

DEPARTMENT OF HEALTH SERVICES

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P.O. BOX 942732
SACRAMENTO, CA 94234-7320



TO: All County Welfare Directors
All County Administrative Officers

December 4, 1989
Letter No.: 89-104

SUBJECT: IMPLEMENTATION OF THE 200 PERCENT PROGRAM - ASSEMBLY BILL 75
(AB75) - DATA PROCESSING CHANGES

REFERENCE: ACWDL 89-50, 89-55, 89-103

This letter is to provide the counties with the information necessary for reporting eligibility for the 200 Percent Program (AB75) to MEDS. The procedures for the 200 Percent program are identical to the 185 Percent program given in ACWDL 89-55. Four new aid codes have been designated to identify the 200 Percent eligibles.

The 200 Percent program is a state-only funded expansion of the Medi-Cal program to provide medical assistance, at no share of cost, to all pregnant women and infants whose family incomes are over 185 Percent but do not exceed 200 Percent of the federal poverty level.

NEW AID CODES

Four new aid codes have been established by the Department to identify these eligibles under the 200 Percent program. Aid code 76 (60 day Postpartum) does not apply to the 200 Percent program eligibles since postpartum care is already covered under the 200 Percent program. The four new aid codes designated to identify the different categories of pregnant women and infants are listed below:

Pregnant Women

- 70 - Citizen/lawful permanent resident/PRUCOL/conditional status and undocumented status/temporary visa (OBRA 86)
- 75 - Amnesty aliens (IRCA)

Infants Under the Age of One Year

- 79 - Citizen/lawful permanent resident/PRUCOL/conditional resident.
- 07 - Undocumented status/temporary visa (OBRA 86).

MEDS PROCESSING/STORAGE

The 200 Percent aid codes will be treated as Special Program aid codes, as are the 185 Percent aid codes, because recipients may also be a part of an MC177 share of cost case. Eligibility information for these aid codes will be stored in one of the two special program segments which currently accommodate Dialysis, TPN, Postpartum and the 185 Percent eligibles. The special program segment identifier PREGNT that was previously designated for the postpartum and for the 185 Percent eligibles also applies to the 200 Percent eligibles.

COUNTY REPORTING TO MEDS

A. Transactions

As with other special program eligibility, reporting of 200 Percent program eligibility information is limited to certain transaction codes, specifically EW16, EW20, EW30 and EW40. The 200 Percent program aid codes may also be reported on EW10 and EW11 to report MEDS-ID changes or to correct MEDS when more than one record exists for the same individual. The EW16 and EW11 are online transactions only. All other transactions may be submitted either batch or online. As a reminder, when special program aid codes are entered on an EW30, all aid codes on the EW30 must be the same.

B. Edits

MEDS edits consider the 200 Percent program aid codes to be no share of cost, no post eligibility allowed and acceptable for up to 3 months of SB1980 pre-eligibility. MEDS edits require that sex be female for aid codes 70 and 75.

As with the 185 Percent program, MEDS edits will issue an error message on the online EW16 when MEDS has an unmet MC177 SOC for the requested month. The error message indicates that the aid code is not a SOC aid code but there is a SOC present. Entry of an asterisk in the SOC-AMOUNT field on the EW16 will override the error message and will allow the ID card to be issued.

C. ESACs

The two ESACs designated for the 185 Percent program for infants over one year of age who are eligible because of their continuing inpatient status apply to the 200 Percent aid codes 07 and 79. ESAC 4 is used for reporting ongoing eligibility (with no termination date) and ESAC 9 is used for reporting a closed period of eligibility (eligibility with a termination

date or reported on an EW16 or in an EW30 history field). If a county is reporting 200 Percent program eligibility which begins prior to one year of age and continues past one year, the eligibility period beginning at one year and one month of age must be reported with one of the special ESACs and the earlier eligibility must be reported with a regular ESAC (i.e., 1,2,3,6,7 or 8). If an incorrect ESAC is used one of the following messages will be issued (the first two are online messages and the second two are batch messages):

