

Medi-Cal Program Guide Letter (MPG) # 740

November 1, 2011

Subject LOMELI LITIGATION SETTLEMENT UPDATES SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY INCOME (SSI/SSP) APPLICANT AND RECIPIENT MEDI-CAL INFORMATION NOTICES AND RETROACTIVE ELIGIBILITY PROCESSING

Effective Date August 1, 2011

Reference ACWDL 11-31

Purpose The purpose of this letter is to inform staff of the settlement terms and conditions of the litigation entitled *Lomeli v. Shewry* and the related Medi-Cal Eligibility Data System (MEDS) changes that will assist staff in providing timely retroactive eligibility to SSI/SSP applicants.

Background The settlement agreement in the *Lomeli v. Shewry* litigation requires the Department of Health Care Services (DHCS) to inform SSI/SSP applicants in a timely manner of their opportunity to seek retroactive Medi-Cal coverage for the three month period prior to their SSI/SSP application month.

Highlighted Changes DHCS has developed a new notice entitled, Important Information for SSI/SSP applicants [MC19A](#), which advises SSI/SSP applicants about the availability of retroactive Medi-Cal coverage prior to their SSI/SSP eligibility determination. Additionally, the terms of the settlement required a revised [MC19 notice](#) (Important Information for New SSI/SSP Recipients).

Required Action When an SSI/SSP applicant/recipient contacts the County and indicates that he/she received the MC19A, the worker shall screen the applicant for potential eligibility to retroactive Medi-Cal following the procedures outlined in [MPG 04.02.10.E](#).

Distribution Effective August 1, 2011, DHCS began mailing the MC 19A notice on

**of the
MC 19A
Notice to
SSI/SSP
Applicants**

a monthly basis after receiving the Social Security Administration (SSA), State Data Exchange (SDX) report of the new SSI/SSP applicants, who are California residents. The MC 19A notice will be mailed to those SSI/SSP applicants who are not receiving Medi-Cal in any one of the three months immediately prior to the month of SSA's application.

For example, if MEDS shows the SSI/SSP applicant has Medi-Cal eligibility in only one retroactive month, the MC 19A notice will be mailed out. The MC 19A mailing packet will also include a listing of county offices and telephone numbers and the Multilingual Language Service notice (MC 4034), which informs individuals of their right to have interpreting services at no cost.

As a result of DHCS' new MC 19A monthly mailings, counties may see an increase in telephone calls or walk-ins from SSI/SSP applicants who have received the notice and want to apply for retroactive Medi-Cal for their unpaid medical/dental expenses.

**Modifications
to the MC 19
Notice**

The MC 19 has been modified to reflect the changes mentioned above.

**Automation
Impact**

No impact.

**Forms
Impact**

No impact.

**ACCESS
Impact**

ACCESS agents may receive calls from SSI/SSP applicants, who have received the MC 19A notice and want to apply for retroactive Medi-Cal for their unpaid medical/dental expenses. The agent will screen the caller for potential eligibility following procedures outlined in current ACCESS protocols.

When retroactive Medi-Cal is requested, the ACCESS agent will mail the MC 210A if one has not been completed by the applicant for the retroactive months(s). Requests for retroactive Medi-Cal shall be processed as specified in [MPG 4-2-10](#).

**PA (CalFresh
or
CalWORKs
Program
Impact**

**Imaging
Impact**

**QA/QC
Impact** Effective with the December 2011 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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

Section	Summary of Change
Article 4, Section 02.10	<ul style="list-style-type: none">• Info mapped Article 4, Section 02• Added Appendix G Important Information for SSI/SSP Applicants• Added Appendix H Important Information for New SSI/SSP Recipients

**Manager
Approval**



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

JG

04.02.10 Application for Retroactive Medi-Cal

A. General

An applicant/beneficiary (including a minor consent applicant) may request retroactive Medi-Cal for any of the three months preceding the month of application. If not requested at application, the request for retroactive Medi-Cal coverage must be made within one year of the month for which retroactive coverage is requested. Medicare Savings Program (MSP) applicants/beneficiaries are not eligible to retroactive Medi-Cal.

