

# Medi-Cal Program Guide Letter # 732

June 17, 2011

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**Subject**            **ORGAN TRANSPLANT ANTI-REJECTION MEDICATIONS PROGRAM**

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**Effective Date**    Upon receipt

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**Reference**         ACWDL 11-02

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**Purpose**            To inform staff of the new Organ Transplant Anti-Rejection Medications (OTAM) program.

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**Background**      Assembly Bill 2352 adds statutes to the Welfare and Institution Code to allow Medi-Cal beneficiaries who lost Medi-Cal eligibility to remain eligible to Medi-Cal coverage for anti-rejection medication for up to two years following an organ transplant.

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**Required Actions**    Workers must flag cases of individuals found potentially eligible to the program so that they are evaluated for OTAM if they lose eligibility to full scope Medi-Cal.

## **Lists**

DHCS will generate lists of potentially eligible beneficiaries based on Medi-Cal expenditures for organ transplants and inform these individuals of the program. These lists will be uploaded to Sharepoint and FRCs will be notified when the lists are available.

When the lists are available workers must:

- Flag active cases as a possible OTAM program case using the CalWIN Special Indicator 'MC - Organ Transplant'.
- Make the eligibility determination for OTAM on any closed cases on the list.

**MC210RV**

At the next revision, the MC210RV will be updated to include the question:

*Has any family member living in the home received and organ transplant?*

If the individual answers 'yes' to the above question at redetermination workers must:

- Flag the case using the CalWIN Special Indicator 'MC - Organ Transplant' to ensure that the case is evaluated for OTAM if Medi-Cal eligibility ends.
- Complete the OTAM eligibility determination if the case/OTAM eligible individual is no longer eligible to other Medi-Cal.

Until the MC210 is revised, workers will use lists or rely on phone referrals as described below to identify OTAM eligible beneficiaries.

### **Phone referrals**

When an individual calls the county and states they have had an organ transplant, the worker must:

Determine if the individual is currently eligible to Medi-Cal.

<b>If ...</b>	<b>Then ...</b>
They are eligible	Flag the case using the CalWIN Special Indicator 'MC - Organ Transplant' to ensure that the case is evaluated for OTAM if Medi-Cal eligibility ends.
Their case recently closed	Evaluate for OTAM eligibility.
They never had a Medi-Cal determination	Refer them to apply for Medi-Cal.

### **Automation Impact**

#### **Aid Code**

Aid code 77 is not currently in CalWIN. It will be added on July 11, 2011 as part of Release 27. Once aid code 77 is available in CalWIN, the worker must request a bottom line override to assign this aid code. Until July 11, eligibility must be granted in MEDS via a MEDS on-line transaction. The office MEDS clerk will process an EW20 transaction with an ESAC for closed eligibility to limit the service to up to 24 months from the transplant date.

## Reports

Medi-Cal program and automation will generate reports based on the OTAM special indicator flag monthly after NOA cutoff to ensure that cases with individuals possibly eligible to OTAM are evaluated for the program before their case closes. FRCs will receive the reports as they are available and must evaluate individuals listed for possible OTAM eligibility.

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### **ACCESS Impact**

When a beneficiary calls the County and states they have had an organ transplant:

<b>If ...</b>	<b>Then ACCESS workers must...</b>
The beneficiary has full-scope Medi-Cal	Flag the case using the CalWIN Special Indicator 'MC - Organ Transplant' and narrate.
The beneficiary is no longer eligible for full-scope Medi-Cal	<ul style="list-style-type: none"><li>• Flag the case using the CalWIN Special Indicator 'MC - Organ Transplant' and narrate.</li><li>• Send a Sharepoint notification to the FRC to complete OTAM evaluation.</li></ul>

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### **Forms Impact**

DHCS has not added the OTAM Notices of Action to their website and they are not available in CalWIN. The following forms are available to order from Xerox.

