

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, Ca. 95814
(916) 323-0920



July 11, 1983

ALL COUNTY INFORMATION NOTICE 1-79-83

TO: ALL COUNTY WELFARE DIRECTORS
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL DSS ADOPTIONS DISTRICT OFFICES

SUBJECT: ICPC: Medi-Cal Information Document for California Children
Placed in Out-of-State Care

This is to notify you of the availability of the Medi-Cal Information Document for immediate use. The document serves to provide critical information about the types of services covered under Medi-Cal and the procedures to be followed by providers in securing payment for medical services rendered to California children placed out-of-state through ICPC. It may also be used in connection with the Adoption Assistance Program.

It is recommended that this document accompany other related placement material once it is known that the placement will occur. A copy should be sent by the social worker to the relative/non-relative caretaker in the receiving state to insure familiarity with the provisions and procedures.

Additional copies of this document will be provided upon request by contacting the Department of Social Services Warehouse, P. O. Box 22429, Sacramento, CA 95822. Their phone number is (916) 322-6250. When ordering, please request PUB 99. As this is a publication, it will be made available at no cost to the counties.

Please direct questions and concerns related to the use of the document to the Interstate Compact on the Placement of Children (ICPC) consultant identified for your county. ICPC consultants for foster care/relative placements can be reached at (916) 323-0920; the Adoptions ICPC consultants can be reached at (916) 322-4946.

Sincerely,

A handwritten signature in cursive script, appearing to read "Claude E. Fynn".

CLAUDE E. FYNN
Deputy Director
Adult and Family Services

cc: CWDA

MEDI-CAL INFORMATION DOCUMENT FOR
CALIFORNIA CHILDREN PLACED IN OUT-OF-STATE CARE
(DECEMBER 28, 1982)

Medi-Cal is California's name for Medicaid, the federal medical assistance program authorized by Title XIX of the Social Security Act for needy and low income persons.

Medi-Cal pays for health care for eligible California children placed in other states through the Interstate Compact on Placement of Children and for children placed in adoptive homes through the Adoption Assistance Program under the following conditions:

1. When a treatment proposed by the child's attending physician or other health care provider is approved in advance by the California Department of Health Services.
2. Without prior authorization when an emergency arises from an accident, injury, or illness.

Medi-Cal coverage is available for the following types of care: physician and other professional services, hospital services (inpatient and outpatient), prescription drugs and medical supplies, radiology and laboratory services, ambulance services, stays in long-term care facilities, and prosthetic and orthotic appliances, durable medical equipment, etc. Certain procedures, however, must be followed to assure payment for such services.

Medi-Cal coverage of services has recently been reduced to include only those services considered necessary to protect life, prevent significant disability or serious deterioration of health. This change results from recent state legislation. The California Department of Health Services has implemented this new standard through various utilization controls including prior authorization. When a provider enrolls in the Medi-Cal program, a provider manual or billing syllabus which explains how this new standard is applied is sent to that provider.

PROVIDER NUMBER REQUIRED

A doctor or other health care provider must be approved and given a Provider Identification Number by the California Department of Health Services before a Treatment Authorization Request can be approved and before a claim for payment can be processed. An exception to this is the dental services provider. Please refer to that section. An identification number assigned by a state other than California cannot be used to bill the California Medi-Cal Program. In order to obtain a California Provider Identification Number, a provider must contact the California Department of Health Services. An application will be sent to the provider, and the Department of Health Services will verify the provider's eligibility through the corresponding state's Medicaid or licensing agency.

Obtaining a Provider Identification Number can take from one to three months because of the communications necessary between the provider, the California Department of Health Services, and the corresponding state's medical licensing

agencies. For that reason, some providers are not willing to accept Medi-Cal as payment for services. It is important, therefore, that a provider willing to accept Medi-Cal be identified as soon as possible, even for a well child, before health care is actually needed. If the relative or foster parent of a California Interstate Compact Child is unable to find a provider that accepts Medi-Cal as payment for services in their area, they or the child's social worker may write or call the California ICPC Office for assistance in obtaining a list of already established Medi-Cal providers in their areas. Their address/phone numbers are:

Interstate Compact -
Foster Care/Relative
Department of Social Services
744 P Street, M/S 9-108
Sacramento, CA 95814
Telephone: (916) 323-0920