MEPM
LTR 274

MPG LTR 528 (5/04)

B. Requesting Retroactive Medi-Cal

A request for retroactive Medi-Cal may be made:

- on the application form;
- on the SOF; or
- by submitting a written request.

MEPM
LTR 274

Upon receipt of the request, the worker will require the applicant to complete the MC 210A, Supplement to Statement of Facts, for the retroactive months.

When the applicant requests retroactive Medi-Cal only, the applicant completes the MC 210 for the earliest retroactive month. The MC 210A is completed for each additional retroactive month.

MPG LTR 528 (5/04)

C. Retroactive Medi-Cal for PE Recipients

The Presumptive Eligibility (PE) program allows qualified providers to grant immediate temporary Medi-Cal coverage, which is limited to prenatal care, to low-income pregnant patients pending their formal Medi-Cal application. Because of the limited scope of benefits that PE covers, most PE recipients will require retroactive Medi-Cal to cover some services received during their PE eligibility period.

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When the worker becomes aware that an applicant is a PE recipient, he/she must provide the applicant with information on how to apply for Medi-Cal and the timeframes for applying for retroactive Medi-Cal coverage. PE recipients shall be informed that they may apply for retroactive Medi-Cal coverage within one year of the month for which retroactive coverage is needed. Additionally, they do not have to apply for or be approved for on-going Medi-Cal in order to apply for retroactive coverage.

MPG LTR 684 (8/09)

**D.
Retroactive
Medi-Cal for
CMS/LIHP
Beneficiaries**

An application for retroactive Medi-Cal must be completed for an applicant who is identified as having CMS or Low Income Health Program (LIHP) coverage during any month in the retroactive period.

Workers must:

- Review the applicant's statements on the **16-2A HHSA** and MC 210 to see if they declare CMS/LIHP coverage; and
- Check for CMS/LIHP eligibility on an IDX screen print (see [Appendix 4-2-E](#)) which is required in cases originating from HOS.

HOS staff are required to attach the IDX screen print in each case file to show whether an applicant was in receipt of CMS/LIHP in the retroactive period.

Since the County can be reimbursed for medical expenses covered by CMS/LIHP, a CMS/LIHP beneficiary who may have a disability that potentially links him/her to Medi-Cal must apply for and cooperate in completing an application for Medi-Cal. The CMS/LIHP beneficiary should be encouraged and assisted as needed to complete the application.

If the CMS/LIHP beneficiary fails to cooperate, the worker must narrate the reason why the retroactive application was not completed. If a CMS/LIHP Medi-Cal referral form, HHSA: CMS-5, was provided by the applicant, the worker is to complete the form and forward to CMS/LIHP as indicated on the form distribution. These applications must be referred to the DDS (see [Article 5, Section 4](#)). HOS staff must attach a copy of the IDX screen print when banking the case.

MPG LTR 740 (11/11)

**E.
Retroactive
Medi-Cal for
SSI
Recipients**

Title 22, California Code of Regulations, Section 50148 states that a request for retroactive Medi-Cal may be made "in conjunction with, or after, application for public assistance or Medi-Cal". An application for "public assistance" includes an application for SSI/SSP benefits. A request for retroactive coverage must be made within one year of the month the eligible expenses were incurred.

Based on this regulation the month of application is established along with the SSI/SSP application, for retroactive Medi-Cal purposes, even if aid (in this case, SSI/SSP) is never approved for the application month. The approval of SSI/SSP benefits is not necessary for the determination of the three month retroactive Medi-Cal eligibility, as in any Medi-Cal only application. Below are three forms of retroactive Medi-Cal that may be processed by FRCs.

Retroactive to SSI Approval Month

The first, and most common, would be an SSI recipient requesting Medi-Cal coverage back to the month of SSI approval which may be several months prior to the request. This kind of request should be made within six months of the decision or four months from the date of the first SDX update.

