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

December 7, 1999

ALL COUNTY INFORMATION NOTICE I-92-99

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order
[ ] Clarification Requested by One or More Counties
[X] Initiated by CDSS

SUBJECT: Y2K URGENT MEDICAL CARE

REFERENCE: ALL COUNTY WELFARE DIRECTORS LETTER 99-72

The purpose of this notice is to transmit a copy of the Department of Health Services (DHS) All County Welfare Directors Letter (ACWDL) 99-72. The intent of this ACWDL is to inform county personnel of the DHS contingency plans in the event of a Y2K incident. The letter instructs providers to accept certain types of proof of Medi-Cal coverage allowing the provision of urgent medical care. One such proof of coverage is a CalWORKs approval Notice of Action. Counties are strongly encouraged to recommend to new recipients that they keep the approval Notice of Action as proof of coverage until they receive a Benefits Identification Card.

If you have any questions about this All County Information Notice (ACIN), please call Mr. Vincent Toolan at (916) 654-1808. If you have any questions about the ACWDL, please call Mr. Armando Martinez at (916) 657-1487.

Sincerely,
Original signed by
Maria Hernandez for
Charr Lee Metsker on
December 7, 1999
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachment

c: CWDA
CSAC

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

November 30, 1999

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
All County MEDS Liaisons

Letter No.: 99-72

MEDI-CAL CONTINGENCY PLANS AND INSTRUCTIONS--YEAR 2000 (Y2K)

This letter is to inform counties as to the Department of Health Services' (DHS) contingency plans in the event of Y2K problems.

BACKGROUND

DHS mission-critical and department critical systems have been Y2K tested and placed back in production. The Federal Health Care Financing Administration's Independent Validation and Verification (IV&V) team has conducted an assessment of the Medi-Cal Eligibility Data System (MEDS), California Medicaid Management Information System, California Denti-Cal Medicaid Management, and the Healthy Family systems. The IV&V assessment determined that these systems present a "low" risk of potentially failing to maintain system functionality for determining Medicaid eligible beneficiaries, reimbursing providers' claims and other vital operations in the year 2000 (low is the best rating). DHS is confident that a statewide Y2K problem is unlikely and any problems that might occur would be localized and would affect relatively few individuals. Nevertheless, contingency planning demands that DHS be prepared for the occurrence of an unlikely Y2K event(s).

DIRECTOR'S ACTIONS IF A Y2K PROBLEM OCCURS

In the unlikely event of a prolonged failure of the systems, either statewide or regionally, used to verify Medi-Cal eligibility for providers, the Director of DHS will implement emergency procedures. In the event of implementation of these procedures, DHS will announce the implementation of this emergency process through various means of communication including local media. Implementation of these procedures will ensure provider payment for urgent care during this outage. Once the system is operational again, DHS will announce that normal procedures have been restored.

Y2K COMMAND CENTER

The Medi-Cal program is establishing a Y2K Command Center to address Y2K problems. This will be referred to as the Medi-Cal Y2K Command Center. We are asking each county to be prepared to contact the command center by noon on January 2, 2000, in order to report Y2K problems or to advise us that county systems appear to be functioning properly. (Note: each county should be coordinating their Y2K efforts with the local Office of Emergency Services (OES). We need you to provide DHS with the information on designated individuals as shown below:

* By December 17, 1999, submit the name of the contact individual(s), the backup for the contact individual, their phone numbers, their fax number, and e-mail addresses to:

Department of Health Services, Medi-Cal Eligibility Branch, 714 P Street, Room 1692
Sacramento, California 95814, Attention: Mr. Armando Martinez

The Medi-Cal Y2K Command Center can be contacted by phone at (916) 464-0368, fax to (916) 464-0855/464-2105, or by e-mail at "medi-cal_y2k@dhs.ca.gov". Y2K status will also be updated on the TAO system.

CONTINGENCY PLANNING IN CASE OF A Y2K PROBLEM

If a state Y2K problem occurs which results in MEDS being unavailable or providers being unable to access Medi-Cal eligibility by any means for a significant amount of time, and with the concurrence of the Medi-Cal Y2K Command Center, Medi-Cal program staff will take actions, as necessary, to inform all impacted parties, including the state OES. Should it be necessary, the Director will authorize the use of Emergency Regulations to ensure that Medi-Cal beneficiaries have access to urgent care by guaranteeing payments to providers who meet criteria described in the provider bulletin (enclosed).

DHS will be notifying counties via express mail, telephone, fax, and e-mail if a Y2K event is announced statewide or within a region.

The enclosed provider bulletin, which was released in mid-November 1999, describes the steps a provider must take in order to ensure that he/she is paid for urgent care services. One of the steps requires beneficiaries to present evidence of previous Medi-Cal eligibility by showing the provider, a Benefits Identification Card, a Health Care Plan card, a paper Medi-Cal identification card, an award letter from the Social Security

Administration for a Supplemental Security Income/State Supplemental Program recipient, or a county produced Medi-Cal or CalWORKs approval Notice of Action. One of the items referenced above and the Y2K statement of eligibility will enable beneficiaries to obtain urgent care.

