

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



TO: All County Welfare Directors
All County Administrative Officers

December 8, 1989
Letter No: 89-111

SUBJECT: HUNT V. KIZER ADDENDUM TO MC 177 AND TRACKING FORM

(As a result of recent negotiations) in the case of Hunt vs. Kizer the enclosed addendum to the MC 177 (Enclosure 1) was sent on November 30, 1989 to all people receiving Medi-Cal with a share-of-cost for December 1989. It advises recipients that they may be able to use their old unpaid medical expenses to meet a current month's share-of-cost.

Also enclosed (Enclosure 2) is a Hunt vs. Kizer tracking form. This is to be used to record the number of people having their share-of-cost recomputed as a result of the Hunt vs. Kizer Preliminary Injunction. The Department is gathering this information to determine the volume of response to the beneficiary notice of October 1, 1989 and the increased workload on county staff.

Please provide separate counts for the number of new applicants and the number of continuing Medi-Cal beneficiaries using old medical expenses to reduce their share-of-cost, the share-of-cost amount prior to the reduction for old medical expenses and the amount of reduction.

If a share-of-cost is reduced for more than one month, it is only necessary to record the reduction once.

All County Welfare Directors
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Any questions concerning this letter or the Hunt vs. Kizer lawsuit should be directed to Sallie Anglin at (916) 324-8466 or Kristi Allen at (916) 445-6855.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration date: 12/01/90

ENCLOSURE 1

ATTENTION MED-CAL BENEFICIARIES WITH A SHARE-OF-COST!

As a result of a recent court order in the case of Hunt vs. Kizer you may now be able to use your old unpaid medical bills to meet your current month's share-of-cost. There are now two ways to have your out-of-pocket medical expenses counted toward meeting your share-of-cost.

1. ● When completing your MC 177 Record of Health Care Costs you should have your provider list services that you received in the month that is listed in the top lefthand corner of the MC 177. This is the same as you have always done.
2. ● If you have medical expenses that you owed before the date you became eligible for Medi-Cal and that you still owe, take those bills to your County Welfare Department. Your county worker will determine if these bills can be used to reduce your current and future months share-of-cost. This is the change that is required because of the lawsuit.

In order to have your old bills used to reduce your share-of-cost you must give your worker the original bills with the following information:

- Provider name and address
- Medi-Cal Provider identification number, tax payer identification number, or provider license number
- A billing date within the past 60 days
- The name of the person receiving the service
- The type of service
- The date of service
- The amount still owing to the provider at the time you became eligible for Medi-Cal.

You will not receive a cash payment for your old medical bills, only credit toward your current or future months share-of-cost.

IMPORTANT:

These bills must not have been used to meet your share-of-cost in other months.

ENCLOSURE 2

HUNT vs. KIZER TRACKING FORM

County _____ Month _____ Year _____

_____ New applicant	_____ Continuing beneficiary
_____ Original SOC amount	_____ Original SOC amount
_____ Amount of reduction (Total amount of old medical expenses being used)	_____ Amount of reduction (Total amount of old medical expenses being used)

Counties must prepare one form for each person who qualifies to use old medical expenses.

HUNT vs. KIZER MONTHLY REPORTING FORM

County _____ Month _____ Year _____

_____ Monthly total of new applicants	_____ Monthly total of continuing beneficiaries
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Return by the 30th of each month to:

Kristi Allen
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1376
Sacramento, CA 95814