

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



February 21, 1985

TO: All County Welfare Directors
County Administrative Officers

Letter No. 85- 15

MONTEREY HEALTH INITIATIVE TERMINATION

As of March 1, 1985, the Department of Health Services will no longer have a contract with the Monterey County Health Initiative. The Health Initiative was a prepaid Medi-Cal pilot project. Claims for Monterey Medi-Cal recipients were processed and paid by the Health Initiative, not Computer Sciences Corporation.

On March 1, 1985, the beneficiaries with a Monterey County code (27) who are eligible to receive health care benefits under Medi-Cal will return to the Medi-Cal fee-for-service system. They will receive the green full complement Medi-Cal card instead of the red restricted Medi-Cal card which stated "Monterey Health Initiative for Dental and CHDP Services only".

The impact of this change is noted below.

o Access to Care

Effective March 1, 1985, a Monterey County beneficiary may seek services from ANY medical provider who accepts Medi-Cal patients. They are no longer required to access care through a Monterey County assigned primary care physician. However, the beneficiaries will be encouraged to discuss their future care with their present primary care provider.

o Authorization for Treatment

The Medi-Cal Treatment Authorization Request (TAR) requirements and procedures will again apply to Monterey beneficiaries. A TAR must be secured by providers for all services for which the Department has determined a TAR is a requirement for payment.

o Billing and Payment for Services

Claims for services with dates of services on or after March 1, 1985, must be submitted to Computer Sciences Corporation for processing and payment.

All County Welfare Directors
County Administrative Officers

-2-

All Medi-Cal billing rules and procedures will again apply to claims for services to Monterey County Medi-Cal beneficiaries. Claims for services with dates of service prior to March 1, 1985, must be submitted to the Monterey County Health Initiative in accordance with Health Initiative billing rules and procedures. The Health Initiative's address is:

Monterey Health Initiative
P. O. Box 80006
Salinas, CA 95312

o Billing of Beneficiaries

Because the Monterey project has experienced substantial financial difficulties, it is possible that beneficiaries residing or who resided in Monterey County will experience greater than usual efforts by providers to collect from them for services covered by the Health Initiative under their contract with the State.

As has always been the case, it is not in accord with Medi-Cal statutes and regulations for a participating Medi-Cal provider to bill a beneficiary for a Medi-Cal covered service, other than a beneficiary's share of cost. (Ref: Sections 14019.3 and 14019.4 of the Welfare and Institutions Code.) A provider should not bill the beneficiary either for the entire amount of the claim, or for any differential, such as the difference between the provider's usual charges and the Medi-Cal rate.

For your information, attached is a copy of the notice being sent to all Monterey County Medi-Cal beneficiaries.

Should you or your staff have any questions regarding the information presented in this letter, please contact Sandra Pierce at (916) 324-1196.

Sincerely,

Original signed by

Gary Pettigrew for
Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

IMPORTANT INFORMATION

TO: ALL MONTEREY COUNTY BENEFICIARIES

Up to now, you have been receiving Medi-Cal health care through the Monterey Health Initiative. Starting March 1, 1985, the State of California will no longer have a contract with Monterey Health Initiative. However, you will not lose your Medi-Cal health care. Instead of a blue Health Initiative card and a red "dental only" card, you will be receiving a regular Medi-Cal card which can be used to obtain medical services. This change will not affect your Medi-Cal eligibility. You must continue to meet all eligibility rules to keep your eligibility.

1. You will get your first regular green FFS card in March.
2. Take this card with you whenever you seek medical care. Your medical provider (doctor, dentist, hospital, pharmacist, laboratory, etc.) will ask you for a sticker from this card when he/she treats you.
3. You may now seek service from ANY medical provider who accepts a Medi-Cal sticker as payment for services.
4. A Medi-Cal card will continue to be mailed to you each month you are eligible for Medi-Cal.
5. Since the Health Initiative is no longer a Medi-Cal contractor, you are no longer required to go to your assigned primary care physician. However, we encourage you to discuss your future health care with your primary care physician.
6. Just like the Health Initiative, the regular Medi-Cal program covers most of your health care needs. So that you are sure the service you need will be paid for by Medi-Cal, be sure your provider will bill Medi-Cal for the services, and that the service is a benefit under the Medi-Cal program. According to State law, a doctor or other provider who treats Medi-Cal patients should not bill you for medical services that are a benefit under the Medi-Cal program.

If you have any questions about the use of your Medi-Cal card or your eligibility for a Medi-Cal card, please contact your county Eligibility Worker.