Interstate Compact - Adoptions
Department of Social Services
744 P Street, M/S 19-31
Sacramento, CA 95814
Telephone: (916) 322-4946

Once selected, the provider should be given a copy of this Medi-Cal Information Document. The provider should read the Medi-Cal Information Document carefully. He or she should then write or call the following office to request an application for a provider number:

Provider Enrollment Section
Department of Health Services
714 P Street
Sacramento, CA 95814
Telephone: (916) 323-1945

When the application is received, the provider should complete the application and return it to the Provider Enrollment Section as soon as possible. The provider should write at the top of the application, preferably in red ink, "INTERSTATE COMPACT CHILD - PLEASE EXPEDITE". This will assure priority treatment of the application. This statement should also be written at the top of all subsequent Treatment Authorization Requests. Once the provider receives his/her Medi-Cal provider number he/she may begin to bill Medi-Cal for services rendered.

PRIOR AUTHORIZATION REQUIRED

When the child is in need of routine medical care, prior authorization MUST always be obtained. This includes such services as immunization shots, physical check-ups, nonemergency dental or vision care services, follow-up care to an emergency, or ongoing care for a continuing medical problem. These are medical services that can be planned for in advance by the caretaker and the provider. The provider must receive approval from the California Department of Health Services before treatment is provided. Approval for all nonemergency services except vision care is requested on the Treatment Authorization Request (TAR) form. The TAR should be completed as quickly as possible and submitted to the Out-of-State Unit of the Medi-Cal Field Office at the following address:

Department of Health Services
Medi-Cal Field Office
Post Office Box 3704
San Francisco, CA 94119
Attention: Out-of-State Unit
Telephone: (415) 557-2770

If a treatment authorization is required on an urgency basis, verbal approval may be given by the Out-of-State Unit. However, the provider must follow up this verbal approval by submitting a completed TAR in the usual manner. The TAR should include the treatment authorization number given verbally by the Out-of-State Medi-Cal Unit. Written authorization for the services will then be sent to the provider.

Vision Care Providers should contact the Vision Care Unit, Benefits Branch, California Department of Health Services, 714 P Street, Room 1640, Sacramento, California 95814, Phone: (916) 322-3997, for prior authorization and claims assistance.

If the provider experiences any difficulties with obtaining a Provider Identification Number or a treatment authorization number, or if a number is required on an urgency basis, the provider should contact the Out-of-State Unit of the California Department of Health Services at (415) 557-2770.

EMERGENCY SITUATIONS

Prior authorization is not required in an emergency due to accident, injury, or illness where the child's health would be endangered by postponing treatment. Emergency services are defined as those required for alleviation of severe pain or the immediate diagnosis and treatment of unforeseen medical conditions which could lead to disability or death if not immediately treated. Providers, when billing for outpatient services rendered on an emergency basis, must complete the Emergency Certification Statement on the claim form (40-1). A TAR is not required. All inpatient hospital stays, including emergency stays, require prior authorization from the first day. When submitting TARs, providers must include documentation indicating that the procedure was medically necessary in accordance with the new standards and that an emergency condition existed. For emergency hospitalization, providers should obtain a verbal (telephone) control number from the Out-of-State Unit as soon as possible.

MEDI-CAL CARD INFORMATION REQUIRED

A Medi-Cal card is received by the relative/foster parent on behalf of the child for each month the child is entitled to Medi-Cal benefits. If there is more than one child in the family, each eligible child will receive his or her own card. The patient should always take the Medi-Cal card with him or her when visiting the provider or hospital for any reason.

Medi-Cal benefits are obtained by giving the doctor one of two kinds of adhesive labels from the Medi-Cal card. The two kinds of labels are "MEDI" and "POE" (Proof of Eligibility). Only two "MEDI" labels are provided per card. A MEDI label must be used each time one of the following services are provided: chiropractic services, audiology services, psychology services, occupational therapy services, or speech therapy services. If available, MEDI labels must be submitted with claims for podiatry office visits. Other services require a "POE" label, a photocopy of the Medi-Cal card, or the beneficiary's name and Medi-Cal number correctly entered on the claim form. The month indicated on the label or card must correspond with the month medical services are provided.