Since the State cannot establish eligibility in MEDS for SSI recipients prior to their initial approval action, FRC staff must do the following:

Step	Action
1	Obtain verification from SSA indicating the person's SSI/SSP date of eligibility and a request for Medi-Cal coverage for that period of time.
2	Attach the SSA verification to a HHSA 14-28 with the appropriate section completed and submit them to the FRC MEDS operator to establish eligibility for that period.
3	Issue an immediate need paper card IF the BIC has not been received by the beneficiary and an immediate need situation occurs.
4	Issue an MC 180 LOA if the retro period is over one year. Refer to Article 14, Section 3 for details on issuing a LOA.

Retroactive to SSI Application Month

The second form of retro application occurs when an individual is approved SSI with an effective date after the date of SSI application. It is possible that the individual was not financially eligible for SSI during the month of application. The worker shall determine if the individual was otherwise eligible. The SSI referral/notice or other verification of entitlement may show a disability onset date prior to the SSI effective date. If determined disabled or there is other linkage in the retro period, the individual would then be eligible if otherwise eligible for Medi-Cal (i.e., residence, property, etc.).

Month(s) Prior to SSI Application Month

The third form of retro application is to request Medi-Cal for the normal three month retro period. If an individual is approved (or denied) SSI, and requests Medi-Cal for the three months immediately preceding the month of SSI application, the worker must obtain verification of the date of the SSI application. Such verification may be an award/denial letter from SSA indicating the date of application and date of approval/denial, or a copy of the individual's original SSI application form, etc. This type of request may require the worker to submit a disability referral to the DDS if no other Medi-Cal linkage exists.

When retroactive Medi-Cal is requested, the worker will mail the MC 210A if one has not been completed by the applicant for the retroactive months(s). Before requesting a SSI/SSP Award Letter from the applicant, the worker must first attempt to obtain SSI/SSP information from the SDX report located on the ISDX1 through ISDX5 screens in MEDS. If unavailable, the worker will request from the SSI/SSP recipient, a copy of the SSI/SSP Award Letter, along with any additional information needed to make an eligibility determination.

Note: Workers should not ask an applicant for information that is already available to the County from the SDX report or unnecessary for a Medi-Cal determination.

These screens can be accessed in MEDS by clearing the screen, typing ISDX and entering the SSN of the individual. The following provides a description of the data included in the screens:

SDX Screens	Description
SDX1-CLIENT DATA	Contains MEDS identification (ID) number, person's name, client index number, health insurance claim number, BIC issue date, birth date, language spoken/written and birthplace.
SDX2-ADDRESS DATA	Contains MEDS ID number, person's name, address, and telephone number.
SDX3-CLIENT INFORMATION	Contains MEDS ID number, person's name, Title II Claim number, SSI application date, CA residency date, and disability on-set date.
SDX4-CLIENT INCOME STATUS DATA	Contains MEDS ID number, person's name, unearned income, and eligibility determination data.
SDX5-CLIENT INCOME/STATUS DATA	Contains MEDS ID number, person's name, eligible spouse SSN, ineligible spouse/parent data, spouse/parent earned income, and unearned income.

SSI/SSP recipients eligible under the A&D FPL Program are eligible for Medi-Cal in the month of application or in the month of the first day in which their SSI/SSP eligibility criteria were met. MEDS has been programmed to provide eligibility on this basis for the month of application.

Determining Retroactive Medi-Cal Eligibility for SSI/SSP Applicants Pending SSA Disability Determination

While the application is pending at SSA, the county worker shall screen the SSI/SSP applicant to any other Medi-Cal program.

If the worker determines that the SSI/SSP applicant...	Then ...
is eligible for retroactive Medi-Cal under any other Medi-Cal program,	the effective date for Medi-Cal eligibility is the first day of the SSA application month, and retroactive Medi-Cal eligibility, if found eligible, applies to any/all of the three month(s) prior to the application month.
is not eligible for retroactive Medi-Cal under any other Medi-Cal program,	the worker will send a disability packet to the DDS for a disability determination. The disability packet shall include an evaluation request for the retroactive month(s). Please refer to Article 5, Section 4.9 for more information on processing disability cases.