#### Approval Notice

MC 378 – APPROVAL FOR ORGAN TRANSPLANT AND ANTI-REJECTION MEDICATION PROGRAM

#### Discontinuance Notice

MC 379 – DISCONTINUANCE FOR ORGAN TRANSPLANT ANTI-REJECTION MEDICATION PROGRAM

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### **Imaging Impact**

The OTAM manual notices are not on the approved listing for KOFAX and must be imaged using template 16-140 NOTICE OF ACTION.

Verification of lack of coverage and organ transplant date are not on the approved listing for KOFAX and must be imaged using template 16-143 MEDICAL DOCUMENTATION FORM.

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**Quality Assurance Impact**

Effective with the July 2011 review month, Quality Assurance will cite appropriate error on any case that does not comply with the requirements outlined in this letter.

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**Summary of Change**

The table below shows the changes made to the Medi-Cal Program Guide.

Article/Section	Changes
Article 5, Section 8	Added OTAM section

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**Manager Approval**



Sylvia Melena, Assistant Deputy Director  
Self Sufficiency Programs  
Strategic Planning and Operational Support

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## Article 5 Section 8 – Miscellaneous Special Programs

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## 05.08.09 Organ Transplant Anti-Rejection Medications (OTAM)

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### A. Introduction

Assembly Bill 2352 added section 14132.70 to the Welfare and Institutions Code to enable Medi-Cal beneficiaries to remain eligible to receive Medi-Cal coverage for anti-rejection medication for up to two years following an organ transplant. Without anti-rejection medications the body can potentially reject the transplant and the beneficiary may require a new transplant, have deterioration in their health, require hospitalization, dialysis or possibly die.

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### B. Eligibility

In order to be eligible for the program a beneficiary must:

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- Have had an organ transplant within two years; and
- Be discontinued or about to be discontinued from Medi-Cal or Medi-Cal based California Children's Services (CCS); and
- Not have Medicare or private health insurance that covers organ transplant anti-rejection medications.

Or

- Have had an organ transplant within two years; and
- Be eligible for restricted Medi-Cal only; and
- Not have CCS based Medi-Cal; and
- Not have Medicare or private health insurance that covers the organ transplant anti-rejection medications

There are no other verification requirements such as income, resources, residency, citizenship or identity. It is not necessary to verify who paid for the organ transplant for eligibility to this program.

**NOTE:** There is potential for a beneficiary to be eligible to this program more than once. For each organ transplant, they would be eligible for up to two years from the date of their most recent transplant.

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### C.

Beneficiaries can be referred to the program in the following ways:

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**Referral Source**

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- Answering yes to the following question on the MC210 RV: Has any family member living in the home received an organ transplant?
- Through a list provided by DHCS
- Client request through ACCESS or in the FRC.

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**D. Referral Actions**

Required actions when a client has been referred to the program:

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Step	Action						
1	<p>Flag the case as a possible OTAM program case using the CalWIN Special Indicator 'MC - Organ Transplant' (see Appendix G for instructions).</p> <p><b>NOTE: It is crucial to flag these cases with a special indicator so that the county can ensure that potentially eligible beneficiaries are evaluated for OTAM when they lose full-scope Medi-Cal eligibility.</b></p>						
2	<table border="1"> <thead> <tr> <th data-bbox="548 1073 976 1146">If the client is referred by the ...</th> <th data-bbox="976 1073 1398 1146">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 1146 976 1335">DHCS list and the transplant date is listed</td> <td data-bbox="976 1146 1398 1335"> <ul style="list-style-type: none"> <li>• Accept this as proof of the transplant date.</li> <li>• Enter information into case comments.</li> </ul> </td> </tr> <tr> <td data-bbox="548 1335 976 1890">DHCS list and no transplant date is listed, their answer on the MC 210 RV, or the beneficiary contacts the County</td> <td data-bbox="976 1335 1398 1890"> <ul style="list-style-type: none"> <li>• Request a letter on physician's letterhead from the treating physician with the National Provider Identifier (NPI).</li> <li>• The letter must state that the individual had an organ transplant and the date of that transplant.</li> <li>• Scan letter into case file and note in case</li> </ul> </td> </tr> </tbody> </table>	If the client is referred by the ...	Then...	DHCS list and the transplant date is listed	<ul style="list-style-type: none"> <li>• Accept this as proof of the transplant date.</li> <li>• Enter information into case comments.</li> </ul>	DHCS list and no transplant date is listed, their answer on the MC 210 RV, or the beneficiary contacts the County	<ul style="list-style-type: none"> <li>• Request a letter on physician's letterhead from the treating physician with the National Provider Identifier (NPI).</li> <li>• The letter must state that the individual had an organ transplant and the date of that transplant.</li> <li>• Scan letter into case file and note in case</li> </ul>
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		comments.
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**E.  
Eligibility  
Process**

