

Medi-Cal Program Guide Letter #629

March 24, 2008

Subject County Medical Services (CMS) Medical/Dental Need Verification and Clarifications Regarding Inpatients, Uncertified Visits and Definition of Recertification.

Effective Date Upon receipt

Reference County Policy

Purpose The purpose of this letter is to provide staff with instructions regarding:

- CMS Medical/Dental Need Form (CMS-127) requirement
- Medical need form term date
- Revised CMS Medical/Dental Need Form
- Definition of the term “Recertification” and “Reapplication”
- Treatment of inpatients at application
- Coverage for uncertified visits

Background The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance and addresses only urgent health issues. At certification, all CMS beneficiaries will be given a medical need form and will be advised by County staff that if they have an ongoing medical need and require CMS coverage past the certification period, the medical need form must be completed by their physician and mailed to the CMS Administrative Services Organization (AmeriChoice). The CMS Medical/Dental Need Form (attachment A) is required to verify the beneficiary’s ongoing medical treatment and to schedule their next recertification or their next reapplication appointment if there is a lapse in CMS benefits in the six months prior to the reapplication.

Continued on next page

Medi-Cal Program Guide Letter #629, Continued

Change to the CMS Medical Need Form Requirement

Verification Requirement:

A CMS-127 is *not* needed when:

- AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used and the CMS certification is expiring. An approved TAR is verification of a medical need.
- A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- Beneficiaries identified by AmeriChoice as having a chronic medical condition by the “CHRONIC” indicator on IDX Eligibility Enrollment Summary Screen.

A CMS-127 *is* needed when:

- Requesting a recertification appointment
- Requesting a reapplication appointment within six (6) months of their previous CMS certification expiring

The CMS-127 can be completed and signed by a licensed or certified health care professional or a designee authorized as appropriate by the health care professional.

Medical Need Form Term Date:

If a physician or their authorized designee states on the medical need form that the patient’s medical treatment is expected to last for more than a year or for an “indefinite” period of time, the medical need form is valid for a period of one (1) month past the certification expiration date.

The CMS-127 has been revised to:

- Clarify that CMS is for serious health problems and is not health insurance
- Clarify that the medical need must be within the CMS scope of service
- Include authorized designee as an appropriate signator of the form
- Change the title of the form to “CMS Medical/Dental Need Form” and,
- Translate the title of the form into Spanish on the CMS-127 (SP)

Continued on next page

Medi-Cal Program Guide Letter #629, Continued

Definition of Recertification This information is being provided to clarify the difference between a recertification and a reapplication.

Recertification – a determination that a beneficiary continues to meet the CMS eligibility criteria without a one (1) month break in certification.

Reapplication – a determination that a beneficiary continues to meet the CMS eligibility criteria within six (6) months of their previous CMS certification.

Inpatients

Definition for term “Inpatient”:

Inpatient – a patient who has been admitted to a hospital and is receiving services under the direction of a physician for 24 hours or more (HOS Policy and Procedures Manual, January 2008).

Uncertified Visits for Inpatients

Clarification regarding Inpatients at Application:

If...	And	Then...
<ul style="list-style-type: none"> • A patient enters a hospital through the ER and is released in less than 24 hours, or • Is treated in the ER (including observation) in excess of 24 hours, but is never admitted, or • Is admitted to the hospital and is not referred to HOS 	<p>The patient contacts AmeriChoice within 30 days of uncertified visit to schedule an intake interview</p>	<p>The patient can apply for CMS coverage for that uncertified visit.</p>

Action Required

Recycle old medical need form and replace with updated version.

Automation Impact

None.

Continued on next page

Medi-Cal Program Guide Letter #629, Continued

Forms

CMS Medical/Dental Need Form (HHSA-CMS-127) are ordered directly from and kept in stock by HCA

Form	Name
HHSA:CMS-127/HHSA:CMS-127 (SP) (3/12/08) attachment B	County Medical Services (CMS) Medical/Dental Need Form

Quality Assurance Impact

Effective with the April review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements of this letter.

Appeals Impact

There is no change from the current appeal process for all issues regarding eligibility.

Filing Instructions

The table below shows how to file the MPG material.

Remove pages:	Replace with pages:
Article A-1-6	Article A-1-6
Article A-2-8; A-2-12	Article A-2-8; A-2-12 ; A-2-13
Article A-7-2	Article A-7-2
Article A-9-3	Article A-9-3

Continued on next page

Medi-Cal Program Guide Letter #629, Suite

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