The Beneficiary Reimbursement Process

Workers should continue to provide information to SSI/SSP applicants who have paid out-of-pocket expenses for Medi-Cal covered services about the availability of the Beneficiary Reimbursement Process (BRP).

Information about the BRP should be given to SSI/SSP applicants who have paid out-of-pocket expenses that occurred in the following time periods:

Time Period	Description
The Retroactive Period	The 3-month period prior to the month of application to the Medi-Cal Program
Evaluation period	From the date of application for the Medi-Cal Program until the date eligibility is established
Post-approval period	The time period after eligibility is established

SSI/SSP applicants, who have such paid expenses as noted above, should immediately contact the Beneficiary Service Center at

(916) 403-2007 or visit the website at this link:
http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_Conlan.aspx

MPG LTR 740 (11/11)

**F.
Processing
Requests
Received at
Intake**

All requests for retroactive Medi-Cal are assigned according to FRC policy. Requests for retroactive Medi-Cal received at application shall be processed as follows:

Step	Action						
1	<p>Obtain a completed MC 210A from the applicant for the retroactive months.</p> <p>If only retroactive Medi-Cal is requested, a MC 210 is completed for the earliest retroactive month and a MC 210A for each additional retroactive month.</p>						
2	<p>For income verifications,</p> <table border="1" data-bbox="537 919 1406 1329"> <thead> <tr> <th data-bbox="537 919 808 957">If...</th> <th data-bbox="808 919 1406 957">Then...</th> </tr> </thead> <tbody> <tr> <td data-bbox="537 957 808 1213">"No change" is indicated on the MC 210 A,</td> <td data-bbox="808 957 1406 1213">utilize income verification that is used to determine current month eligibility on the signed and dated MC 210 for each of the retroactive months. This would also apply to self-employment income provided it adequately reflects actual monthly income.</td> </tr> <tr> <td data-bbox="537 1213 808 1329">Change in income is reported,</td> <td data-bbox="808 1213 1406 1329">request income verification for each retroactive month where a change in income is reported on the MC 210A.</td> </tr> </tbody> </table>	If...	Then...	"No change" is indicated on the MC 210 A,	utilize income verification that is used to determine current month eligibility on the signed and dated MC 210 for each of the retroactive months. This would also apply to self-employment income provided it adequately reflects actual monthly income.	Change in income is reported,	request income verification for each retroactive month where a change in income is reported on the MC 210A.
If...	Then...						
"No change" is indicated on the MC 210 A,	utilize income verification that is used to determine current month eligibility on the signed and dated MC 210 for each of the retroactive months. This would also apply to self-employment income provided it adequately reflects actual monthly income.						
Change in income is reported,	request income verification for each retroactive month where a change in income is reported on the MC 210A.						
3	Determine eligibility and SOC.						
4	Generate and mail appropriate notices.						

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When requesting income verification, workers are reminded that only one pay stub is required to verify income, as long as it adequately reflects the actual retroactive month(s) income. Workers may request further income verification if income reported is inconsistent with the income verification provided.

MPG LTR 528 (5/04)

**G.
Processing
Requests**

When a beneficiary requests retroactive Medi-Cal after a case has been granted, the assigned worker will:

**from
Beneficiaries**

Step	Action
1	Have the beneficiary complete an MC 210A for the retroactive months.
2	Attach the MC 210A to the active case file and refers the case to intake via the supervisor.

MPG LTR 528 (5/04)

**H.
Processing
Previous
Denied
Month(s)**

The application for retroactive Medi-Cal will be denied when the applicant was previously denied for the requested month(s), unless the application was denied due to:

- an erroneous denial; or
- the applicant's failure to cooperate was due to circumstances beyond the control of the applicant.

MPG LTR 528 (5/04)

APPENDIX G IMPORTANT INFORMATION FOR SSI/SSP APPLICANTS

State of California—Health and Human Services Agency

Department of Health Care Services

Important Information for SSI/SSP Applicants

Medi-Cal May Help Pay Past Medical and Dental Bills ("Retroactive Coverage")

Why is Medi-Cal writing me?