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In order to process individuals referred to the Organ Transplant Anti-Rejection Medication Program, workers must:

Step	Action						
1	<p>Complete SB87 process and determine that the individual is not eligible to any other full-scope Medi-Cal program.</p> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Eligible to another full-scope program</td> <td>Approve individual for that program.</td> </tr> <tr> <td>Not eligible to any full-scope Medi-Cal program</td> <td>Continue with the evaluation.</td> </tr> </tbody> </table>	If...	Then...	Eligible to another full-scope program	Approve individual for that program.	Not eligible to any full-scope Medi-Cal program	Continue with the evaluation.
If...	Then...						
Eligible to another full-scope program	Approve individual for that program.						
Not eligible to any full-scope Medi-Cal program	Continue with the evaluation.						
2	<p>Question beneficiary about private health insurance. Investigate available resources in case file and MEDS for indications that they may have private insurance.</p> <table border="1"> <thead> <tr> <th>If the beneficiary...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Does not have private insurance</td> <td>Continue with the eligibility determination.</td> </tr> <tr> <td>Does have private insurance</td> <td> <ul style="list-style-type: none"> <li>Verify that it does not pay for anti-rejection medication.</li> <li>If the insurance does pay for anti-rejection medication, do not grant OTAM.</li> </ul> </td> </tr> </tbody> </table> <p><b>Verification of Health Insurance can be any of the following:</b></p> <ul style="list-style-type: none"> <li>Summary of benefits showing anti-rejection medications are not a covered benefit.</li> <li>Letter from the insurance stating that anti-rejection medications are not covered.</li> <li>Documentation showing that the transplant and or any benefits related to the transplant are in a period of exclusion.</li> </ul>	If the beneficiary...	Then...	Does not have private insurance	Continue with the eligibility determination.	Does have private insurance	<ul style="list-style-type: none"> <li>Verify that it does not pay for anti-rejection medication.</li> <li>If the insurance does pay for anti-rejection medication, do not grant OTAM.</li> </ul>
If the beneficiary...	Then...						
Does not have private insurance	Continue with the eligibility determination.						
Does have private insurance	<ul style="list-style-type: none"> <li>Verify that it does not pay for anti-rejection medication.</li> <li>If the insurance does pay for anti-rejection medication, do not grant OTAM.</li> </ul>						