ONLINE MESSAGES

P224 SPECIAL ESAC REQUIRED FOR AID-CODE OR AID CODE/AGE
P225 SPECIAL ESAC NOT ALLOWED FOR AID CODE OR AID CODE/AGE

BATCH MESSAGES

1079 SPECIAL ESAC NOT ALLOWED FOR AID CODE OR AID CODE AND AGE
1080 SPECIAL ESAC REQUIRED FOR AID CODE OR AID CODE AND AGE

D. Minor Consent

In order to allow issuance of 200 Percent program ID cards to pregnant minors who apply for Minor Consent Services, the EW16 has been revised to accept Minor Consent Services values in the Sensitive Services Code field (SEN-SERV-CD). All of the existing procedures for reporting Minor Consent Services eligibility (e.g., the MEDS-ID must be a pseudo) also apply to the 200 Percent eligibles. (Refer to ACWDL 89-55)

E. Pseudo Numbers

When special program eligibility is first reported to MEDS for a recipient who does not have a Social Security Number, there is a potential for two records to be established on MEDS if the recipient is already known to MEDS. The establishment of two records can be avoided if either: 1) the serial, FBU and person number match a County-ID previously reported to MEDS by the county; 2) the initial eligibility is reported online and the pseudo MEDS-ID is included on the transaction; or 3) the county EDP system can report in the Alternate County ID field (data element 9005) a County ID previously reported to MEDS.

MEDI-CAL CARD ISSUANCE

Procedures for the 200 Percent program Medi-Cal card issuance will be the

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same as for other special programs. An ID card will automatically be issued by MEDS when a recipient has ongoing eligibility at Renewal or when eligibility is reported and an ID card has not previously been issued for a particular month.

If an immediate need ID card is requested via an EW16 and the recipient already has regular full scope Medi-Cal eligibility on MEDS for that month, MEDS will issue an online error message indicating that a special program ID card is inappropriate and that a regular ID card should be requested via an EW15 or EW45.

The ID card message for all pregnant women will read "FOR PREGNANCY-RELATED AND POSTPARTUM SERVICES ONLY". Infants with aid code 07 will receive an ID card with the message "FOR EMERGENCY SERVICES ONLY". Infants reported with aid code 70 will receive a regular ID card with no message. Pregnant minors identified on an EW16 as minor consent eligibility will receive an ID card with the corresponding minor consent services code reported on the EW16. See Enclosure A for samples of the online and batch Medi-Cal ID cards for the 200 Percent program.

RENEWAL ALERTS

Renewal edits and message for both the 185 Percent and the 200 Percent program will be added to MEDS in early 1990. Renewal edits and messages were previously identified for the 185 Percent Program. Prior to the time the Renewal edits and messages are added to MEDS, revisions will be made so they will apply to both the 185 Percent and the 200 Percent program. (Refer to ACWDL 89-55)

RECONCILIATION

MEDS Reconciliation process is still unable to accommodate overlapping eligibility, thus records containing one of the special program aid codes (07, 44, 48, 49, 69, 70, 71, 72, 73, 74, 75, 76 or 79) will still be ignored by the reconciliation process. These same aid codes are bypassed in the process that creates the MEDS reconciliation extract file.

EFFECTIVE DATE FOR REPORTING TO MEDS

The effective date of the legislation is October 1, 1989; however, some of the Department of Health Services and Claims Processing changes necessary to process these new aid codes will not be in place until January 1, 1990. Because of EDP resource considerations, MEDS changes to accept the new aid codes must be installed prior to January 1, 1990. Therefore, COUNTIES MUST NOT REPORT ELIGIBILITY IN THESE NEW AID CODES UNTIL AFTER December 31, 1989.

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PROVIDER BULLETIN

The Department will be sending a provider bulletin to the Medi-Cal providers informing them of the restricted emergency and pregnancy related services allowed under the 200 Percent program.