In California, your application for Supplemental Security Income/State Supplementary Payment (SSI/SSP) is also an application for health care coverage through the Medi-Cal program. If you are found eligible for SSI/SSP, Medi-Cal may help pay for medical and/or dental covered services you have received in any of the three months before the SSI/SSP application month. This is called "retroactive coverage." To receive this coverage, you must be eligible for Medi-Cal in the month Medi-Cal covered services were provided. If you have already paid for medical and/or dental bills for covered services provided during the three months of the retroactive period, Medi-Cal may also help you get reimbursed.

What do I need to do to get retroactive coverage?

First, you need to contact your county social services office. A list of county social services offices is enclosed. Call the telephone number listed for your county. The county worker will help you locate the Medi-Cal office close to your home.

What do I tell the county worker?

Tell the county worker that you have applied for SSI/SSP and that you have past medical and/or dental bills you need help from Medi-Cal to pay. The county will send you the forms that you need to fill out and return to the county social services office.

Who should I contact if I need help filling out the forms?

Call your county worker and ask for help on how to complete the forms.

How soon should I contact the county social services office?

You can contact the county social services office now even before you find out if you will receive SSI/SSP benefits. You must contact the county social services office to request retroactive Medi-Cal coverage within one year of the month in which covered services were provided to you. For example, if you received medical and/or dental services any time in October 2009 and applied for SSI in January 2010, you should contact the county social services office to ask for retroactive Medi-Cal coverage by October 31, 2010.

What happens after I send in the forms to the county?

The county social services office will send you a Notice of Action (NOA) to let you know if you are approved for retroactive Medi-Cal coverage. If you are denied retroactive coverage, the NOA will tell you about your right to ask for a hearing if you do not agree with the decision.

Will Medi-Cal help pay for my past medical and/or dental bills even if I am not found eligible for SSI/SSP?

Medi-Cal may still be able to help pay for covered medical and/or dental services provided to you in any of the three months before you applied for SSI/SSP. Even if you are not found eligible for SSI/SSP, you can still apply for Medi-Cal by contacting your county social services office.

APPENDIX H IMPORTANT INFORMATION FOR NEW SSI/SSP RECIPIENTS

State of California – Health and Human Services Agency

Department of Health Care Services

IMPORTANT MEDI-CAL PROGRAM INFORMATION FOR NEW SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS

You are eligible for Medi-Cal benefits because you have been approved for SSI/SSP benefits. The first month of your eligibility for Medi-Cal benefits is the month you applied for SSI/SSP, as long as you were eligible for SSI/SSP in that month.

BENEFITS IDENTIFICATION CARD

You have now received or will shortly receive a plastic Benefits Identification Card (BIC). This BIC is used to verify your eligibility for Medi-Cal benefits, allowing your Medi-Cal providers to bill for your medical and/or dental care. If your doctor or your health care provider tells you that your Medi-Cal eligibility is listed for a county in which you do not reside, you must contact your Social Security Administration (SSA) office to have them correct their records.

HOW TO PAY FOR PAST MEDICAL BILLS SINCE APPLYING FOR SSI/SSP

If you received Medi-Cal covered medical and/or dental services from a Medi-Cal provider since you applied and became eligible for SSI/SSP, that provider can bill Medi-Cal for those services. This may include a number of months before you receive your BIC. However, you must contact the Medi-Cal providers you saw during this period so that these providers can bill Medi-Cal.

Payment for services over one year prior to receiving your BIC, requires a Letter of Authorization (Form MC180) showing the initial payment information. You can obtain this form by bringing your award letter or a letter from the SSA to your county social services office. You also should bring in copies of your medical and/or dental bills to assist in determining what month(s) you need to request Medi-Cal benefits.

IMPORTANT: You should make this request within six months of the date of the award letter.

