mail it directly to the beneficiary.
- 4. In case situations where the client met the share of cost, the recomputed share of cost is zero and the provider did not previously bill the program, the county shall indicate at the top of the MC 176-M -- "Adjustment -- Not Billed Zero Share of Cost". If requested by the county, BRU will prepare a Medi-Cal card, POE labels only, and mail it directly to the beneficiary.
- 5. In case situations where the client did not meet the original share of cost in part or in full, and the client still, after recomputation, has a share of cost, the county shall process the case using the current MC 177-S procedures described in Section 12A of the Medi-Cal Eligibility Manual. When the MC 177-S is received by BRU. a full complement Medi-Cal identification card will be issued and sent directly to the beneficiary.

County welfare departments must "batch" the MC 177-S forms separately for each of the specific case situations described. These "batches" should not be combined with regular share-of-cost cases being sent to BRU except for those cases described in number 5 above. To expedite processing of recomputed share-of-cost cases and to ensure proper processing, it is extremely important that these procedures be followed.

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			ENTS OF SHARE O OVIDER REIMBURS			ATTACHMENT I
			Summary Chart			
	Case Situation			Case Processi	ng	
		Prepare new 176 for case file and/or BRU	Prepare 177 for provider completion	Give "Share of Cost Medi- Cal Provider Letter" form MC 1054 to provider	Send 177/176 to BRU	County or BR preparation of Medi-Cal ID card
1.	Client met original share of cost. Share of cost should be lower. Client requests adjustment of future share-of-cost amounts.	X	X		x	
2.	Client <u>did not meet</u> original share of cost. Share of cost should be <u>lower</u> . Client requests adjustment of share-of-cost amount.	L X	x	*******	x	
3.	Client met original share of cost. Share of cost should have been <u>zero</u> . Provider(s) billed Medi-Cal. Client requests reimburse-	· · · · · · · · · · · · · · · · · · ·	•			

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Client requests rein ment from provider.

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120-7

ADJUSTMENTS OF SHARE OF COST AND PROVIDER REIMBURSEMENT

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			Summary Chart			
	Case Situation			Case Processi	ıg	
		Prepare new 176 for case file and/or BRU	Prepare 177 for provider completion	Give "Share of Cost Medi- Cal Provider Letter" form MC 1054 to provider	Send 177/176 to BRU	County or BRU preparation of Medi-Cal ID card
4.	Client met original share of cost. Share of cost should have been lower. Provider(s) <u>billed Medi-Cal</u> . Client requests reimburse- ment from provider.	Х	X	X	X	
5.	Client met original share of cost. Share of cost should have been lower. Provider(s) <u>did not bill</u> Medi-Cal. Client requests reimbursement from provider.	. X	X	X	X	X (POE labels only)
6.	Client met original share of cost. Share of cost should have been zero. Provider(s) did not bill Medi-Cal. Client requests reimbursement from provider.	. X		X	X	X (POE labels only)

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Sections 50565, 50567

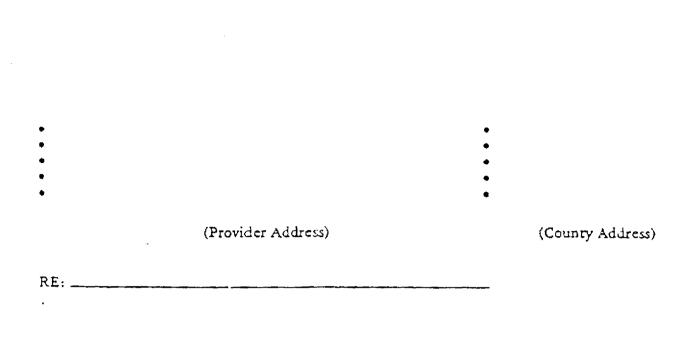
MANUAL LETTER NO.

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SHARE-OF-COST MEDI-CAL PROVIDER LETTER



The individual(s) shown above had been determined eligible for Medi-Cal for the month(s) of with a monthly share of cost of ______

Upon review, it has been determined that the share of cost for the month(s) indicated should have been only ______. Accordingly, the beneficiary is due a reimbursement of the difference between the share-of-cost amount paid to you and the recomputed share of cost. This amount must be passed along to the beneficiary by the provider in accordance with California Administrative Code, Title 22, Section 51471.1. The following information is to assist you in making the required reimbursement.

If the beneficiary actually paid the original share-of-cost amount to you and you billed Medi-Cal for the balance of the charges, you may be eligible to receive an adjustment from the Medi-Cal fiscal intermediary. Once you have billed the program, you are obligated to pay the beneficiary the excess share-of-cost amount previously paid to you.

If the beneficiary actually paid the original share-of-cost amount to you, and you did not bill the program because the charges equaled the original share-of-cost amount, you may now bill the program for the difference between your usual fee and the recomputed share of cost. Again, you are obligated to pay the beneficiary the excess share-of-cost amount previously paid to you.

If the beneficiary has not paid, but obligated to pay the original share of cost, the new adjusted amount should be used to reduce the obligation.

If you were unable to bill the program because the beneficiary has not paid or obligated the full amount of the original share of cost, you may now do so by submitting this form and a claim with a Medi-Cal label to the Medi-Cal fiscal intermediary. The items checked below must be accomplished in order to complete the reimbursement process.

- Complete the MC 1775 based on the revised share-of-cost amount. If the beneficiary meets the recomputed share of cost, he/she will be issued a Medi-Cal card. Any outstanding balance may be billed to Medi-Cal.
- It is not necessary for you to rebill the Medi-Cal program for the services listed on the MC 177S. An adjustment to your previous claim will be made by the Department of Health Services.
- It will be necessary for you to bill the Medi-Cal program. You must attach this form letter to your claim. The beneficiary listed above is responsible for presenting you with a Medi-Cal identification card or label to attach to your claim. If you are billing the Medi-Cal program and you rendered a service requiring a MEDI label or "prior authorization", this form, along with the Medi-Cal identification card (POE) label attached to your claim, will allow the fiscal intermediary to process the claim without those items.

Eligibility Worker's Signature

Elizibility Worker's Phone Number

Sections 50565, 50567

MANUAL LETTER NO.

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PRAL OF COT DETERMINATION -- MIN AND ME PERSONS

ATTACHMENT III

CASE NAME										COUNT	Y DISTRICT	COUNTY USE	
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