

DEPARTMENT OF HEALTH SERVICES

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September 14, 1992

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 92-54

SUBJECT: INSTRUCTIONS FOR PROCESSING CLAIMS FOR RETROACTIVE
TRANSITIONAL REFUGEE MEDICAL ASSISTANCE

REFERENCES: ACWDL's 90-95, 90-106, 91-32 and 92-46A

All County Welfare Director's Letter 90-95 implemented transitional Refugee Medical Assistance (RMA) pursuant to Federal regulations that were effective July 1, 1989 and implemented on November 13, 1990. This letter provides instructions for granting retroactive transitional RMA benefits to those refugees who were eligible for this benefit prior to California's implementation of the federal regulation.

The Department of Health Services (DHS) will mail a notice regarding transitional RMA benefits (see enclosed) to potentially eligible refugees on September 1, 1992. Refugees will have until November 30, 1992 to claim eligibility for these benefits. This letter provides instructions on determining eligibility, adjusting share of cost (SOC), and granting retroactive cards more than twelve months old in order to provide retroactive transitional RMA benefits to eligible refugees.

DETERMINING ELIGIBILITY

The county must review the Refugee Cash Assistance (RCA) case file of each refugee who claims eligibility for retroactive transitional RMA before November 30, 1992 to determine his eligibility for that benefit. A refugee is eligible for retroactive benefits if both of the following are true:

1. The sole reason for discontinuance from cash-based RMA was increased earnings from employment.
2. The discontinuance occurred on or after July 1, 1989 and before the implementation of transitional RMA benefits in your county.

Once you have determined that a refugee is eligible for retroactive transitional RMA, adjust his SOC or you can issue a retroactive card

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 2

according to the following instructions. Remember that eligibility for transitional RMA benefits is limited to four months or until the end of a refugee's twelve-month time eligibility period, whichever ends first. (NOTE: The twelve-month period is used here because that was the appropriate eligibility period for the retroactive transitional RMA.)

ADJUSTING SOC

It is possible that some refugees were granted RMA-Only with a SOC after a discontinuance from RCA because of increased earnings from employment. Refugees who are in this situation and who should have received a zero SOC card under the transitional RMA program are entitled to a refund from their provider in the amount of the SOC they paid. Their provider is to submit a claim to the fiscal intermediary with the MC 1054. If a refugee obligated to pay a SOC amount, and did not do so, the provider is entitled to the amount up to Medi-Cal's reimbursement rate and he should submit a claim to the fiscal intermediary with the MC 1054.

If a refugee requests a refund of his/her SOC, the provider is to use one of the following procedures:

1. If the provider had never submitted a claim to the fiscal intermediary for services covered under the no SOC program or if the provider had any previous claim denied by the fiscal intermediary, he/she should submit a new claim with a SOC Medi-Cal Provider Letter (MC 1054) enclosed. This will authorize the reduction of the original SOC for a newly submitted claim.
2. If the fiscal intermediary has paid the provider's claim, the provider is instructed to submit a Claim Inquiry Form (CIF) with an MC 1054 enclosed. Providers are being informed of this new procedure via a provider bulletin. This procedure enables the fiscal intermediary to identify previously submitted SOC claims and make adjustments to those claims based upon reduction in SOC as indicated on the MC 1054.

NOTE: If the date of service on the provider's bill is older than twelve months, the county must issue a retroactive Medi-Cal card for the refugee. The card must contain the original SOC county I.D., because to process such a claim, the fiscal intermediary can only identify the beneficiary as eligible by using the original SOC aid code reported to MEDS. Remember to issue a Letter of Authorization (LOA) according to the procedures described below for issuing cards over twelve months old to refugees eligible for retroactive transitional RMA benefits.

Eligible refugees also have the option to adjust their RMA-Only SOC in a future month of RMA eligibility. If time-eligibility expires for current RMA-Only refugees before it is possible to adjust fully their SOC, they must seek reimbursement from their RMA providers for any remaining amount.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 3

Do not adjust a future SOC under other Medi-Cal programs to correct an error in transitional RMA benefits. Refugees who are currently receiving Medi-Cal benefits under another program, and who are eligible for an adjustment of their SOC under the transitional RMA program for a prior month, are entitled to reimbursement from their RMA providers.

ISSUING RETROACTIVE TRANSITIONAL RMA

Issue retroactive Medi-Cal cards to those refugees who were eligible for transitional RMA prior to its implementation, but who did not receive any RMA benefits. To issue a retroactive Medi-Cal card more than twelve months old, follow the procedures in All County Welfare Director's Letter 91-103. Indicate on the LOA, as the reason for your request, that "An administrative error has occurred". Use "Retroactive transitional RMA at the State's request" for the description. Even though these cards are issued at the DHS's request, it is necessary to use the administrative error category so that you can issue the LOA without forwarding it to DHS for signature. This is necessary because of the number of refugees potentially eligible for transitional RMA.

Procedure Section 14E defines an administrative error as:

" . . . an erroneous action, or a required action not taken, which resulted in the failure of the County or the State to issue a Medi-Cal card within one year of the date of service when the eligibility determination has been conducted in accordance with state regulations, policy and procedures."

Use of the administrative error category on the LOA will not result in a county quality control error.

