STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

March 10, 1988

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS

Letter No.: 88-18

SUBJECT: FOLLOW-UP QUESTIONS AND ANSWERS TO ACWDL NO: 87-80, BENEFITS -- 60-DAY POSTPARTUM PROGRAM

After receipt of ACWDL No. 87-80, Benefits -- 60-Day Postpartum Program, many counties requested that certain points be clarified regarding implementation of the postpartum program. The attached are answers to the most frequently asked questions.

If you have any questions regarding the eligibility criteria for this program, please contact Renee Toirac at (916) 323-6954. Questions regarding Medi-Cal identification card issuance via MEDS should be directed to Karla Gurley or Ron Campos at (916) 445-1912.

Sincerely,

Frank S. Martucci

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: March 31, 1989

ATTACHMENT A

1. QUESTION: What is the text of Title 22, California Code of Regulations (CCR), formerly California Administrative Code (CAC), Section 50260, 60-Day Postpartum Services Program?

ANSWER: Attachment B is an advance copy of the Medi-Cal Eligibility Manual revision to Regulation Section 50260. This revision will be included in Manual Letter 13, which should be released shortly.

2. QUESTION: Exactly when does coverage under the 60-Day Postpartum Program begin and end?

ANSWER: Coverage under the 60-Day Postpartum Program always begins on the last day of pregnancy and ends on the last day of the month in which the 60th day after pregnancy occurs. However, the woman who is eligible for the postpartum program is not to receive an aid code 76 card during the month in which her pregnancy ends, because that month is covered under her regular full-scope-of-benefits Medi-Cal card. Furthermore, any woman who is to receive a regular Medi-Cal card with no share of cost on the first day of a month included in the 60-day period should not receive an aid code 76 card for that month. For example, consider the Medically Indigent (MI) woman whose eligibility for regular Medi-Cal ceases after the month pregnancy ends. If, however, she is to receive a no-share-of-cost, full-scope-of-benefits card solely because of the timely Notice of Action requirement, you would not issue to her an aid code 76 card. Eligibility for the aid code 76 card, regardless of the month in which it is actually issued, ends on the last day of the month in which the 60th day after pregnancy occurs.

3. QUESTION: Does the effective date of January 1, 1988, for the 60-Day Postpartum Program mean that the woman whose pregnancy ends in November or December 1987 is entitled to receive the aid code 76 card as of January 1, 1988.

ANSWER: No. The January 1, 1988, effective date for the 60-Day Postpartum Program means that the woman whose pregnancy ends on January 1 or thereafter is eligible for the 60-Day Postpartum Program. If she would otherwise be discontinued from Medi-Cal or have a share of cost, she receives the aid code 76 card. If not, her pregnancy-related and postpartum medical expenses are covered under her no-share-of-cost, full-scope-of-benefits card. The woman whose pregnancy ends prior to January 1, 1988, is not eligible for postpartum program coverage.

4. QUESTION: Is the Medically Indigent (MI) child eligible for the 60-Day Postpartum Program, and if she has a share of cost, does she receive an aid code 76 card?

ANSWER: Yes. Any female, regardless of age, who has applied

for, who is eligible for, and who receives Medi-Cal benefits on the last day of pregnancy is eligible for the 60-Day Postpartum Program. If she would otherwise be discontinued from Medi-Cal or have a share of cost, she receives an aid code 76 card. If not, her pregnancy-related and postpartum medical expenses are covered under her no-share-of-cost, full-scope-of-benefits card.

5. QUESTION: Does the minor who is eligible for Minor Consent Services, who has a share of cost, and who meets the share of cost in the month pregnancy ends, receive the aid code 76 card?

ANSWER: Yes. The minor who is eligible for Minor Consent Services, who has a share of cost, and who meets the share of cost in the month pregnancy ends, receives the aid code 76 card. However, the minor must request the card each month during the 60-day period, as she will not receive it automatically. For the minor who has no share of cost, pregnancy-related and postpartum services are covered under Minor Consent Service Indicator L-8 (services related to pregnancy or family planning).

6. QUESTION: Is the Supplemental Security Income (SSI) woman eligible for the postpartum program? If so, and if she loses her SSI eligibility during the 60-day period, who issues the aid code 76 card, the Social Security Administration (SSA) or the county welfare department?

ANSWER: The SSI woman is eligible for the postpartum program. When the woman who has been discontinued from the SSI program applies for Medi-Cal only (pursuant to the RAMOS process) and presents proof that she applied for, was eligible for, and received Medi-Cal benefits under the SSI program on the last day of pregnancy, the county welfare department issues to her the aid code 76 card.

