

# Medi-Cal Program Guide Letter #609

April 26, 2007

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**Subject**            **Eligibility Determination under other Medi-Cal Programs for Beneficiaries Terminated from the Federal Breast and Cervical Cancer Treatment Program (BCCTP)**

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**Effective Date**    Upon receipt.

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**Reference**         ACWDL 06-25

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**Purpose**            The purpose of this letter is to provide instructions on the processing of BCCTP cases that require a Senate Bill (SB) 87 redetermination when a beneficiary is no longer eligible for federal Medi-Cal benefits under the BCCTP program.

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**Background**      The California Department of Health Services (DHS) has the authority to complete eligibility determinations for BCCTP applicants under BCCTP rules. When a BCCTP beneficiary no longer meets the federal BCCTP requirements and will be discontinued from her BCCTP eligibility, an SB 87 eligibility review must be completed before her BCCTP benefits can be discontinued. BCCTP does not have the authority to make determinations of eligibility for any other Medi-Cal program. Therefore, when BCCTP determines that a woman is no longer eligible for Medi-Cal under the federal BCCTP rules, the BCCTP staff will leave her BCCTP benefits going until the worker completes the eligibility determination.

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**Losing Federal BCCTP Eligibility**      A woman can become ineligible for federal BCCTP Medi-Cal benefits when any of the following occurs:

- She turns 65 years of age,
- She has obtained creditable insurance coverage, as determined by BCCTP, or
- She no longer needs treatment for breast and/or cervical cancer, as determined by her treating physician.

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### **Creditable Coverage**

Creditable coverage is any health insurance that provides health care services to a beneficiary. A woman having the following types of coverage would be considered to have creditable coverage:

- A group health plan,
  - Health insurance coverage – benefits consisting of medical care (provided through insurance, reimbursement, or otherwise and including items and services paid for as medical care) under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer,
  - Medicare,
  - Medi-Cal (full-scope, no share of cost (SOC)),
  - Armed Forces insurance, or
  - A state health risk pool.
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### **What is not Creditable Coverage**

If a woman has health insurance coverage that falls into any of the two categories below, she is considered not to have creditable coverage.

- Limited scope coverage, such as those that only cover dental, vision, or long-term care, or
  - Coverage is only for a specified disease or illness, not including breast or cervical cancer.
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### **Referrals to County**

Only those cases where the woman is determined by BCCTP staff to no longer meet the federal BCCTP eligibility criteria will be referred to the county. There are certain reasons for discontinuance from BCCTP Medi-Cal that do not require a redetermination. These exceptions are:

- Death;
  - Moved out of state;
  - Voluntary withdrawal from the Medi-Cal program;
  - Failure to cooperate; or
  - Fraud.
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### **Beneficiary Notification**

When the BCCTP beneficiary is determined no longer eligible for federal BCCTP Medi-Cal, BCCTP staff will send a Notice of Action (NOA) to inform her of this, as well as the reason for the discontinuance. The NOA will advise the BCCTP beneficiary that she will continue to receive full-scope, no-cost Medi-Cal or restricted Medi-Cal on an interim basis until the county makes a determination of her eligibility for any other Medi-Cal program. The NOA also includes language to advise her that, during the county's redetermination, she will be asked by the county to provide additional information on income, resources and family composition.

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### **Benefits Pending Determination**

During the County redetermination period, the beneficiary will continue to receive the same level of Medi-Cal benefits as she was receiving under BCCTP until an eligibility determination is reported to the Medi-Cal Eligibility Data System (MEDS).