NOTICE OF ACTION

In processing the retroactive claims for transitional RMA, you may have claims that will be denied due to ineligibility for retroactive benefits. Suggested language for use with a standard denial Notice of Action (NOA):

The reason for this denial is that you are not eligible for retroactive transitional Refugee Medical Assistance.

REFERENCE: 45 CFR, Section 400.104

Because of the short time duration of retroactive transitional RMA benefits, we will not incorporate this All County Letter into the Medi-Cal Eligibility Manual Procedures. As of January 1, 1993, you may discard this letter as obsolete.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 4

If you have any questions about issuing retroactive Medi-Cal cards over twelve months old, please contact Ginny Wende at (916) 654-0573. Direct questions about adjusting SOC to Patty Phipps at (916) 657-1528. Direct questions about transitional RMA eligibility to Elena Lara at (916) 657-0712.

Sincerely,
ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

IMPORTANT NOTICE TO REFUGEES
YOU MAY BE ELIGIBLE FOR MORE MEDI-CAL BENEFITS

On July 1, 1989 the federal government required California to give Transitional Refugee Medical Assistance (with no share of cost) to refugees who lost Refugee Medical Assistance solely because of increased earnings from employment. This Refugee Medical Assistance benefit is available for up to four months to eligible refugees either from the date they become ineligible for Refugee Cash and Medical Assistance or until the end of their twelve months of eligibility for Refugee Medical Assistance, whichever comes first.

If you continued to receive Medi-Cal after losing Refugee Cash Assistance due solely to increased earnings from employment, you could be eligible for an adjustment to your benefits if your Medi-Cal card had a share of cost.

Your county welfare office is trying to find everyone who was eligible for this Medi-Cal benefit between July 1, 1989 and November 30, 1990. You may be eligible if you answer "YES" to both of the following questions:

- | | | |
|--|-----|----|
| 1. Did you receive Refugee Cash and Medical Assistance any time between July 1, 1989, and November 30, 1990? | YES | NO |
| 2. Did you lose Refugee Cash and Medical Assistance solely because of increased earnings from employment? | YES | NO |

IMPORTANT: If you answered NO to either of the above questions (that is, if you answered NO to number 1 or NO to number 2), this notice does not concern you and you may throw it away. Do not return this notice to your county welfare office.

If you answered YES to BOTH of the above questions, you may be eligible for this benefit. Complete the information below and return it to your county welfare office no later than November 30, 1992.

INSTRUCTIONS: Please print. Fill in as much information as you can. If you need help, call your local county welfare office, resettlement agency, or legal services office.

Your name			Phone Number
Current Address	Number	Street	Apartment/Space Number
City	County	State	Zip Code
SSN	DOB		

SHARE-OF-COST MEDI-CAL PROVIDER LETTER

(County Address)

(Provider Address)

RE: _____
(1) _____ (2) _____

Old Share of Cost County I.D.

New Non-Share of Cost County I.D.

The individual(s) shown above was determined eligible for Medi-Cal for the month(s)/year of _____

with a monthly share-of-cost of \$ _____. Upon review, it has been determined by the county welfare department that the share-of-cost for each month indicated should have been only \$ _____.

The California Code of Regulations, Title 22, Section 51471.1, requires providers to cooperate with the Department of Health Services in making reimbursements to beneficiaries for Medi-Cal program underpayments. The Welfare and Institutions Code 14019.3 and the regulation further requires that the provider accept an underpayment adjustment from the Medi-Cal program for such beneficiaries and the full amount of that adjustment, up to the amount actually received in payment from the beneficiary for the medical services in question.

The following information will assist you in making the reimbursement required by this regulation.

Beneficiary Share-of-Cost Reduced to Zero

1. If the beneficiary paid or obligated to pay an original share-of-cost amount to you, and you billed Medi-Cal for the balance of the charges, you must submit a Claims Inquiry Form (CIF) with this MC1054 form attached. DO NOT submit a new claim, as it will be considered a duplicate claim and payment will be denied. Once the CIF is approved and payment is received, you are required to reimburse the beneficiary any share-of-cost previously paid or to eliminate the outstanding share-of-cost obligated for the service billed.
2. If the beneficiary paid or obligated to pay an original share-of-cost amount to you, and you did not bill Medi-Cal because the charges equaled the share-of-cost amount you collected or which is still an outstanding charge, you may now bill the program for the services you rendered. You must submit a claim with a zero (0) in the "Patient's Share-of-Cost" field, and attach this MC1054 form. Once the claim is approved and payment is received, you are required to reimburse the beneficiary any share-of-cost previously paid or to eliminate the outstanding share-of-cost obligated for the service billed.

Beneficiary Share-of-Cost Reduced to a Lesser Amount

In those situations where a beneficiary's share-of-cost amount has been reduced (but not to zero), the county welfare department will be required to issue the beneficiary a "revised" MC177, Record of Health Care Costs. Any provider who rendered services for which a share-of-cost amount was paid or obligated should complete the "revised" MC177. Upon completion of this process, the beneficiary will return the MC177 form to the county welfare department, to be processed and mailed to the State. Subsequently, the fiscal intermediary share-of-cost records will be updated. Providers should allow approximately 30 days for this process before submitting a CIF or claim.

Follow the same procedures previously described in steps 1 and 2 when submitting a CIF or claim, except the reduced share-of-cost amount must be entered in the "Patient's Share-of-Cost" field on the claim instead of zero (0).

Eligible Worker's Signature

Phone Number