E R R A T A

TO: ALL COUNTY WELFARE DIRECTORS
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL SDSS ADOPTIONS DISTRICT OFFICES
ALL COUNTY MEDI-CAL LIAISONS

SUBJECT: MEDI-CAL INFORMATION DOCUMENT FOR CALIFORNIA CHILDREN PLACED IN OUT-OF-STATE CARE

REFERENCE: ACL 92-09 AND ATTACHMENT PUB 99 (01/92)

The purpose of this Errata is to replace the SDSS Warehouse as the source for copies of PUB 99 with:

State Department of Social Services
Forms Management Bureau
744 P Street, MS 7-182
Sacramento, CA 95814

Telephone: (916) 657-1907

A camera ready copy of the publication will be furnished and telephone requests are accepted. We apologize for any inconvenience this may have caused.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

January 16, 1992

ALL COUNTY LETTER NO. 92-09

TO: **ALL COUNTY WELFARE DIRECTORS**
ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL SDSS ADOPTIONS DISTRICT OFFICES
ALL COUNTY MEDI-CAL LIAISONS

SUBJECT: **MEDI-CAL INFORMATION DOCUMENT FOR CALIFORNIA CHILDREN PLACED IN OUT-OF-STATE CARE**

REFERENCE: **ACL 87-140 AND ATTACHMENT PUB 99 (10/87), ACIN I-79-83 AND ATTACHMENT PUB 99 (5/83) WHICH ARE HEREBY SUPERCEDED, ACL NO. 86-131, DHS LETTER NO. 86-68**

This will serve as notification of an updated Medi-Cal Information Document PUB 99 (01/92). The document provides current information about the services covered by Medi-Cal and the procedures to be followed by out-of-state providers in securing payment for approved services rendered to California children placed out-of-state through the Interstate Compact on the Placement of Children (ICPC). A copy of the Medi-Cal Information Document PUB 99 (01/92) is included herein for your convenience.

The updated document should accompany other related placement material once it is known that placement will occur out-of-state. Copies should be sent to the relative/nonrelative caretaker in the receiving state as well as to the social worker in the receiving state agency who will be supervising the placement.

The document discusses the various responsibilities of beneficiaries, out-of-state health care providers, and referring social workers or agencies. The covered services, as outlined in the provider manual, can be provided and claims processed in a timely manner when each participant completes his responsibilities. We included, in the section entitled "PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHOULD BE AWARE THAT", telephone numbers of offices which specifically handle

questions pertaining to: provider status, prior authorization, and claims processing. The updated document also contains a listing of the current address of both state and Electronic Data Systems (EDS) offices which prospective or current out-of-state providers may consult when making an inquiry.

All Title IV-E (Federal AAP or Federal Foster Care) eligible minors, who are placed out-of-state, should be eligible for Medicaid in the receiving state as specified by Public Law 99-272, referred to as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Medi-Cal should continue to be provided only to nonfederally eligible minors placed out-of-state who have established linkage for Medi-Cal coverage. Medi-Cal should also continue to be provided to children placed in states that have not yet implemented the COBRA provisions.

Additional copies of the Medi-Cal Information Document will be provided, upon request, by contacting:

Department of Social Services
Warehouse
P.O. Box 22429
Sacramento, CA 95822

The phone number is (916) 322-6250. When ordering, please request PUB 99 (Rev 01/92). As this is a publication, it will be made available without cost.

LOREN D. SUTER
Deputy Director
Adult and Family Services Division

Attachment

cc: County Welfare Directors Association

MEDI-CAL INFORMATION DOCUMENT FOR CALIFORNIA CHILDREN PLACED IN OUT-OF-STATE CARE

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. Beneficiaries receive a monthly Medi-Cal card for each month that they remain eligible, and are reviewed for eligibility on an annual basis. Medi-Cal pays for health care for eligible California children placed in other states through the Interstate Compact on the Placement of Children (ICPC) under the following conditions:

1. When treatment proposed by the child's attending physician or other health care provider is approved in advance by the California Department of Health Services through the prior authorization process.

2. Without prior authorization when an emergency arises from an accident, injury, or illness. However, the health care provider must contact the California Department of Health Services upon admission of a Medi-Cal child, or when the facility learns of the child's Medi-Cal eligibility, in order to receive verbal approval for the services provided. Furthermore, upon the child's discharge, a completed Treatment Authorization Request (TAR) with all medical records must be submitted to the California Department of Health Services for approval.

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, eye glasses and eye appliances, dental and vision services, etc. Certain procedures, however, must be followed to assure payment for such services.

