



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



EDMUND G. BROWN JR.
Governor

May 15, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-27

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

SUBJECT: Application Process for Retroactive Medi-Cal Coverage

The purpose of this letter is to provide updated information regarding the process for establishing retroactive Medi-Cal coverage before and after Affordable Care Act (ACA) implementation and reminders about this process.

Background

Prior to ACA implementation individuals who incurred medical expenses in any of the three months prior to the month of Medi-Cal application could apply for coverage for those months in all Medi-Cal programs except the Qualified Medicare Beneficiary, the Presumptive Eligibility and the Accelerated Eligibility programs by requesting the retroactive coverage before a year from the date of service. Individuals were asked to complete the Supplement to Statement of Facts for Retroactive Coverage/Restoration (MC 210A) and were asked to provide information and verification for each month for which retroactive coverage was requested. Individuals could request retroactive coverage whether or not they applied for ongoing coverage and whether or not their application for ongoing Medi-Cal coverage was approved or denied.

Retroactive Medi-Cal Process after January 1, 2014

The process for requesting and determining retroactive coverage after ACA implementation will not change significantly. The MC 210A continues to be the required form to initiate a retroactive coverage eligibility determination. The Department acknowledges that some revisions are needed to the MC 210A to accommodate the new ACA rules and the process will change for some Medi-Cal families. Due to other competing priorities, it is estimated that these changes will not be made until 2015. An All County Welfare Director's Letter will be released when the changes have been made.

Under current policy for retroactive Medi-Cal applications, no separate income verification or information is to be requested if the individual lists “no change” on the MC 210A and there is a full application on file where the information is already verified. Additionally, counties may not ask for further verification if the individuals/families are subject to the use of Modified Adjusted Gross Income (MAGI) and the information is reasonably compatible with income information on the full application on file which has been either electronically or paper verified. Income information is considered reasonably compatible if both the verified income amount on the full application and reported income on the retroactive application for the month requested are at or below the applicable MAGI Medi-Cal limits. Counties must complete the MC 210A form from information the individual/family provides over the phone, in person or through any other avenue currently available for individuals/families applying for Medi-Cal.

Note: Households with MAGI members must have their Medi-Cal eligibility determined using pre-ACA rules for any retroactive months requested before January 1, 2014. This includes the new adult group and the 1931(b) family eligibility where linkage to the Medi-Cal program must be established using pre-ACA rules, including deprivation for families with children or disability for persons claiming a disability linkage. For households who request retroactive coverage for months in 2013, follow the process described under “Requests for Retroactive Coverage for Months Prior to December 31, 2013” on Page 4.

The processes are outlined in the following pages. The first process describes an interim process for households where no member is non-MAGI. The second process is for all cases where at least one household member is non-MAGI, including those households that have requested a non-MAGI determination for retroactive months. The third process is for all cases where the retroactive month requested occurs before December 31, 2013.

MAGI Medi-Cal Process

Approved or Denied Applications for On-Going Coverage

Counties shall continue to collect the information needed to determine retroactive Medi-Cal eligibility for MAGI cases using the MC210A, however, counties may need to request supplemental information from the individual/family. Counties need not require the individual/family to complete the full Medi-Cal application Single Streamlined Application (SSApp), Request for Tax Household Information (RFTHI) or Statewide Automated Welfare System 2 Plus (SAWS 2 Plus) for retroactive MAGI Medi-Cal requests where the MAGI Medi-Cal application was denied if all the information needed to process the retroactive request is on either the MC 210A and the SSApp or the SAWS 2 Plus and is compatible. Eligibility workers must ensure they have enough tax household information to complete the retroactive determination but must not ask for more information than is needed to complete the determination. This means that the county worker must mark out boxes on the MC 210A form listing personal or real property as this information is not

required to determine retroactive MAGI eligibility unless the individual/family is requesting retroactive months prior to December 31, 2013.

Counties may also need tax household information if the information from the SAWS 2 Plus, RFTHI or SSApp is different from the information provided for the retroactive months. Counties may request this information by phone or by using the county's request for information. If the county is unable to contact the individual/family by phone and the information is not available electronically or verified in any other case the county may have on file (for example CalFresh or California Work Opportunity and Responsibility to Kids cases with verified information in the last 90 days that are reasonably compatible) the county will follow existing application guidelines for requesting verifications by mail. These guidelines require two, ten-day periods for the individual/family to respond before the application for retroactive months may be denied. Under no circumstances, are counties to require an applicant to complete the SAWS 2 Plus, RFTHI or SSApp for each individual retroactive month if the individual/family information is different for one or more months of retroactive coverage requested.

Applications for Retroactive Months Only Where No On-going Coverage is Requested

If an individual/family requests coverage only for retroactive months counties must have the individual complete one SAWS 2 Plus, or SSApp along with the MC 210A for the other months retroactive Medi-Cal is requested. Counties shall submit an electronic-Health Information Transfer (e-HIT) to ensure information is received from the federal hub but shall not submit separate e-HITs for each month of retroactive eligibility requested.

Once counties have the information needed to complete the retroactive Medi-Cal determination counties must evaluate the information to see if it is reasonably compatible with the information on the SAWS 2 Plus, or SSApp before requesting further documentation. If the information is reasonably compatible, the county shall determine eligibility without requesting further verification. If the information is not reasonably compatible, please follow the process described in paragraph two of "Approved or Denied Applications for Medi-Cal" above before denying the application for retroactive months.

Non-MAGI Process

Counties shall continue to use the MC 210A to request information for non-MAGI cases. Property information will be needed to complete the determination, if not provided as part of the original application for ongoing coverage. Also, non-MAGI cases require that income verification be provided for each month except when "no change" is marked on the MC 210A and there is income and/or property information listed on the SAWS 2 Plus, MC 210 or SSApp. If the county is unsure if the household will be Non-MAGI or if there are also MAGI members of the household, counties shall also request tax household information as listed under the MAGI Medi-Cal Process on Pages 2 and 3. Please follow

the process described in paragraph two of “Approved or Denied Applications for Medi-Cal” above before denying retroactive months.

Requests for Retroactive Coverage for Months Prior to December 31, 2013

The process for requesting retroactive coverage prior to December 31, 2013 has not changed from the procedures already established in Title 22, Sections 50148, 50197 and ACWDL 02-43. This includes treatment of retroactive applications for disabled individuals or for Supplemental Security Income/State Supplementary Payment beneficiaries.

If you have any questions or we can provide further information, please contact Ms. Leanna Pierson at (916) 327-0408 or by email at Leanna.Pierson@dhcs.ca.gov.

Original Signed By:

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