7. QUESTION: If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, does the county continue to issue the postpartum card?

ANSWER: No. If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, the county nonetheless discontinues issuance of the postpartum card. The postpartum program is restricted as to benefits and duration of benefits; therefore, the initial Notice of Action, which informs the beneficiary that she is eligible for the postpartum program, should specify that her "eligibility for this program begins on (DATE) and ends on (DATE)." (Reevaluation of eligibility under another program for the postpartum eligible woman at the end of the 60-day period is discussed in question 17.)

8. QUESTION: Is a Medi-Cal beneficiary eligible for the postpartum program if she reports a pregnancy only after the month in which it ends? For example, in April 1988, the woman reports on her March MC-176-SAQ, Medi-Cal Status Report (Quarterly), that she miscarried in March. In March, her aid code status was 37 (AFDC-MN SOC).

ANSWER: Yes. The woman who is a Medi-Cal beneficiary, who reports a pregnancy only after the month in which it ends, and who meets her share of cost, if any, in the month pregnancy ends, is eligible for the postpartum program. The date her pregnancy ends establishes the beginning date of her 60-day eligibility period.

9. QUESTION: Does the county accept the client's verbal statement regarding the date pregnancy ends, or should it request medical verification?

ANSWER: The county should request reasonable medical verification regarding the date the pregnancy ends. This is especially true when the pregnancy is reported after the month in which it ends, and ends without delivery of a newborn. In the case in which the client cannot produce reasonable medical verification (e.g., a miscarriage early in the pregnancy), and in conformance with the requirement for "a diligent search to obtain documentation to verify" a client's claim to Medi-Cal eligibility (Title 22, CCR, Section 50167(c)), the county shall obtain a signed and dated affidavit from the client under penalty of perjury that states the date pregnancy ends.

10. QUESTION: What happens to the Medically Indigent (MI) woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before eligibility is established? Is she eligible for the 60-Day Postpartum Program? Does this also apply to the woman who must complete the CA-6, Alien Status Verification, process? For example, some counties have eligibility workers who take the Medi-Cal application in the hospital from the MI woman who is in labor and ready to deliver.

ANSWER: The MI woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before her eligibility is established, is eligible for the 60-Day Postpartum Program, as long as the share of cost, if any, for that month is met. Once Medi-Cal eligibility for the last month of pregnancy has been established, the MI woman will have met the criteria for the postpartum program, i.e., that she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy. This also includes a woman who must complete the CA-6 process to establish Medi-Cal eligibility in the month pregnancy ends.

11. QUESTION: Does a woman continue to be eligible for the 60-Day Postpartum Program even if her CA-6, Alien Status Verification, is returned during this period by the Immigration and Naturalization Service (INS) with the notation that the woman is not a lawful permanent resident, or that she failed to cooperate?

ANSWER: Yes. Once a woman is determined eligible for the 60-Day Postpartum Program because she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy, changes in eligibility status, including those relating to citizenship and alienage, do not affect eligibility for this program.

12. QUESTION: Is the woman who is eligible for the postpartum program and who moves out-of-state during the 60-day program period entitled to receive an aid code 76 card?

ANSWER: Yes. The woman who is eligible for the postpartum program and who moves out-of-state during the 60-day program period is entitled to receive an aid code 76 card. However, Medi-Cal will reimburse the out-of-state provider for pregnancy-related and postpartum emergency services only.

13. QUESTION: Which county has responsibility for issuance of the aid code 76 card to the woman who is eligible for the postpartum program and who moves from one county to another during the 60-day program period?

ANSWER: When the woman who is eligible for the postpartum program moves to a new county during the 60-day program period, she remains the responsibility of the old county until the last day of the month in which her eligibility for the aid code 76 card ends. The designation of county of responsibility is consistent with that which has been made for the four-month and nine-month continuing eligibility categories (Title 22, CCR, Section 50137(a)(2)). Counties cannot mutually agree to effect an intercounty transfer by establishing a different effective date of discontinuance because the "EW16 - Special Program Immediate Need Card" online transaction rejects changes in the county code.

14. QUESTION: Especially with regard to the newborn whose Medically Indigent (MI) mother has her Medi-Cal eligibility based solely on pregnancy, may the newborn be covered for the month following the month of birth under the aid code 76 card?