DHS will be issuing another provider bulletin in December 1999 to cover any remaining contingency plan matters. DHS will mail this provider bulletin as an attachment to another All County Welfare Directors Letter. Keep the bulletins for reference in case providers call the county on Y2K issues.

COUNTY ACTIONS IN THE EVENT OF A STATE OR COUNTY Y2K EVENT

If counties are unable to access their computer systems or connect to MEDS, counties should maintain their records on paper until such time as their records can be added to MEDS.

Those new beneficiaries/recipients whose records can not be added to MEDS and who do not have any other proof of Medi-Cal coverage as shown above, should be given a Medi-Cal or CalWORKs approval Notice of Action as beneficiaries needing urgent services will need to present a copy of this notice to their provider. Counties may add approval notice language to county letterhead (hand written or automated) for use in place of the Medi-Cal Notice of Action described above.

COUNTY REQUESTS FOR HARD COPIES OF MEDS

Some counties have requested hard copies of the MEDS files. Given the cost, the unlikelihood of a statewide problem and other technical considerations; DHS has decided not to provide these files.

Thank you very much for your cooperation. If you have any questions regarding this matter, please contact Mr. Armando Martinez of my staff, at (916) 657-1487.

Richard Brantingham

for Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

(The Information provide in this document is a Year 2000 readiness disclosure statement pursuant to the Year 2000 Information and Readiness Act (Public Law 105-271).

Eligibility Verification and Claims Processing
Provider Options in the Event of Y2K Problems

The information provided in this document is a Year 2000 readiness disclosure statement pursuant to the Year 2000 Information and Readiness Disclosure Act (Public Law 105-271).

The Department of Health Services (DHS) has a contingency plan should there be a Y2K event beginning January 1, 2000, which results in Medi-Cal eligibility verification being unavailable for a significant period of time. The plan is part of our contingency planning and is meant to assure providers of payment when Medi-Cal recipients require urgent care services. EDS and DHS have tested and re-tested the mission-critical online eligibility verification system, claims processing system, *Treatment Authorization Request* system, and Managed Care enrollment and disenrollment system to reduce or eliminate any system failures.

Providers who normally verify Medi-Cal eligibility with a Point of Service (POS) device or the Claims and Eligibility Real-Time System (CERTS) software must download new software for the year 2000. If you have not done so already, please do so right away. If after January 1, 2000, you attempt to verify eligibility and either of these systems or your vendor-supplied software is not operational, you should attempt to verify eligibility by an alternate method available in your office. Providers who care for Medi-Cal managed care plan enrollees should also contact the plan in which they believe the recipient is enrolled. If no alternative is available, you should verify eligibility by phone using the Automated Eligibility Verification System (AEVS) at 1-800-456-2387. Questions related to systems availability can be found on the Medi-Cal Web page (**www.medi-cal.ca.gov**) or by calling the POS/Internet Help Desk at 1-800-427-1295.

DHS will be monitoring its systems to ensure a successful rollover to the Year 2000. In the unlikely event of a prolonged failure of systems, statewide or regionally, used to verify Medi-Cal eligibility for providers, the Director of DHS will implement emergency procedures. These procedures are designed to ensure that recipients have continued access to urgent care and that providers will be appropriately reimbursed for providing timely care. Urgent care services are defined as medical services which "in the clinical judgement of the attending physician are more necessary than routine, but less necessary than emergency care."

In the event of implementation of these procedures, DHS will announce the implementation of this emergency process through various means of communication, including local media. DHS will also coordinate its emergency service plans with the State Office of Emergency Services. These emergency procedures will allow providers to not have to verify Medi-Cal eligibility on-line and instead accept alternate proofs of Medi-Cal eligibility along with a certification of eligibility by the recipient for urgent care. Implementation of these procedures will ensure provider payment for this urgent care during this system outage. Once the system is operational again, DHS will announce that normal procedures have been restored. **Please note that federal law prohibits providers from billing Medi-Cal patients for Medi-Cal covered services, including in the event of Y2K outages.**

Provider Steps to Follow if Eligibility Verification is Unavailable Through CERTS or Vendor-Supplied Software, POS or AEVS:

Step 1. Have you exhausted alternate methods of verifying eligibility? If yes, document these efforts and go to step 2.

Step 2. Does your patient claim to be eligible for Medi-Cal benefits for January 2000? If yes, go to step 3.

Step 3. Does the patient have a need for urgent care? If yes, go to step 4. If no, the provider may wish to ask the patient to reschedule the appointment for a later date.

