



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: ~~DEC 06 2011~~

MMCD All Plan Letter 11-023

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: AID CODE OW: TRANSITIONAL FULL-SCOPE MEDI-CAL COVERAGE
TO BREAST AND CERVICAL CANCER TREATMENT PROGRAM
BENEFICIARIES TERMINATED FROM AID CODE OP

The purpose of this All Plan Letter (APL) is to provide information to Medi-Cal managed care health plans regarding aid code OW, derived from existing aid code OP, which is currently included in Medi-Cal managed care contracts. According to existing contract language (Exhibit B, Capitation Rates), this aid code will automatically be included in the same aid code rate group as the original aid code covered by the contract. This APL serves as notification that this aid code derivative will become effective in all Medi-Cal managed care contracts beginning March 1, 2012.

Aid code OW provides for Breast and Cervical Cancer Treatment Program (BCCTP) transitional coverage. This aid code covers beneficiaries formerly in aid code OP who no longer meet federal BCCTP requirements due to the following: 1) reaching age 65; 2) no longer in need of treatment for breast and/or cervical cancer; or 3) have obtained creditable health coverage. Recipients in aid code OW will continue to receive transitional full-scope, no share of cost, Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs. Effective March 1, 2012, this aid code will be mandatory in County Organized Health System counties and voluntary in Geographic Managed Care and Two-Plan counties.

DHCS will provide health plans with contract amendments that include this aid code. If you have any questions or require additional information, please contact your Contract Manager.

Sincerely,

Original Signed by Jane Ogle

Acting Division Chief
Medi-Cal Managed Care Division