Please contact Tina Velasquez at (916) 323-9510/ATSS 473-9510 for any system questions regarding the 200 Percent program.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants MEDS Liaisons

Expiration Date: December 4, 1990

- (A) Batch-issued Medi-Cal cards for recipients with aid codes 70 and 75 will have the message "FOR PREGNANCY RELATED AND POSTPARTUM SVS ONLY" (SVS - services). A sample card is show below.

VALID: JAN 90 10/16/1964 F

FOR PREGNANCY-RELATED AND
POSTPARTUM SVS ONLY

37-70-0000000-0-00 **1**

POSTPART P ELIGIBILITY

FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY CA 95814

MEDSID 444334444

M123

SOC: 0000 O/C:N

F015

ELIGIBILIT POS37

4443344441F 70

0190M64N

ELIGIBILIT POS37

4443344441F 70

0190M64N

ELIGIBILIT POS37

4443344441F 70

0190P64N

ELIGIBILIT POS37

4443344441F 70

0190P64N

ELIGIBILIT POS37

4443344441F 70

0190P64N

- (B) Batch-issued Medi-Cal cards for recipients with aid code 07 will have the message "FOR EMERGENCY SVS ONLY" (SVS - services). A sample is shown below.

VALID: JAN 90 10/16/1989 F

FOR EMERGENCY SVS ONLY

02-07-1234567-8-90 **1**

RESTRICTED N ELIGIBILITY

FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY CA 95814

MEDSID 111223333

M234

SOC: 0000

O/C:N

F015

ELIGIBILIT RES02

1112233331F 07

0190M89N

ELIGIBILIT RES02

1112233331F 07

0190M89N

ELIGIBILIT RES02

1112233331F 07

0190P89N

ELIGIBILIT RES02

1112233331F 07

0190P89N

ELIGIBILIT RES02

1112233331F 07

0190P89N

- (C) Batch-issued Medi-Cal cards for recipients with aid code 79 will not have a message because they are entitled to full scope Medi-Cal coverage. A sample card is shown below.

VALID: JAN 90 10/16/89 F

02-79-1234567-8-90 **1**

REGULAR N ELIGIBILITY

FIRST ADDRESS LINE

SECOND ADDRESS LINE

CITY CA 95814

MEDSID 111223333
M234

SOC: 0000 O/C:N
F015

ELIGIBILIT REG02

1112233331F 79

0190M89N

ELIGIBILIT REG02

1112233331F 79

0190M89N

ELIGIBILIT REG02

1112233331F 79

0190P89N

ELIGIBILIT REG02

1112233331F 79

0190P89N

ELIGIBILIT REG02

1112233331F 79

0190P89N

(D) Online-issued Medi-Cal cards will be green. Samples of the three categories are shown below.

*OBRA MOM CITIZ *OBRA MOM CITIZ
5553355555*02 70 5553355555*02 70
1189MEDI *72F6 1189MEDI *72F6
N* N*
*OBRA MOM CITIZ *OBRA MOM CITIZ
5553355555*02 70 5553355555*02 70
1189*POE *72F6 1189*POE *72F6
N* N*
*OBRA MOM CITIZ *OBRA MOM CITIZ
5553355555*02 70 5553355555*02 70
1189*POE *72F6 1189*POE *72F6
N* N*
*OBRA MOM CITIZ *OBRA MOM CITIZ
5553355555*02 70 5553355555*02 70
1189*POE *72F6 1189*POE *72F6
N* N*

MEDICAL IDENTIFICATION CARD
PLEASE SIGN AND DATE THE BACK OF THIS CARD
CITIZEN W OBRA MOM VALID NOV, 1989
RECIPIENT-ID 555-33-5555 DOB 02-14-1972
COUNTY ID 02-70-3333333-3-33 SEX F
SSA* 555335555 OTHER COVERAGE N
DISTRICT TST
CASEWORKER M492