PAYMENT OF MEDICAL BILLS IN THE THREE MONTHS BEFORE THE MONTH OF YOUR SSI/SSP APPLICATION

The Medi-Cal program may be able to help pay for medical and/or dental expenses that you had in any of the three months before the date of your SSI/SSP application. To receive this help, you must be eligible for Medi-Cal in the month(s) Medi-Cal covered services were provided. You must make the request for Medi-Cal coverage for those months within a year of the month you had the medical and/or dental services. To make your request for coverage for those months, please contact your local county of social services office in your area. A list of county of social services offices is enclosed. Call the telephone number listed for your county. The county worker will help you locate the Medi-Cal office nearest your home.

DO NOT THROW AWAY YOUR BIC. If you received Medi-Cal in the past, you may already have a plastic card that can be used again. If you lose your card, contact your local county of social services office and ask for a new card.

If you are issued a new card, then your old card will no longer be valid.

MEDI-CAL MANAGED CARE

Depending on where you live, you may have the opportunity to enroll in a Medi-Cal managed care plan. A Medi-Cal managed care plan is a health care plan that arranges or provides all covered Medi-Cal services for you through a network of physicians, clinics, hospitals, pharmacies, and other health care providers. In some counties, enrollment in a Medi-Cal managed care plan is required and in other counties you may have a choice to enroll in a health plan on a voluntary basis. All Medi-Cal managed care plans offer a selection of primary care physicians and other providers within the plan. If your county does not offer health care services through a Medi-Cal managed care plan, you will be able to obtain services directly through individual providers that participate in the Medi-Cal program. Your local county of social services office can provide you with information about Medi-Cal managed care plans that may be available in your county.

IF YOUR SSI/SSP IS STOPPED

If you are getting SSI/SSP disability benefits and SSA later decides that you are no longer disabled, you will receive a notice telling you that you will continue to receive Medi-Cal benefits until your county social services office re-determines if you are eligible for other Medi-Cal programs. Once your county social services office completes the Medi-Cal eligibility redetermination, you will be notified regarding your continuing eligibility or ineligibility for the Medi-Cal program.

IF YOU HAVE MORE THAN ONE PROVIDER

If you receive treatment from more than one doctor, you should tell each doctor about the other doctor(s). Do not abuse your Medi-Cal benefits. It is a crime to get drugs through false statements or allow others to use your BIC.

IF YOU HAVE PRIVATE HEALTH INSURANCE

As a Medi-Cal beneficiary, you must report any private health insurance you have to your county social services office. If you have a change in your other health coverage and have a request to remove the other health coverage from the computer system, please send a secure email to WATS@dhcs.ca.gov or fax to (916) 440-5675. **Having private health insurance does not prevent you from being eligible for Medi-Cal; however, if you do not report it, your Medi-Cal benefits can be stopped.** State and federal law requires Medi-Cal to bill your private health insurance before billing the Medi-Cal program.

If your private health insurance is through a Prepaid Health Plan or Health Maintenance Organization (PHP/HMO), you must go to your health plan to receive health care services. Medi-Cal may not pay for services available through a PHP/HMO plan if you choose to seek treatment elsewhere.

Additionally, the Health Insurance Premium Payment (HIPP) program may pay your health insurance premiums for you **if it is cost effective**. If you have high monthly health care costs and presently have health insurance or have health insurance available to you, you may qualify for this program. To contact HIPP please send an email to HIPP@dhcs.ca.gov.

INFORMATION YOU MUST REPORT

You must report any changes in your income, resources, or living arrangements to the SSA.

You must report when you get Medi-Cal services because of an accident or injury caused by someone else. Report all accidents or injury to:

Department of Health Care Services
Personal Injury Unit
P.O. Box 997425, MS 4720
Sacramento, CA 95899-7425

If you receive any direct payments from an insurance company for services paid by Medi-Cal, send them to:

Department of Health Care Services
Other Coverage Branch
P.O. Box 997423, MS 4719
Sacramento, CA 95899-7424

You may also call (916) 650-0490 or fax information to (916) 650-6581.

MEDICARE

If you do not already have Social Security benefits, you must apply for Medicare benefits at the local SSA office if you are 64 years and 9 months of age or older.