ANSWER: No. The aid code 76 card is restricted to coverage of the pregnancy-related and postpartum medical needs of the mother, and therefore, may not be used to cover the medical needs of the newborn. If the MI woman is not eligible for full-scope-of-benefits Medi-Cal at the end of the month of delivery, the otherwise eligible newborn can only receive services under his/her own card, which he/she may receive without the necessity of making an application (see discussion, question 15). If the newborn has a share of cost, it must be met before the card is issued. In cases where the delivery is near the end of the month and a 10-day Notice of Action is not possible, the MI woman is entitled to a regular Medi-Cal card for the following month. In this case, the newborn receives services under the mother's regular Medi-Cal card for the month of delivery and for the following month as well (Title 22, CCR, Section 50733). Counties are not to issue a card to the newborn for the month(s) services are received under the mother's regular Medi-Cal card.

15. QUESTION: If the Medically Indigent (MI) woman who has given birth is discontinued from regular Medi-Cal at the end of the month of delivery and receives an aid code 76 card in the following month, must a new application be made to aid her newborn? If so, when must the application be made?

ANSWER: No application is needed to aid the newborn during the 60-day postpartum period, even if he/she is issued his/her own card. However, if there will be no other family members on Medi-Cal besides the newborn after the 60-day postpartum period, application must be made for the newborn to continue Medi-Cal eligibility beyond the 60-day period. In this case, the county must send the mother the CA-1, Application for Public Assistance, and an MC-210, Statement of Facts, to file on behalf of the newborn. The mother shall be sent these forms in time to ensure continuing coverage for the newborn beyond the 60-day postpartum period and shall be allowed twenty days to complete and return these forms. We recommend that these forms be sent with the Notice of Action advising the mother of her discontinuance from regular Medi-Cal. If there are other family members on Medi-Cal, such as other children, the newborn is added to the case without the necessity of a new application or MC-210. A separate Notice of Action must be sent to discontinue the newborn if a new application is not returned.

16. QUESTION: If the woman who is eligible for the postpartum program and who has given birth remains eligible for full scope of benefits with a share of cost, must a new application be made to aid her newborn?

ANSWER: No. If the woman who is eligible for the postpartum program and who has given birth remains eligible for full scope of benefits with a share of cost, no new application need be made to aid the newborn. In this case, the newborn will only receive services once the share of cost is met under the mother's regular Medi-Cal card for the month of delivery and for the following month as well (Title 22, CCR, Section 50733).

17. QUESTION: Must a Medically Indigent (MI) woman be reevaluated for Medi-Cal before the end of the 60-day postpartum period?

ANSWER: Yes. An MI woman must be reevaluated for Medi-Cal before the end of the 60-day postpartum period, even if her prior eligibility had been based solely on pregnancy. This reevaluation enables the county to follow-up quickly on any change in the MI woman's eligibility status. Where the newborn is the only other beneficiary, the CA-1 and MC-210, which were sent to evaluate the newborn's eligibility (see question 15), also serve as the documents with which to reevaluate the mother's eligibility. If the newborn need not make application, the MI woman may instead be sent an MC-176, Medi-Cal Status Report.

18. QUESTION: If, during the 60-day postpartum period, a Medically Indigent (MI) woman, who was discontinued from regular Medi-Cal at the end of the month in which her pregnancy ends, once again becomes eligible for Medi-Cal, should a new CA-1, Application for Public Assistance, be completed?

ANSWER: No. If, during the 60-day postpartum period, an MI woman is again eligible for regular Medi-Cal, the county should

initiate either an interprogram status change or an intraprogram status change, as appropriate. In either case, a new application form is not required.

19. QUESTION: Can a woman who was enrolled in a prepaid health plan or primary care case management plan in the month her pregnancy ended use her aid code 76 Medi-Cal card at the same plan for 60-Day Postpartum Program services?

ANSWER: In many cases, yes. Until permanent modifications to the MEDS system are installed in June or July, 1988, beneficiaries eligible under aid code 76 may not enroll or remain enrolled in a Medi-Cal prepaid plan. Medi-Cal prepaid helth care plans with Medi-Cal fee-for-service provider numbers may, nevertheless, bill the Department of Health Services for 60-Day Postpartum Program services on a fee-for-service basis and the Department has encouraged them to do so. Many plans are choosing to do this. However, the woman must first check with her plan to see whether it will accept the aid code 76 fee-for-service card.

20. QUESTION: How will the 60-Day Postpartum Program be administered in Santa Barbara and San Mateo counties?

ANSWER: In Santa Barbara County, the beneficiary will receive postpartum care through the Santa Barbara Health Initiative, and in San Mateo County, the beneficiary will receive postpartum care through the Health Plan of San Mateo. The beneficiary will receive a green Medi-Cal card indicating aid code 76 and the Health Initiative or Health Plan's name. The card will not indicate a restriction for postpartum services only and providers must rely on the aid code 76 to indicate restricted services.

