

## DEPARTMENT OF HEALTH SERVICES

14744 P STREET  
SACRAMENTO, CA 95814  
(6) 445-1912



November 18, 1982

To: All County Welfare Directors

Letter No. 82-59

## AID CODES AFFECTED BY AB 799

The Department has developed four new aid codes to accommodate those Medi-Cal eligibles now classified as Medically Indigent Adults (MIAs) who will remain eligible for Medi-Cal after the MIA transfer on January 1, 1983. This letter is a follow-up to the all county phone calls of October 12 and 13, 1982, when your county was told to flag certain cases which contain MIAs who will fall into one of these new aid codes. The affected persons presently have an aid code of 84, 85, 88, or 89. The aid codes for these persons must be reclassified to the four new aid codes immediately in order to avoid erroneous discontinuances. This letter also confirms our November 4, 1982 call to your county requesting that you accomplish this reclassification.

Cases to be reclassified fall into three categories: time-eligible refugees, pregnant women and persons in Intermediate Care Facilities (ICFs) and Skilled Nursing Facilities (SNFs). MEDS has been modified to accept the new aid codes for both online and batch input. Appropriate counties will be notified as to when they can submit the records.

I. Aid Code 02 -- Refugee Medical Assistance

There are a small number of refugees in California who have been in the United States for 18 months or less and who do not qualify for any cash programs. These persons have been Medi-Cal eligible as MIAs. Since this category will be eliminated as of January 1, 1983, aid code 02 has been designated to identify refugees who have been in the United States for 18 months or less.

Refugees who are not linked to any cash assistance program and who have been in the United States for more than 18 months are to remain in the MIA program until January 1, 1983. Then those persons who are 21 to 64 years of age become the responsibility of the county.

Eligibility under aid code 02 is limited to refugees who:

1. Possess INS documentation clearly identifying them as refugees.
2. Are not cash-linked, either to AFDC or to RCA/ECA.

3. Are not categorically linked as Medically Needy.
4. Have been in the United States for no more than 18 months.
5. Are between the ages of 21 and 64.
6. Meet all other Medi-Cal eligibility requirements.

Aid code 02 will apply to both share of cost and nonshare of cost cases.

Aid code 02 eligibles are entitled to three month retroactive eligibility for any prior month during which the person meets Medi-Cal eligibility criteria.

After the refugee has been in the country for 18 months, these refugees must be discontinued from Medi-Cal and must not be reported as 02 eligibles. The county must provide 10 day notice prior to discontinuance. Further direction will be forthcoming as to how counties can claim federal funds for refugees who have been in this country for 19 months to 36 months.

II. Aid Code 53 -- Medically Indigent Person, 21 Years of Age or Older, Residing in a Skilled Nursing or Intermediate Care Facility

This aid code will identify those MIAs who are residing in either a skilled nursing or intermediate care (including intermediate care/developmentally disabled) facility. After January 1983, if this person is released from the facility, he is no longer eligible for Medi-Cal as an aid code 53. A ten day notice would be required to discontinue his eligibility.

Aid code 53 applies to persons with or without a share of cost.

Aid code 53 recipients are entitled to three month retroactive eligibility for any prior month during which the person was residing in either a skilled nursing or intermediate care facility, and otherwise meets Medi-Cal criteria as long as he or she was in a SNF/ICF during the month of application.

However please note that if a refugee who has been in this country for 18 months or less is in a skilled nursing or intermediate care facility, that person should be given an 02 aid code (rather than a 53 aid code).

MJA's residing in SNF/ICF will have a reduced scope of benefits. AB 799 provides that they are not entitled to acute care hospital services. The Department must notify these individuals of this reduction in their scope of benefits under the Medi-Cal program. We are depending upon your prompt reclassification of the MJA SNF/ICF population to aid code 53 to enable us to identify these individuals for proper noticing.

III. Aid codes 86 and 87 -- Medically Indigent Person, Age 21 Years or Older  
With a Confirmed Pregnancy

Aid code 86 (no share of cost) and aid code 87 (share of cost) identifies those medically indigent women who have confirmed pregnancies and are at least 21 years old. These women will be eligible to receive services as state Medi-Cal eligibles.