	<ul style="list-style-type: none"> <li>• Documentation showing the beneficiary has exhausted his or her lifetime limit on all benefits under the plan.</li> <li>• Documentation showing his or her yearly benefits for treatment of the organ transplant has been exhausted.</li> <li>• Any other documentation from the insurance company that states that anti-rejection medications are not covered.</li> </ul>
3	Document insurance verification in case file.
4	<p>Obtain date of organ transplant from Dr.'s letterhead or DHCS list.</p> <p><b>NOTE: Workers must allow applicants sufficient time to provide verification that their insurance does not cover anti-rejection medication and verification of the organ transplant date.</b></p> <p><b>The OTAM applicant must remain active in their previous aid code during the OTAM application process.</b></p> <p><b>If the applicant's Medi-Cal case is closing and good cause is established for providing verification, workers must complete an override to keep the applicant on their previous aid code while the applicant provides verifications for the OTAM program.</b></p>
5	<p>Have MEDS clerk enter eligibility in MEDS with a beginning date on the 1st of the month of termination from full scope Medi-cal and a termination date two years from the date of the transplant.</p> <p><b>Example 1</b></p> <p>Beneficiary had an organ transplant 1/1/2010. Beneficiary found eligible to program 3/1/2011. Termination date is 12/31/2012.</p> <p><b>Example 2</b></p> <p>Beneficiary had an organ transplant 4/1/2009. Beneficiary found eligible to program 3/1/2011. Termination date is 3/31/2011.</p>
6	Send approval notice if applicable.

**F.  
Notice of  
Action**

Approval Notice

MC 378 – APPROVAL FOR ORGAN TRANSPLANT AND ANTI-REJECTION MEDICATION PROGRAM

Discontinuance Notice

MC 379 – DISCONTINUANCE FOR ORGAN TRANSPLANT ANTI-REJECTION MEDICATION PROGRAM

Denial Notice

There is no denial notice for this program. If the individual does not cooperate or is not eligible, their Medi-Cal case remains closed.

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**G.  
Redetermin-  
ation**

There is no required annual redetermination for this program. However, if a client reports a change in circumstances related to this program, they must be re-evaluated for the program and/or for Medi-Cal. Examples of relevant changes would be:

- Any change that would make the beneficiary eligible to a full-scope Medi-Cal program.
- Obtaining Medicare or other private insurance that covers anti-rejection medications.

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**H.  
Alerts**

There are two alerts that will generate when OHC is obtained by the OTAM beneficiary:

**Medicare Alert** – ALERT 9061 MEDICARE ELIGIBLE – COUNTY AID CODE TERMINATION NEEDED – URGENT

**Other Health Coverage Alert** – ALERT 9062 – POSITIVE OHC REPORTED – COUNTY AID REEVALUATION NEEDED – URGENT

Workers must contact the OTAM beneficiary and determine if their health care covers anti-rejection medications. Workers must close the OTAM case if the anti-rejection medications are covered.

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**I.  
Aid Code**

The Aid Code for this program is 77. This provides State-only restricted scope Medi-Cal coverage with no SOC for organ transplant anti-rejection medication for up to two years following an organ transplant to individuals who lost regular full scope Medi-Cal or on restricted scope Medi-Cal. Aid Code 77 does not cover physician's office visits.

Aid code 77 will show on the Secondary screens in MEDS. If the beneficiary already has a secondary aid code, a ticket must be opened by the MEDS helpdesk at the state level.

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**J.  
Retroactive Coverage**

There is no retroactive coverage for this program unless the county fails to act on the notification of possible OTAM eligibility. When an individual with a closed Medi-Cal case contacts the county:

If the...	Then the worker...
former beneficiary requests coverage and the county has not been notified prior to case closure of the organ transplant	must evaluate the individual for the program with the day of request as the beginning date of aid for OTAM.
former beneficiary did inform the county of the possible OTAM eligibility prior to case closing via MC210 RV or the county received notification from DHCS and failed to evaluate the client	Worker must evaluate the individual for the program with the first of the month following the case closure as the beginning date of aid.

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## APPENDIX G - SPECIAL INDICATOR INSTRUCTIONS FOR OTAM

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### Actions

In order to enter the special indicator for the OTAM program, take the following actions on the 'Collect Case Special Indicators' screen:

Step	Action
1	Select 'MC-Organ Transplant' from the 'Type of Special Indicator' drop-down menu.
2	Change the 'effective begin date' to the date of transplant if known or the date of referral if unknown.
3	Change the 'effective end date' to a date two years from the effective begin date.
4	Save changes and narrate in case comments.

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