
Medi-Cal Managed Care Claims

Call your Managed Care Plan-member services department

If the managed care plan member services department is not able to help, the following phone number is available for the managed care ombudsman.

1-888-452-8609 Office of the Ombudsman

DHS anticipates that it will not have an implementation plan approved by the court for several months. In the interim, when a claimant writes or calls the applicable DHS contact, the claimant will be guided concerning the procedure and documentation necessary for consideration for reimbursement once the implementation plan has been approved and is in place.

Once a plan is in place, DHS will evaluate reimbursement requests. DHS will issue a notice of action if it denies all or part of a request. The claimant will have hearing rights on any such denial.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 8, 2003*

Item 03-08-02A -- Medi-Cal Eligibility Procedures Manual Information (MEPM)
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The MEPM is a valuable tool that provides a lot of information that judges may not be able to find in the Title 22 regulations or in All County Welfare Director's Letters. This edition of Notes from the Training Bureau provides information from selected sections of the MEPM.

Questions and Answers Regarding Responsible Relatives

Reference: MEPM §8E pages 1-3

There are 18 questions and answers on this subject. The answers to some of these questions are as follows:

- o A legally separated couple living in the same home are in the same MFBU.
- o Any unmarried or married 19 to 21 year old "child" living with his/her parents is in the same MFBU with the parents even if the "child" is "emancipated". The term emancipation has no bearing on any Medi-Cal determination.
- o For purposes of §1931(b) Medi-Cal, a grandparent who has care and control of his/her grandchild may be linked to Medi-Cal even if the mother of the children is in the home. For purposes of MN, MI and Percent programs, the grandmother would not be linked and

thus not eligible for Medi-Cal if the parent of the child(ren) is in the home unless the parent of the children is also a minor.

- o The caretaker relative of an AFDC-Foster Care child is linked for Medi-Cal benefits.
- o For purposes of the MN and MI programs, the parents of an 18-21 year old child who is away at school may use that child for Medi-Cal linkage purposes if the parents claim the child as a tax dependent and if the child is deprived.

Aid Codes

Reference: MEPM §5A

MEPM §5A provides an aid code master chart for all Medi-Cal aid codes. The chart can be found from pages 5A-4 through 5A-19.

The chart is divided into four columns. In the first column it lists the aid code. Also, in that column, the aid codes are further broken down into categories. Such categories include a cash assistance code, an other public assistance code, a continuing Medi-Cal code, a Medically Needy code without a share of cost and a Medically Needy code with a share of cost as well as several others.

The second column states whether the aid code provides full benefits or restricted benefits.

The third column explains the program code and states whether there is federal financial participation (FFP).

The fourth column for each code states whether or not the aid code is a \$0 share of cost aid code or a share of cost code.

Transitional Medical Care (TMC)

Reference: MEPM §5B pages 5B-3 through 5B-14

TMC provides for continuing \$0 share of cost Medi-Cal for persons who received CalWORKs or 1931(b)-only Medi-Cal in at least three of the last six months and were discontinued from CalWORKs or 1931(b) only because of increased earnings from employment. TMC has three time periods: an initial six-month period, an additional six-month period and a second year of TMC.

The initial six-month period has no eligibility requirements other than the family must continue to have a child in the home and reside in California. The additional six-month period requires that in addition to the child in the home and state residency requirements, the income earner must remain employed unless good cause exists for not remaining employed.

The family must also have received TMC for the entire six-month initial period and must meet reporting requirements unless there is good cause for not meeting those requirements. The family's average gross monthly earnings less child care costs may not exceed 185% of the applicable federal poverty level.

The second year of TMC applies to persons who are age 19 or older if they received the first year of TMC and continue to meet the criteria necessary for additional TMC (i.e., the second six-month period of TMC).

The first two six-month periods of TMC are federally funded. The second year of TMC is state-only funded.

When evaluating the eligibility of a family for \$0 share of cost Medi-Cal, it is important to first evaluate 1931(b) eligibility before considering TMC or any other \$0 share of cost program. This is so because there is no time limit for 1931(b).

Thus if a family that has received CalWORKs in at least three of the last six months is discontinued from CalWORKs because of increased earnings from employment the county must first evaluate the family to determine if the family is eligible for 1931(b)-only Medi-Cal. If they are not eligible for 1931(b)-only, they are evaluated for TMC.

If a family that never received CalWORKs applies for Medi-Cal, the county must evaluate eligibility for 1931(b)-only. Persons who received 1931(b)-only for three of the last six months and are terminated from 1931(b) only because of increased earnings from employment are also eligible for TMC even if they never received CalWORKs.

(Note: If a family is ineligible for 1931(b), counties should first evaluate for Medi-Cal eligibility under percent programs for children as the percent programs are not time-limited.)

On pages 5B-11 through 5B-14 there are answers to questions regarding TMC. The answers to some of these questions are as follows:

- Families are not eligible for TMC due to an increase in state disability or temporary worker's compensation benefits. Only an increase in income from employment provides eligibility for TMC.
- If a family's income drops while receiving TMC, counties need to reevaluate eligibility under §1931(b). Parents are not routinely evaluated for 1931(b) after TMC ends unless the county is aware that income has decreased.
- There are no property requirements for the TMC program.
- Redeterminations are not required during TMC. Counties should not request information or verifications for persons receiving TMC.

This section provides much more information on the TMC program.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - August 12, 2003*