Medi-Cal covers services which are reasonable and necessary to protect life, or to prevent significant disability or serious deterioration of health. The California Department of Health Services implements this 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 standard is applied is sent to that provider.

PROVIDER NUMBER REQUIRED

A doctor or health care provider must be approved and given a Provider Identification Number by the California Department of Health Services before a TAR can be approved or before a claim for payment can be processed. An exception to this is the dental services provider. Please refer to the Dental Services Section in this document. 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, Provider Enrollment Section. 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. Contact your agency's ICPC liaison for assistance in obtaining a list of already established out-of-state Medi-Cal providers. Liaisons who do not have the out-of-state Medi-Cal provider list may call or write the California Department of Health Services. The address/phone number is:

Department of Health Services
Provider Enrollment
P.O. Box 942732, Room 940
Sacramento, CA 94234-7320
(916) 323-1945

The provider should be given a copy of this Medi-Cal Information Document. After reading the document carefully, the provider may write or call the following office to request an application for a provider number:

Department of Health Services
Provider Enrollment Section
P.O. 942732, Room 940
Sacramento, CA 94234-7320
(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.

Please note that California no longer enrolls out-of-state physician groups, therefore each physician who has charges at this time should complete an application for enrollment. As these numbers are assigned for a limited time period, there is no need to enroll every physician in a group now, only those with charges for Medi-Cal.

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 medical services 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 TAR form. The provider should write at the top of the TAR form, preferably in red ink, "INTERSTATE COMPACT CHILD-PLEASE EXPEDITE". This statement should also be written at the top of all subsequent TARs. Once the provider receives a Medi-Cal provider number, Medi-Cal may be billed for services rendered. 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
Attn: Out-of-State Unit
P.O. Box 3704
San Francisco, CA 94119
(415) 557-2770

MEDI-CAL CARD INFORMATION REQUIRED

A new 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 a separate card. The patient should always take the Medi-Cal card when visiting the provider or hospital for any reason. The monthly card issued by the State of California will resemble the sample depicted in this publication.

Medi-Cal services 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. If a Medi-Cal patient runs out of "MEDI" labels, no additional "MEDI" LABELS will be provided. The Medi-Cal program limits "MEDI" label benefits to two visits or services per month. A "MEDI" label must be obtained by the provider at the time of service to ensure payment by Medi-Cal for the following services: acupuncture services, chiropractic services, audiology services, psychology services, occupational therapy services, or speech therapy services. A "MEDI" label must be secured by the provider for first podiatry office visit. ALL 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. For "MEDI" label services, the provider must obtain a "MEDI" label. 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.

If treatment authorization is required on an urgency basis, oral approval may be given by Out-of-State Unit. However, the provider must follow up this oral approval by submitting a completed TAR with the patient's medical records attached. The TAR should include the treatment authorization number given orally by the Out-of-State Medi-Cal Unit. Written authorization for the services will then be sent to the provider.

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 an oral (telephone) control number from the Out-of-State Unit as soon as possible.

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 the appropriate EDS claims office listed below:

PLEASE RETAIN FOR FUTURE REFERENCE WHEN WORKING WITH CALIFORNIA MEDI-CAL

PROVIDER STATUS

Department of Health Services
Provider Enrollment
P.O. Box 942732, Room 940
Sacramento, CA 94234-7320
(916) 323-1945

CLAIM FORMS NEEDED, ASSISTANCE WITH COMPLETION OF CLAIM FORMS

EDS Federal Corporation
Out of State Unit
(916) 636-1000

CLAIMS SUBMISSION

Hospitals:

Inpatient Claims

EDS Federal Corporation
P.O. Box 15500
Sacramento, CA 95852-1500

Outpatient Claims

EDS Federal Corporation
P.O. Box 15600
Sacramento, CA 95852-1600

All other Medical Services:

EDS Federal Corporation
P.O. Box 15700
Sacramento, CA 95852-1700

GENERAL CORRESPONDENCE AND FIRST LEVEL APPEALS

EDS Federal Corporation
P.O. Box 13029
Sacramento, CA 95813-4029

RESUBMISSION TURNAROUND DOCUMENTS (RTD's)

EDS Federal Corporation
P.O. Box 15200
Sacramento, CA 95851-1200

CLAIMS INQUIRY FORMS (CIF's)

EDS Federal Corporation
P.O. Box 15300
Sacramento, CA 95851-1300
1-800-541-5555

All out-of-state claims must be sent to the appropriate EDS office shown above prior to being processed for payment.

