

DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 95814
445-1912



December 9, 1986

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 86-73

SUBJECT: ISSUANCE OF MEDI-CAL LABELS TO PRIMARY CARE CLINICS
(PCC)

This is to advise all county welfare departments that legislation, Assembly Bill No. 2918 (AB 2918), was passed into law and requires county welfare departments to issue Medi-Cal labels to licensed "primary care clinics" (PCC). The provisions of this bill are effective January 1, 1987.

AB 2918 amends Section 14018.4 of the Welfare and Institutions Code to require county welfare departments to issue, upon the request of a hospital or licensed PCC providing care to an eligible Medi-Cal beneficiary, replacement Medi-Cal proof of eligibility labels or other appropriate documentation of eligibility to the hospital or licensed PCC if specified conditions are met. These conditions are outlined in the Medi-Cal Eligibility Manual, Procedures Section, Article 14D--Verification of Medi-Cal Eligibility, item number 2, Acute Care General Hospitals. There will be a manual revision issued within the next 60 days to include PCC facilities in item number 2. (Attached is a draft copy of the new manual revision.)

Effective January 1, 1987, counties will be required to issue Medi-Cal labels to those providers who identify themselves as licensed PCC providers and have submitted their request(s) as required per instructions in the Medi-Cal Eligibility Manual Article cited above.

If you have any questions, please contact your State MEDS Liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: January 1, 1987

MEDI-CAL ELIGIBILITY MANUAL

14D -- VERIFICATION OF MEDI-CAL ELIGIBILITY

Counties are required to provide either proof of, or verification of, Medi-Cal eligibility to Medi-Cal providers under certain circumstances. The following procedure defines the circumstances under which verification/documentation of eligibility must be provided and the county's responsibilities in providing such information.

1. Medi-Cal Providers

Counties are to verify eligibility and provide limited beneficiary eligibility information to all providers of Medi-Cal services upon request. However, only county welfare departments and their out-stationed staff may have access to Medi-Cal Eligibility Data System (MEDS) terminals for inquiry and update of eligibility information. In addition, counties cannot provide MEDS printouts to any provider, nor proof of eligibility (POE) labels to any provider except as described in 2 below.

When a provider requests beneficiary information, the county should obtain the provider's name, telephone number, and enough information to identify the beneficiary. This information must be sufficient to assure the county that there is no question as to the identity of the beneficiary before it releases any information.

Typically, providers will request the beneficiary's county ID number and/or verification of eligibility for a specific month to enable them to bill the Medi-Cal program for services rendered.

If the provider is unable to furnish the beneficiary's birth date or Social Security number, but is able to provide sufficient information to identify the beneficiary (i.e., beneficiary's name and home address), the county may release the following beneficiary information:

- a. County ID number (14 digits).
- b. Date of birth.
- c. Eligibility status for requested month(s) (e.g., eligible, ineligible, share-of-cost amount, long-term care status).
- d. Other health coverage.
- e. Restricted status (if applicable).
- f. Medicare coverage (if applicable).

MEDI-CAL ELIGIBILITY MANUAL

The county is not to release information concerning an ineligible individual other than the fact that he/she is not eligible for Medi-Cal for a specific month.

2. Acute Care General Hospitals and Licensed Primary Care Clinics (PCCs)

In addition to the eligibility information which must be provided to any provider of Medi-Cal services, county welfare departments are required by Section 14018.4, Welfare and Institutions (W&I) Code, to issue a POE label to an acute care general hospital or licensed PCC under the following conditions:

- a. The hospital or PCC unsuccessfully attempted to obtain a label from the beneficiary at the time the services were provided.
- b. The hospital or PCC made a subsequent attempt to obtain a label or other appropriate documentation from the beneficiary.
- c. The hospital, PCC, or authorized billing agent submits each request or listing with a cover letter on hospital or PCC letterhead, signed by an official authorized to act on behalf of the hospital or PCC, which certifies that all provisions of W&I Code, Section 14018.4, have been met.
- d. The beneficiary was eligible for Medi-Cal in the county in the month for which the POE is requested.
- e. The request is for a POE within one year of the month of service.

Hospitals and PCCs have been informed that each request should contain:

- a. Beneficiary name.
- b. Beneficiary ID number (for month(s) of service).
- c. Social Security number.
- d. Sex.
- e. Date of birth.
- f. Address (current and at time of service, if known to be different).
- g. Month(s) of service.

If the hospital or PCC is unable to provide all the specified information, the county must ensure that the information provided is sufficient to positively identify the beneficiary before it provides a POE label.