

## DEPARTMENT OF HEALTH SERVICES

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-2941



July 8, 1997

## Medi-Cal Eligibility Branch Information Letter No. I-97-14

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

OMNIBUS RECONCILIATION ACT OF 1990 (OBRA '90) OUTSTATION PROGRAM  
REPORTING UPDATE

The purpose of this letter is to transmit the revised OBRA '90 Outstationing Report Form and provide counties with updated information concerning the revision. Based on fiscal year (FY) 1995-96 reports, Medi-Cal Eligibility Branch (MEB) has determined the need for a modest modification in the data requested. **There are two changes in OBRA '90 Outstationing Report Form:**

1. Counties will no longer be required to provide the **total** number of applications taken or total applications approved
2. Counties must now provide the number of applications **approved** for children.

The OBRA '90 Outstationing Report Form remains divided into five columns. **Column one** contains the clinic name and address; **Column two** contains the number of **applications taken** from pregnant women; **Column three** contains the number of **applications approved** for pregnant women; **Column four** contains the number of **applications taken** from children born after September 30, 1983; and **Column five** contains the number of **applications approved** for children.

**There is no change in the Report Form for Perinatal Applications.** It is still mandatory to submit the reports monthly and separately for Perinatal and OBRA '90 programs. The reports are due no later than 15th day of the month following the report month. It is important for the counties to adhere to the due date so that MEB may respond to the legislature, Health Care Financing Administration, and others with current figures. Counties may not alter or substitute the report forms without MEB approval.

**Implementation:**

The revised OBRA '90 Outstationing Report Form must be implemented beginning FY 1997-98. The first monthly report on the revised form will be for July 1997 and is due no later than August 15, 1997.

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
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**Camera-Ready Copy:**

A camera-ready copy of the OBRA '90 Outstationing Report Form is enclosed with this letter. Counties may reproduce the form according to need. Contact MEB for a "fresh" copy as necessary.

If you have any questions regarding reporting of OBRA '90 and Perinatal programs, please contact Kveta Simon of my staff at (916) 657-2767.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

# OBRA 90 OUTSTANDING REPORT FORM

COUNTY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

CLINIC NAME & ADDRESS	# APPLICATIONS TAKEN Pregnant Women	# APPLICATIONS APPROVED Pregnant Women	# APPLICATIONS TAKEN Children Percentage Programs	# APPLICATIONS APPROVED Children
<b>TOTAL</b>				

County Contact Person \_\_\_\_\_ ( ) \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 SEND ONE COPY OF REPORT TO:  
 STATE OF DEPARTMENT OF HEALTH SERVICES  
 Medi-Cal Eligibility Branch  
 Outstationing - OBRA 90 Coordinator  
 714 P Street, Room 1650  
 Sacramento, CA 95814