DENTAL SERVICES

Dental services are handled separately and differently from other Medi-Cal services. Dental care providers should contact the Denti-Cal Provider Services Department at the following address for prior authorization and claims assistance:

Delta Dental Plan of California (Denti-Cal)
Denti-Cal, Provider Services Department
7667 Folsom Boulevard
Sacramento, CA 95826
(916) 386-1620

VISION CARE

Vision care providers should contact the Vision Care Unit at the following address for prior authorization and claims assistance:

California Department of Health Services
Benefits Branch
Vision Care Unit
714 P Street, Room 1640
Sacramento, CA 95814
(916) 654-0274

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.

The monthly card issued by the State of California will resemble the sample depicted below:

Medi-Cal Recipient ID Card

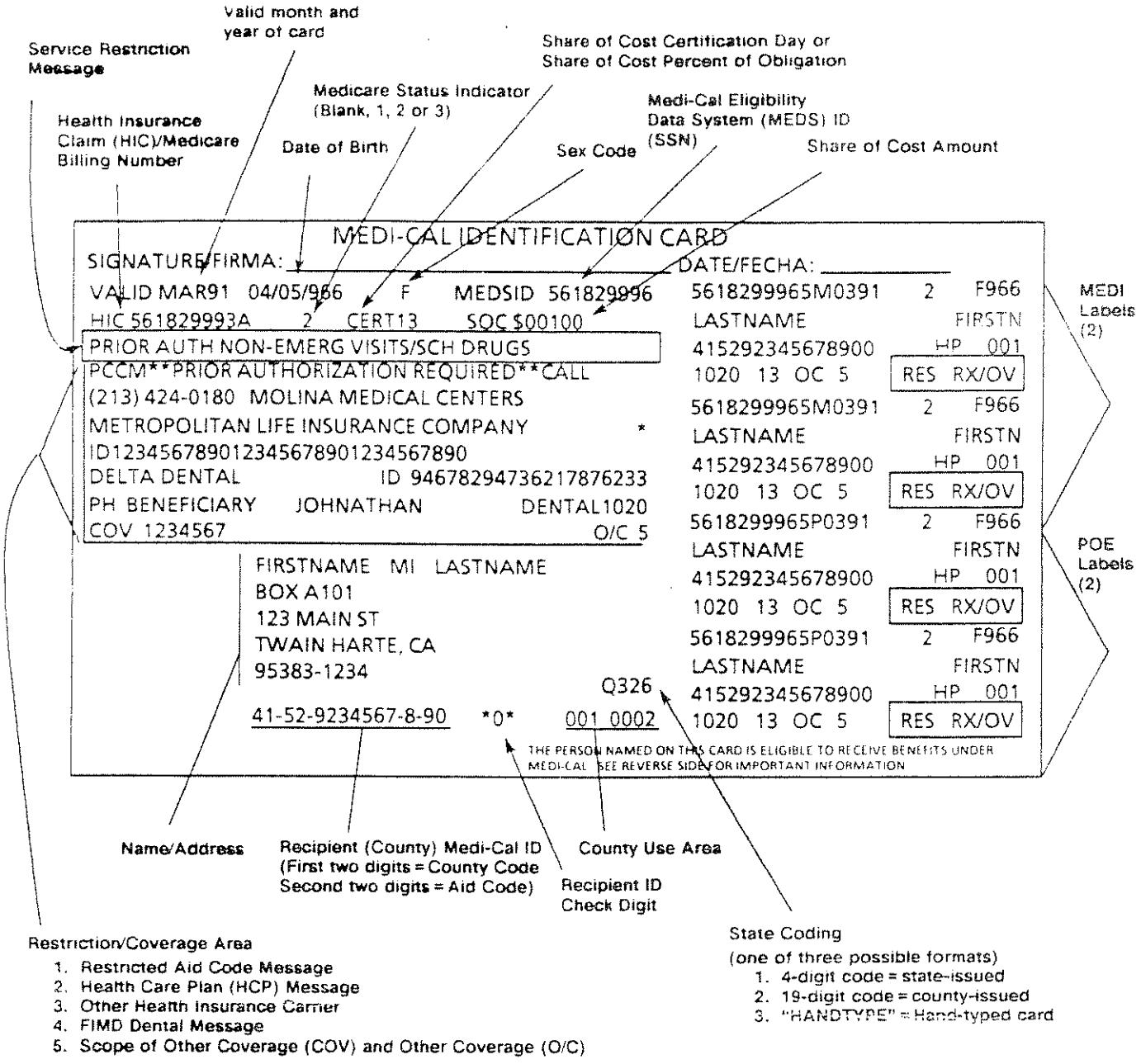

Figure 1. Medi-Cal Recipient ID Card. (Green)
(Actual card size = 6 1/2" x 3 1/2")

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

SOCIAL WORKERS, RELATIVES AND FOSTER PARENTS should be aware that:

1. Not all health care providers accept Medi-Cal for payment of health services, or are willing to participate in the program.