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### **County Notification**

BCCTP staff will notify Strategic Planning and Operational Support (SPOS) via secured e-mail when a BCCTP case requires a county redetermination under other Medi-Cal programs. If BCCTP staff has information that the beneficiary already has an open Medi-Cal case at the county, BCCTP staff will include the county case information on the Notification form with the county case number and worker code showing on MEDS to facilitate the county redetermination process as the worker may not be aware of the change in the BCCTP beneficiary's circumstances that caused the BCCTP discontinuance. BCCTP staff will send a copy of the case record by regular mail. The BCCTP case file may contain the following documents:

- BCCTP County Notification-Medi-Cal Determination form,
  - BCCTP application (the screening and diagnosis to be blacked out);
  - BCCTP continuing Eligibility Redetermination form if an annual redetermination was completed;
  - BCCTP Rights and Responsibilities form;
  - Statement of Citizenship, Alienage, and Immigration Status (MC 13), if applicant did not declare she was born in the U.S. or U.S. territory;
  - Verification/documentation of immigration status;
  - Copy of Social Security card or other identification, if available;
  - Health Insurance Questionnaire (DHS 6155); and
  - BCCTP Medi-Cal NOA advising her of her discontinuance from federal BCCTP Medi-Cal.
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### Interim Aid Codes

DHS will establish three interim aid codes. Until these interim codes are operational, federal BCCTP beneficiaries will continue to receive the same BCCTP aid code, pending the outcome of the worker's eligibility determination. Workers will be notified when these interim codes become available and further instructions will be provided.

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### State BCCTP

During the redetermination period, if the woman being discontinued from federal BCCTP Medi-Cal appears to be eligible for State-funded BCCTP coverage, BCCTP staff will concurrently determine her eligibility under the State-funded BCCTP pending the outcome of the worker's Medi-Cal eligibility review. This concurrent review will ensure that a determination will be made if she is eligible under the State-funded BCCTP so that she may continue to receive cancer treatment without any break in coverage, if she is not eligible under any other Medi-Cal program. The table below shows when State-funded BCCTP may be approved.

If the worker determines that the woman is...	Then she...
Eligible for full-scope, no SOC Medi-Cal under another program,	Will be terminated from BCCTP Medi-Cal coverage at the end of the month and will not be placed into State-funded BCCTP.
Eligible for another Medi-Cal program, but with a limited scope of coverage or a SOC,	May be determined eligible for State-funded BCCTP if she meets all State-funded eligibility criteria.

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### Identifying BCCTP cases

BCCTP aid codes are the responsibility of DHS. BCCTP eligibility information is available in the MEDS secondary screens (Q1, Q2 or Q3). The BCCTP beneficiaries who will be discontinued from BCCTP benefits for the reasons identified above and who require a county Medi-Cal redetermination are in the three BCCTP aid codes in the table below.

Aid Code	Definition
0P	Federal BCCTP eligibility determined, full-scope, no SOC Medi-Cal.

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### Identifying BCCTP cases (continued)

Aid Code	Definition
0U	Federal/State funded – Restricted Medi-Cal services and State-funded cancer treatment and related services for women without Satisfactory Immigration Status (SIS) – redetermination does not include the State-funded services.
0V	Continuing Federal Restricted Services for those who were 0U eligibles, but have exhausted their period of State-funded cancer treatment services, but still need treatment and still meet all federal BCCTP requirements except for SIS.

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**MEDS Actions** When the worker receives a case for redetermination and the worker pends the case in CalWIN, CalWIN will send a transaction to report the date the county received the case and started the redetermination process. There will not be any special transaction entries required to change a BCCTP aid code to another Medi-Cal program aid code. The table below shows what actions must be taken when the eligibility determination is complete. The worker must issue a NOA to approve or deny regular Medi-Cal to the beneficiary.

If the beneficiary is found...	Then the worker will...
Eligible for regular Medi-Cal,	Report the eligibility to MEDS as any other newly eligible beneficiary is reported.
Ineligible for Medi-Cal,	Deny the case in CalWIN. CalWIN will send a transaction to report the outcome.

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**County  
Eligibility  
Determination**

The worker, upon receipt of a BCCTP case, must complete the eligibility review within 60 days. The 60-day period begins from the date BCCTP staff sends the BCCTP Notification via facsimile. Unlike other Medi-Cal applicants, the BCCTP applicants do not complete a standard Medi-Cal Statement of Facts when they apply for Medi-Cal under BCCTP. The BCCTP applicants complete an abbreviated BCCTP Internet-based application and a modified BCCTP Rights and Responsibilities form at an enrolling provider's office. Because BCCTP has no income or resource requirement, and the beneficiary's household composition information is not obtained with the application, the beneficiary's BCCTP case file contains limited information that the worker can use to complete the eligibility review. Workers must use the SB 87 process to obtain any additional information required to make an eligibility determination for other Medi-Cal programs. There will be no MC 210 in the case file.