The provider should either take a label or make a photocopy of the Medi-Cal card each time services or care is provided. If emergency services are needed at any time, the provider or hospital providing the service will need either one of the "POE" labels from the card or a photocopy of the card.

CLAIMS

A claim for payment should not be submitted until the provider has received a written authorization for the services from the California Department of Health Services. All claims, with the exception of dental service claims, may be submitted only on California Medi-Cal claim forms. No other billing forms, invoices or statements can be accepted. These forms are provided at the time a Provider Identification Number is sent to the provider. Claims for services requiring a "MEDI" label must have the label attached, and other claims must have a "POE" label, copy of the current Medi-Cal card, or the beneficiary's correct name and Medi-Cal number in order for the claim to be approved and paid.

If providers (other than dental) have any questions regarding completion of the claim form, they are encouraged to call or write:

Computer Sciences Corporation
Attention: Out-of-State Unit
P.O. Box 15000
Sacramento, CA 95813
Telephone: (916) 920-5000

All out-of-state claims must be sent to the above address prior to being processed for payment.

DENTAL SERVICES

Dental services are handled separately and differently from other Medi-Cal services. The two major differences are (1) a California Provider Identification Number is not required, and (2) claims may be submitted on any state's Medicaid claim form or other insurance claim form. Nonemergency services still require prior authorization before the treatment begins. A "POE" label from the Medi-Cal Card or a photocopy of the Medi-Cal Card must accompany the claim form. The claim form and attached "POE" label or photocopy should be submitted directly to California Dental Services at the following address:

California Dental Services
Post Office Box 13796
Sacramento, CA 95853
Telephone: (916) 386-1620

SUMMARY OF ROLES FOR PARTICIPANTS IN INTERSTATE COMPACT
FOR CHILDREN PLACEMENTS INVOLVING MEDI-CAL

SOCIAL WORKERS should be aware that:

1. Not all health care providers accept Medi-Cal for payment of health services.
2. Prior authorization from the California Department of Health Services is necessary for all treatment except emergencies.

SOCIAL WORKERS should take the following actions:

1. Encourage early arrangement for a personal physician for the child.
2. Provide the Medi-Cal Information Document to parents and physician.
3. Assure the child has a Medi-Cal card each month.
4. Obtain assistance with problems as necessary from either the Foster Care/Relative or the Adoption Interstate Compact Administrator's office.

RELATIVES and FOSTER PARENTS should be aware of the same information as noted in SOCIAL WORKER, above.

RELATIVES and FOSTER PARENTS should take these actions:

1. Secure a personal physician for the child as soon as possible.
2. Provide the doctor with the Medi-Cal Information Document.
3. Preplan routine or ongoing treatment with the doctor.
4. Always take the child's Medi-Cal card to the doctor's office or health care facility.
5. Contact the social worker with any problems pertaining to Medi-Cal as soon as possible.

PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHOULD BE AWARE THAT:

1. A Provider Identification Number is required for all health care providers except for dental service providers before a claim for payment can be processed. It often takes one to three months to obtain this number from California.
2. Prior authorization is required from California for all inpatient stays and for all nonemergency outpatient services.
3. Each claim for payment must be accompanied by a copy of the child's current month Medi-Cal card or an appropriate label from that card. However, a photocopy of the Medi-Cal card is not an acceptable alternative to a "MEDI" label. Correct entry of the beneficiary's name and Medi-Cal number on the claim for is an acceptable alternative for a "POE" label.

PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHOULD TAKE THE FOLLOWING ACTIONS:

1. Apply for a Provider Identification Number from California as soon as possible. (Dental service providers excepted.)
2. Obtain prior authorization for all treatments except emergencies.
3. Write in red ink at the top of the "Application for Provider Identification Number", and "Treatment Authorization Request" forms:

"INTERSTATE COMPACT CHILD - PLEASE EXPEDITE"

4. Photocopy the child's current month Medi-Cal card or remove appropriate label each time the patient is treated.
5. Promptly submit claims for payment on proper Medi-Cal claim forms, with copy of Medi-Cal card or label attached. (Dental service providers may use other claim forms.)
6. Contact the patient's relative/foster parent or social worker with any problems and request that the social worker contact either the Foster Care/Relative or the Adoption Interstate Compact Administrator's office for assistance.