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 selection of a personal physician for the child who is willing to accept Medi-Cal payment for services.

2. Provide the Medi-Cal Information Document to relative and nonrelative caretakers and physician.

3. Assure the child has a Medi-Cal card each month. Contact the California Social Worker if the card has not been received by the care provider.

4. Obtain assistance with problems as necessary from the Interstate Compact Administrators office.

RELATIVES AND FOSTER PARENTS should take these actions:

1. Secure a personal physician for the child who is willing to accept Medi-Cal payment for services 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, especially if a current card has not been received.

PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHOULD BE AWARE THAT:

1. A Provider Identification Number is required for all health care providers before a claim for payment can be processed. It can take up to three months to obtain this number from California.

2. The state of California no longer enrolls out-of-state physician groups. Therefore, each physician who anticipates charges must enroll as a medical provider.

3. Prior authorization is required from California for all inpatient stays and for all nonemergency Outpatient services.

4. 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 for a "MEDI" label. Correct entry of the beneficiary's name and Medi-Cal number on the claim form is an acceptable alternative for a "POE" label.

5. Claims are computer processed which require their submission on our claim form. Any questions regarding their completion or status, once mailed, should be directed to our fiscal intermediary, EDS, at (916) 636-1000.

6. Treatment authorization is required in most instances. If it is required, a claim will not be considered for payment without it. You should contact the Medi-Cal Field Office for authorization and information at (415) 557-2770.

7. If you need assistance completing the application or have questions about your enrollment, contact Provider Enrollment at (916) 323-1945 and ask for the Out-of-State Representative.

8. Dental care providers must contact the Denti-Cal, Provider Services Department for prior authorization and claims assistance at (916) 386-1620.

9. Vision care providers must contact the Department of Health Services Benefits Branch for prior authorization and claims assistance at (916) 654-0274.

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

1. Apply for a Provider Identification Number from California as soon as possible.

2. Obtain prior authorization for all treatments except emergencies. Emergency services require verbal authorization and upon discharge, a completed TAR with medical records.

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 a copy of a Medi-Cal card or a label attached. (Dental service providers may use other claim forms.)

6. Contact the patient's relative/foster parent or social worker with any problems.

Medi-Cal ID POE/MEDI Label

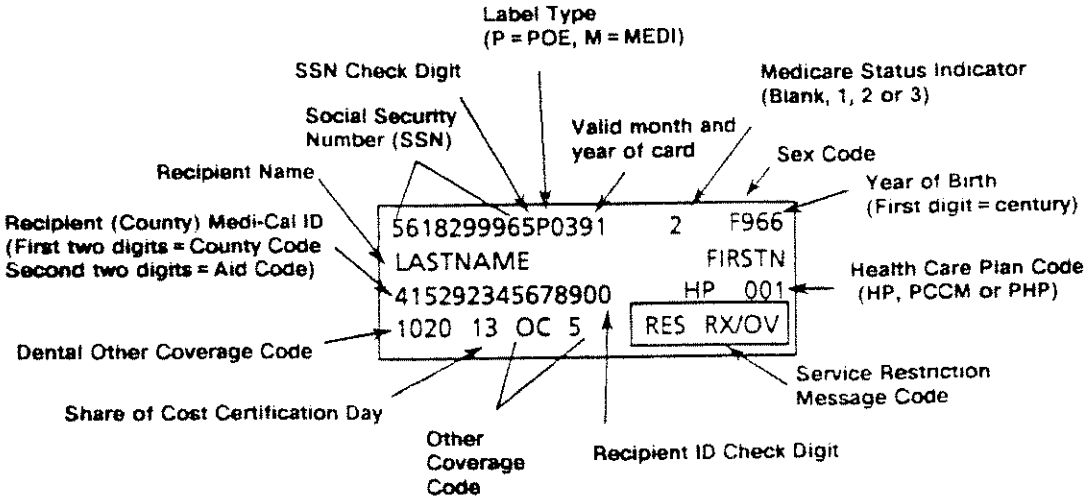

Figure 2. POE/MEDI Label.