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**Informing  
Notices**

Worker must ensure that these beneficiaries receive copies of the forms in the standard Medi-Cal information notices, including those in the table below, so that they have necessary information about property and spenddown.

Form #	Title
MC 007	Medi-Cal General Property Limitations
MC 219	Important Information for Persons Requesting Medi-Cal
DHS 7077	Notice Regarding Standards for Medi-Cal Eligibility
DHS 7077A	Notice Regarding Transfer of Home for both a Married and an Unmarried Applicant/Beneficiary

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**SB 87 Review**

The worker must make additional contacts with the beneficiary to obtain information to complete the eligibility review. If workers have specific case questions or need additional information from BCCTP, they should contact the BCCTP Eligibility Specialist assigned to the case. The BCCTP Eligibility Specialist e-mail address and telephone number can be located on the BCCTP County Notification form. All BCCTP Medi-Cal cases referred to the worker for a Medi-Cal determination must be redetermined under the SB 87 three-step process as summarized in the table below. Workers must follow each step sequentially until the beneficiary's continued Medi-Cal eligibility or ineligibility is accurately determined.

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### SB 87 Review (continued)

Step	Action
1	<i>Ex parte</i> review.
2	Direct contact.
3	Request for Information Form (MC 355).

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### State Hearings and Appeals

All beneficiaries in these three federal BCCTP Medi-Cal aid codes have the same hearing and appeal rights as any other Medi-Cal beneficiary.

If the woman...	Then the...
Files an appeal on the BCCTP Medi-Cal discontinuance,	BCCTP Eligibility Specialist will prepare the position statement.
Is denied Medi-Cal based on the worker's determination and she files an appeal,	County appeals representative will need to prepare the position statement.

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### Re- determination Dates

If a former BCCTP beneficiary is being added to an existing Medi-Cal Family Budget Unit (MFBU), the Annual Redetermination date for this individual is the same redetermination date as the other members in the MFBU. For all other BCCTP women who are determined eligible for Medi-Cal, the Annual Redetermination date will be 12 months from the month the worker completes the redetermination under another Medi-Cal program. See the table below for an example.

Action	Date
BCCTP beneficiary placed in interim Medi-Cal aid code.	June 2007
Worker receives BCCTP case file and pends the case.	June 2007
Worker approves no-cost Medi-Cal.	August 2007
Next Annual Redetermination is due.	July 2008

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### Managed Care

The full-scope BCCTP Medi-Cal eligibles have voluntary enrollment in Managed Care.

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**Pending Packets** San Diego County has already received some packets from BCCTP. These are being forwarded to the appropriate FRC with this letter. Only those FRCs with individuals residing in their area will have a packet attached.

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**Automation Impact** As noted, above.

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**Forms Impact** No impact.

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**Quality Assurance Impact** Effective with the July 2007 review month, Quality Assurance will cite with the appropriate error any case that does not meet the requirements of this letter.

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**Summary of Change** The table below shows the changes made in the Medi-Cal Program Guide (MPG).

<b>MPG Section</b>	<b>Changes</b>
Article 4, Section 16	Redetermination procedures for discontinued BCCTP beneficiaries added.

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**Filing Instructions** The table below shows how to file the MPG material.

<b>Action</b>	<b>Pages</b>
Remove	Article 4-v through 4-viii
	Article 4-16-11
Replace	Article 4-v through 4-viii
	Article 4-16-11 through 4-16-14
Add	Article 4-16-H

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**Important Notice** The MPG is available in its entirety on the County Intranet by accessing [http://hhsa\\_intranet/manuals/mpg/index.html](http://hhsa_intranet/manuals/mpg/index.html). The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

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**Manager  
Approval**

ORIGINAL SIGNED BY:

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