



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



EDMUND G. BROWN JR.
Governor

January 13, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIASONS

SUBJECT: Processing Health Coverage-Only Applications Received at the County
January 13-20, 2014

This letter provides guidance to counties and Statewide Automated Welfare Systems (SAWS) related to processing single streamlined applications during January 13-20, 2014. This is similar to the guidance that was released in Medi-Cal Eligibility Division Information Letter 13-14 on January 2, 2014.

The interface between the Statewide Automated Welfare Systems (SAWS) and the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) will not be active until the anticipated launch date of January 21, 2014. On January 1, 2014, SAWS converted their systems to accept all the data elements necessary to complete a single streamlined application.

During January 13-20, 2014, the Department of Health Care Services (DHCS) strongly encourages counties to use a uniform approach across the state regarding new applications for insurance affordability programs and changes in circumstances for current Medi-Cal consumers.

New Health Coverage-Only Applications

DHCS recommends county eligibility workers process new applications as follows, depending on how quickly the consumer needs coverage.

1. Request for Enrollment into Health Coverage in the Near Future

County eligibility workers can enter the application into SAWS. The application should be pended and not entered into CalHEERS until the interface between

CalHEERS and SAWS is active. Once the interface is active, counties will be able to complete the final eligibility determination.

2. Request for Immediate Enrollment into Health Coverage

To the extent applicants have provided all necessary documentation to make a final determination, eligibility workers can immediately make the final modified adjusted gross income (MAGI) disposition in CalHEERS so individuals can receive Medi-Cal coverage after CalHEERS sends the transaction to the Medi-Cal Eligibility Data System (MEDS) through the normal transaction process. At this point in the process, the MEDS transaction may take several days to complete due to unknown, inconsistent, or otherwise problematic Client Identification Number issues; however, improvements in the transaction timeliness are expected shortly.

3. Request for Expedited Access to Medical Care

Consumers can have their applications evaluated by county eligibility workers as quickly as possible to ensure his or her access to adequate medical care. See existing guidance in the Medi-Cal Eligibility Procedures Manual, Section 4J, for more information regarding expedited processing.

4. Consumer-Driven Access to Medical Care

Consumers can also get presumptive eligibility Medi-Cal coverage through the avenues listed below:

- Some hospitals can provide presumptive eligibility Medi-Cal coverage for adults, pregnant women, children, and former foster care enrollees.
- Pregnant women can get presumptive eligibility Medi-Cal coverage from certain Medi-Cal providers and clinics.
- Children can get presumptive eligibility Medi-Cal coverage provided by enrolled Medi-Cal providers and clinics seeing children.

5. Request for Enrollment for pre-Affordable Care Act (ACA) or non-MAGI Applicants

To the extent that SAWS are still programmed to run pre-ACA Medi-Cal eligibility rules or are programmed to allow for non-MAGI rules to be run independently of a call to the CalHEERS business rules engine, counties can enter new applications received for consumers 65 years old or older (or otherwise non-MAGI eligible only) into SAWS and apply the pre-ACA or non-MAGI rules to determine Medi-Cal

eligibility. Please refer to more detailed procedures from your SAWS system for more information on this approach.

Change in Circumstances

For consumers requesting to add a person to their case, county eligibility workers should continue to process these specific additions. For consumers with Medi-Cal only cases, counties should not process any other changes in circumstance that are reported by consumers between January 1, 2014 and March 31, 2014, at the earliest. Future guidance on changes in circumstance is forthcoming.

If you have any questions or if we can provide further information, please contact Ms. Crystal Haswell at (916) 552-9542 or by email at Crystal.Haswell@dhcs.ca.gov.

Original Signed By

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