Title 22, CAC, Section 50733 (c) states in part that a mother's Medi-Cal card is authorization for services to the newborn child for the month of delivery. But because only those women with a confirmed pregnancy are covered as state Medi-Cal eligibles, these women will not be entitled to full coverage Medi-Cal cards for the month following the month of delivery, if the county is able to provide 10 day notice.

After the mother is discontinued, the family would have to make a Medi-Cal application for the newborn, unless other family members already receive Medi-Cal.

Aid code 86/87 eligibles are entitled to three month retroactive eligibility for any prior month during which the person had a confirmed pregnancy, and otherwise meets Medi-Cal eligibility criteria.

Pregnant refugees who meet the aid code 02 criteria should be given an 02 aid code.

Additional information will be forthcoming on related issues such as the beneficiary notice, the provider notice, systems changes, and new regulations.

The attachment pertains only to the early transfer counties (Los Angeles, Contra Costa, and Merced).

If you have any questions on this issue please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief  
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Fiscal Forecasting, 8/1140  
County Health Services, 8/1350  
Center for Health Statistics, 8/1476

The following information is pertinent to Los Angeles, Contra Costa and Merced Counties only for the months of November and December 1982.

Aid Codes 84 and 85 -- Medically Indigent Persons, age 21 years or older.

Aid codes 84 and 85 will continue to designate medically indigent persons age 21 years through 64 who cannot meet the eligibility criteria for any other aid program. This includes those time expired refugees who have been in the United States for more than 18 months and are not categorically linked to a public assistance program.

These persons will be county Medi-Cal eligibles during the early takeover period (November and December 1982). As county Medi-Cal eligibles, the county will have fiscal responsibility for providing their Medi-Cal program covered services.

These persons are to be reported as Medi-Cal eligibles so that Medi-Cal ID cards can be issued which are restricted to DENTAL SERVICES ONLY. For both MEDS and nonMEDS counties, the cards will be red with a restricted message. All manually prepared temporary Medi-Cal ID cards are to be on red card stock. Attachment II describes the procedures for manually preparing temporary Medi-Cal cards.

Aid code 84/85 eligibles are not entitled to retroactive Medi-Cal coverage effective September 1, 1982.

As of January 1, 1983, Medi-Cal cards will not be issued for aid code 84 or 85 since the medically indigent adult aid category will be eliminated as a Medi-Cal eligible program.

Aid code 88 and 89 - Medically Indigent Persons, age 21 years or older, pending a disability evaluation.

Aid code 88 and 89 beneficiaries will be eligible to receive services as state Medi-Cal eligibles for the early takeover period. The decision for state responsibility was based on the fact that these persons are covered under the State's dental contract, and therefore, must be reported to the State in order to produce a dental Medi-Cal card and an eligibility record. Once the person is reported on the file, eligibility history cannot be changed for prior months. As a result, the only mechanism for claiming federal financial participation for certified disabled eligibles during their pending status is through the existing state disability claiming system. This system works only when the State maintains all eligibility and claims information.

It is essential therefore, that the counties identify all potentially disabled persons using the Simplified Disability Process and reporting their eligibility using either aid code 88 or 89. Failure to utilize existing systems will result in eligibility as a county Medi-Cal eligible for which the county becomes financially liable.

Aid code 88/89 eligibles are not entitled to retroactive Medi-Cal coverage effective September 1, 1982. Certified disabled persons, however, are entitled to three month retroactive eligibility for any month during which the person was certified disabled and otherwise met the Medi-Cal eligibility requirements.

Effective January 1, 1983, medically indigent persons, age 21 years or older, who are pending a disability evaluation will not be eligible for any Medi-Cal program. Thus, they will become the county's responsibility until disability is certified. The county should take Medi-Cal applications for these persons and pend them until there is a decision on their disability status.

PREPARATION OF IMMEDIATE NEED

MEDI-CAL ID CARDS

MC 301 (RED)

The following procedures apply to those counties who takeover the Medically Indigent Adult (MIA) program prior to January 1, 1983. These procedures are void as of December 31, 1982 (December 1982 month of eligibility).

Early takeover counties will be responsible for submitting records for MIA's aid codes 84 and 85 in order that a "Dental Service Only" Medi-Cal card can be issued. Medi-Cal cards generated by the State's CID system will be RED in color and contain special information as described below.