21. QUESTION: When is the aid code 76 card issued to the woman who has a share of cost in the month pregnancy ends?

ANSWER: The aid code 76 card is issued as soon as the county determines that the woman applied for, was eligible for, and received Medi-Cal benefits in the month pregnancy ends. The woman who has a share of cost for the month in which her pregnancy ends must first meet that share of cost before she is considered eligible for the postpartum program. Therefore, the initial aid code 76 card should not be issued until the share of cost for the month in which the pregnancy ends is certified by the county or the State and a certification date appears on MEDS.

22. QUESTION: Which County I.D. is used in the "PER-MEDS" field of the EW16 online transaction, the aid code 76 County I.D. or the County I.D. currently on MEDS?

ANSWER: Counties must use the aid code 76 County I.D. on all EW16 transactions.

23. QUESTION: On the EW16, can the County I.D. elements, such as serial number, FBU, person number, etc., in the aid code 76 County

I.D. be different than those used in the current County I.D. on MEDS?

ANSWER: A county may use new County I.D. elements in the aid code 76 County I.D. on the EW16, if they so desire.

24. QUESTION: With regard to the new MEDS transaction screen, "EW16 - Special Program Immediate Need Card", does it contain edits; does it check the database for aid code, certification date, age, sex, number of aid code 76 cards issued; and does it update the masterfile, e.g., worker number?

ANSWER: The "EW16 - Special Program Immediate Need Card" online transaction currently does not contain edits. In order to implement the federally mandated 60-Day Postpartum Program by the January 1, 1988 effective date, the EW16 online transaction was designed to issue aid code 76 cards and post a "P" indicator in the first digit of the "Program Indicator" field of the Medi-Cal Eligibility Data System (MEDS) database record only. No other functions are performed by the EW16 transaction such as: checking the database for certification date; age; sex; number of aid code 76 cards issued; etc. The EW16 does not update the database (masterfile) eligibility status or aid code because of the ongoing share of cost cases which some beneficiaries may continue to utilize. The EW16 does update the Other Coverage Code on the MEDS database. Non-eligibility related fields (i.e., case name, county district code, E.W. code) on the EW16 do not update the MEDS database record.

25. QUESTION: Should the aid code 76 card reflect the code for Other Health Coverage?

ANSWER: Yes. As does the regular Medi-Cal card, the aid code 76 card should reflect the code for Other Health Coverage. The new transaction screen, "EW16 - Special Program Immediate Need Card," which was created for the implementation of the 60-Day Postpartum Program, has a field for the Other Health Coverage code. The health coverage code should reflect the information contained in the client's completed Health Insurance Questionnaire form, DHS-6155, formerly the HRB-2A.

26. QUESTION: From what funding source are the counties reimbursed for implementing the 60-Day Postpartum Program?

ANSWER: Funding is available through the normal county administrative expense budget process.

50260. 60-Day Postpartum Services Program. A pregnant woman who was eligible for and received Medi-Cal during the last month of pregnancy, shall continue to be eligible for all pregnancy related and postpartum services, for a 60-day period beginning on the last day of pregnancy, regardless of whether the other conditions of eligibility are met. Eligibility for this program ends on the last day of the month in which the 60th day occurs.

50263. MC 800 Program. (a) The MC 800 program is an eligibility process that a county department may choose to utilize to determine eligibility for persons receiving health care services at either a county medical facility or a county contract hospital. This process shall not be utilized unless the county department executes a waiver agreeing to abide by payment adjustments made pursuant to post-audits conducted by the Department, in accordance with procedures established by the Director.

(b) If the county department chooses to utilize the MC 800 program, persons who meet the requirements set forth in (c) shall be allowed to select one of the following methods of having their eligibility determined:

(1) The Medi-Cal application process, as specified in Article 4.

(2) The MC 800 process, in accordance with Department procedures.

(c) Persons who may have their eligibility determined in accordance with the MC 800 program are those who meet the requirements of the MI program and are all of the following:

(1) At least 21 years of age.

(2) Not eligible under any PA, Other PA, MN or special program.

(3) Not currently certified as a Medi-Cal beneficiary.

(4) Not applying for coverage for any health care services received prior to admission to or receipt of services at the county medical facility or county contract hospital.

(5) Not being transferred to a long-term care or private medical facility.

(6) Not eligible under another public program that must bill Medi-Cal for health care services provided to that program's beneficiaries.