Step 4. Can your patient show proof of Medi-Cal eligibility in any of the following ways:

- Benefits Identification Card (BIC).
- Health Care Plan card.
- Paper Medi-Cal Identification Card.
- *Medi-Cal Notice of Action Approval of Benefits* for January 2000 from the county Social Services office, showing eligibility for CalWORKS or Medi-Cal (see the example on a following page).
- Award/referral letter from the Social Security Administration showing eligibility for Supplemental Security Income/State Supplemental Program benefits for January 2000.

- Your records contain information showing you confirmed the patient's Medi-Cal eligibility in October 1999, November 1999 or December 1999.

If yes, go to step 5. Only if none of the above are available should you ask the patient to obtain a Notice of Action from their county Social Services office.

Step 5. Have the recipient complete and keep in your files a Y2K *Statement of Eligibility* (use the form provided on a following page). The section on the *Statement of Eligibility* regarding the Share of Cost should be completed on the basis of what the patient, the parent (when the patient is a child), or the authorized representative certifies is the Share of Cost.

Processing of Claims in the Event of a Y2K Problem

Where providers are unable to verify Medi-Cal eligibility because of a Y2K-related system failure, and must treat patients for urgent care, EDS and DHS ask that providers who submit claims electronically temporarily delay submittal of these claims until any Y2K problem with the verification process is resolved. This will allow claims to be processed electronically and reduce the need for manual processing.

After a Y2K problem is resolved, EDS will process and pay claims when eligibility is confirmed using the appropriate eligibility files. If eligibility for a recipient cannot be found, payment may be denied. If this happens, providers are instructed to re-bill using the hardcopy process with copies of the recipient's Statement of Eligibility and proof of eligibility. Providers billing for covered services provided to Medi-Cal managed care plan members should bill the responsible plan, not EDS.

Likelihood of a Y2K Problem

Because EDS and DHS have tested and retested the mission-critical online eligibility verification system, claims processing system, *Treatment Authorization Request* system, and Managed Care enrollment and disenrollment system, a statewide problem is very unlikely. Should a problem with a database arise, it should be resolved in less than two weeks. In the event that a Y2K problem does occur, EDS and DHS expect problems to be regional, such as local phone problems in rural areas.

Note: If you experience any problems verifying eligibility and believe it to be Y2K-related, please call the EDS Provider Support Center at 1-800-541-5555 or the POS/Internet Help desk at 1-800-427-1295.

MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS

(COUNTY STAMP)

Case name: _____

Case number: _____

District: _____

This affects: _____

_____
(Names)

Your application for Medi-Cal benefits has been approved.

☐ You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive a Medi-Cal Benefits Identification Card soon. ***Do not throw this card away.*** This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

☐ Since your income exceeds the amount allowed for living expenses, you have a share-of-cost to pay or obligate toward your medical care. Your share-of-cost is $_____ beginning _____.

Your share-of-cost was computed as follows:

Gross Income	$ _____
Net Nonexempt Income	$ _____
Maintenance Need	$ _____
Excess Income/Share-of-Cost	$ _____

Your plastic card will show your provider if you have a share-of-cost to pay. The amount that you must pay or obligate to the provider will be automatically computed. The regulation which requires this action is California Code of Regulations, Title 22, Section 50653.

☐ You are eligible for Medi-Cal benefits for _____ only because you have applied for Minor Consent Services and must reapply each month that you need Medi-Cal. The regulations which require this action are California Code of Regulations, Title 22, Sections 50147.1 and 50163. You will receive a paper Medi-Cal Identification card. Take this card to your medical provider when you obtain care for your Minor Consent need.

☐ You are eligible for Medi-Cal benefits for _____ only because _____. The regulations which require this action are California Code of Regulations, Title 22, Section(s):

☐ You must bring or mail the verification listed below by _____ or your eligibility for Medi-Cal benefits will be discontinued effective the last day of _____.

The regulations which require this action are California Code of Regulations, Title 22, Section(s):

Eligibility Worker	Phone	Date

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

Statement of Eligibility

In the event of Year 2000 problems which prevent your provider from verifying your Medi-Cal eligibility, the Department of Health Services wants to ensure that Medi-Cal recipients continue to have access to urgent care services.

In order to ensure your provider is paid by Medi-Cal, please answer the questions below and sign the statement under penalty of perjury.

1) The County Department of Social Services has previously informed me (patient/spouse or parent) that _____(patient) is currently eligible for Medi-Cal benefits.

2) It is my understanding that these benefits have not stopped and continue through _____ (insert month) 2000.

3) Does the patient for whom you are requesting services have a monthly Share of Cost? (Yes/No) If no, go to Step 4. If yes, complete the following:

_____(patient) has a _____(amount) monthly Share of Cost. So far this month, the following amounts have been paid or obligated as follows:

_____(provider)_____(amount)

_____(provider)_____(amount)

_____(provider)_____(amount)

PLEASE KEEP YOUR RECEIPT(s)

4) I declare under penalty of perjury that the foregoing answers are true and correct to the best of my knowledge.

Signature of Patient/Spouse or Parent _____ Date Signed _____