Preparation of Medi-Cal Card (MC 301 RED) -- Dental Service Only

The MC 301 RED (full complement and proof of eligibility POE's only) Medi-Cal cards prepared by the county department must include all the information specified below.

Required information must be typed without errors or corrections of any kind. Cards or labels with errors must be voided. Provider claims will be rejected by the Medi-Cal fiscal intermediary if they are accompanied by MC 301 RED cards or labels that have errors or corrections.

3  
1  
2  
3  
4  
5  
6  
7

8000051

COPYING NUMBER

FORA  
MAY 1981  
REV. 1-79

# 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.

SSA# 012-34-4578

3-27-44 F

DENTAL ONLY/QUESTIONS RE:

OTHER SRVS. PH ---/---/---

19-85-0000012-0-03\*\*0

Young Sample

0000 'J' Street

Sacramento, CA 95814

SAFEGUARD THIS CARD

LOSS WILL RESULT IN DELAYS  
WHEN YOU NEED MEDICAL ATTENTION

12a 12b 12c

2\*YOUNG SAMPLE

1985-0000012-003

0178:0 \*44F

N CRT010182

PROVIDER  
OF SERVICE

REMOVE APPROPRIATE LABEL  
AND ATTACH TO YOUR CLAIM.

13 14 15 16

2\*YOUNG SAMPLE

1985-0000012-003

0178:0 \*44F

N CRT010182

Cert. 010182

VALID: Jan. 1982

OTHER COVERAGE N

MEDI-CAL ELIGIBLE

PRESENT THIS  
CARD TO YOUR DOCTOR OR OTHER PERSON GIV-  
ING 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.

5a 5b

17b  
17a  
9  
8  
10

b. MC 300 and MC 301 Schematic Explanation

Basic Section

<u>Item #</u>	<u>Description</u>
1	HIC#, SSA#, or RR#, if beneficiary is Medicare entitled.
2	Beneficiary's date of birth.
3	Sex of recipient: "M" or "F".
4a	Only for Medically Indigent Adults -- "Early Takeover". Insert message as indicated in c.
4b	Beneficiary's Medi-Cal ID #: County (2 digits) Aid (2 digits) Serial # (7 digits) FBU or MFBU (1 digit) Persons # (2 digits)



<u>Item #</u>	<u>Description</u>
5a	Pre/Post Indicator: "0", or "2". 0 = Routine Medi-Cal Eligibility. 2 = AFDC Four-Month Continuing Eligibility
5b	County use area: precede with asterisks.
6	Beneficiary name.
7	Beneficiary address area: include "C/O (addressee name)" if needed. In those instances where the county department has been instructed not to include a beneficiary home address (see Sections 16D 6. and 19B 2.a.), the county department address may be substituted here.
8	Valid month of card. Type month and year.
9	Dollar amount of share of cost for LTC patients only. Certification date for persons who met a share of cost.
10	Other coverage. (see Article 15A)
11	Copay status: Deleted. No entry required.

Label Section

<u>Item #</u>	<u>Description</u>
12a	Medicare Status: "2*" shows Medicare entitlement; "Ø*" shows lack of Medicare entitlement. (Note: Ø means blank space.)
12b	Beneficiary Name: normal sequence, or last name first or abbreviated (as needed) to still uniquely identify person as much as possible.
12c	Beneficiary ID.
13	Valid month of card.
14	Pre/Post Indicator: "0", or "2". (see 5a)
15	Year of beneficiary birth; last two digits only.
16	Sex of beneficiary (M or F).
17a	Other Coverage Code. (see Article 15A)

Item #

Description

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17b      Dollar amount of share of cost for persons in LTC.  
          Certification date for persons who have met a share of cost.  
          This is a multi-use field. If applicable, this field should  
          be coded as follows:

- (1) With the dollars amount of share of cost for persons in  
      LTC.
- (2) With the certification date for persons who have met a  
      share of cost.

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c. Special Coding for MC 301 RED Medi-Cal Cards

Aid Code 84 and 85

Message: Dental Only/Questions Re: Other Services Ph \_ \_ \_ / \_ \_ \_ - \_ \_ \_ \_