**
** VALID FOR PREGNANCY-RELATED AND
** POSTPARTUM SERVICES ONLY **
**

SEE INSTRUCTIONS ON BACK
IOSP-312 1-861
2N0289317132612

*SAMPLE BAB CIT *SAMPLE BAB CIT
5554455555*02 79 5554455555*02 79
1189MEDI *89M0 1189MEDI *89M0
N* N*
*SAMPLE BAB CIT *SAMPLE BAB CIT
5554455555*02 79 5554455555*02 79
1189*POE *89M0 1189*POE *89M0
N* N*
*SAMPLE BAB CIT *SAMPLE BAB CIT
5554455555*02 79 5554455555*02 79
1189*POE *89M0 1189*POE *89M0
N* N*
*SAMPLE BAB CIT *SAMPLE BAB CIT
5554455555*02 79 5554455555*02 79
1189*POE *89M0 1189*POE *89M0
N* N*

MEDICAL IDENTIFICATION CARD
PLEASE SIGN AND DATE THE BACK OF THIS CARD
CITIZEN B SAMPLE BABY VALID NOV, 1989
RECIPIENT-ID 555-44-5555 DOB 01-13-1989
COUNTY ID 02-79-4444444-4-44 SEX M
SSA* 555445555 OTHER COVERAGE N
DISTRICT TST
CASEWORKER M492

**
** VALID FOR PREGNANCY-RELATED AND
** POSTPARTUM SERVICES ONLY **
**

SEE INSTRUCTIONS ON BACK
IOSP-312 1-861
2N0289317131210

*SAMPLE IRC MOM *SAMPLE IRC MOM
5552255555*02 75 5552255555*02 75
1189MEDI *70F2 1189MEDI *70F2
N* N*
*SAMPLE IRC MOM *SAMPLE IRC MOM
5552255555*02 75 5552255555*02 75
1189*POE *70F2 1189*POE *70F2
N* N*
*SAMPLE IRC MOM *SAMPLE IRC MOM
5552255555*02 75 5552255555*02 75
1189*POE *70F2 1189*POE *70F2
N* N*
*SAMPLE IRC MOM *SAMPLE IRC MOM
5552255555*02 75 5552255555*02 75
1189*POE *70F2 1189*POE *70F2
N* N*

MEDICAL IDENTIFICATION CARD
PLEASE SIGN AND DATE THE BACK OF THIS CARD
MOM A SAMPLE IRCA VALID NOV, 1989
RECIPIENT-ID 555-22-5555 DOB 05-11-1970
COUNTY ID 02-75-2222222-2-22 SEX F
SSA* 555225555 OTHER COVERAGE N
DISTRICT MEB
CASEWORKER M492

**
** VALID FOR PREGNANCY-RELATED AND
** POSTPARTUM SERVICES ONLY **
**

SEE INSTRUCTIONS ON BACK
IOSP-312 1-861
2N0289317133730

*SAMPLE OBR INF *SAMPLE OBR INF
5551155555*02 07 5551155555*02 07
1189MEDI *89F4 1189MEDI *89F4
N* N*
*SAMPLE OBR INF *SAMPLE OBR INF
5551155555*02 07 5551155555*02 07
1189*POE *89F4 1189*POE *89F4
N* N*
*SAMPLE OBR INF *SAMPLE OBR INF
5551155555*02 07 5551155555*02 07
1189*POE *89F4 1189*POE *89F4
N* N*
*SAMPLE OBR INF *SAMPLE OBR INF
5551155555*02 07 5551155555*02 07
1189*POE *89F4 1189*POE *89F4
N* N*

MEDICAL IDENTIFICATION CARD
PLEASE SIGN AND DATE THE BACK OF THIS CARD
INFANT G SAMPLE OBRA VALID NOV, 1989
RECIPIENT-ID 555-11-5555 DOB 11-03-1989
COUNTY ID 02-07-1111111-1-11 SEX F
SSA* 555115555 OTHER COVERAGE N
DISTRICT TST
CASEWORKER M492

**
** VALID FOR EMERGENCY SVS ONLY **
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A026724670

A026724664

A026724678

A026724666