

**DEPARTMENT OF HEALTH SERVICES**

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



March 7, 2000

Medi-Cal Eligibility Branch Information Letter No: I 00-05

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

## MEDI-CAL TRANSMITTALS FROM SINGLE POINT OF ENTRY AND HEALTHY FAMILIES ENROLLMENT

The purpose of this letter is to explain the cover letters and transmittals sent to the counties from Single Point of Entry (SPE) and Healthy Families Enrollment (HFE).

SPE screens applications to determine which should go to Healthy Families(HF) and which should go to counties for a Medi-Cal eligibility determination. HFE reviews applications received from SPE to determine whether or not there is HF eligibility.

In the past there was only one transmittal used by both SPE and HFE to transmit Medi-Cal/HF applications to the counties and not all applications sent to the counties were listed on a transmittal.

The transmittals from SPE/HFE have been changed. Each application sent to counties from SPE or HFE will be listed on a transmittal. Also, there are now separate and different transmittals sent to the counties from SPE and HFE.

There are five documents associated with the new transmittal process. These five documents (samples attached) are as follows:

1. **Cover letter.** Accompanies all transmittals. See Sample Document no. 1.
2. **Transmittal Instructions.** See Sample Document no. 2. This document is attached to all transmittals. **Note:** This document has the telephone number of the contact person at HF that counties should call if they do not receive all the applications listed on the transmittals.
3. **Percentage Program Screening Medi-Cal Transmittal.** See Sample Document no. 3. This is the transmittal that SPE uses to forward applications to the counties which includes the following:

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Mental Health directors  
All County Public Health Directors  
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- All applications screened by SPE and sent to Medi-Cal.
  - All applications in which the applicant opted out of HF. (These are within four days).
  - Medi-Cal is wanted for household member per question 36 & 49 on the application. An "X" will be under "Other Mem Want MC" across from the Case Control Number on the transmittal when this occurs.
4. **Healthy Families Determination Transmittal –Income Too Low for HF.** See Sample Document no. 4. This transmittal is used by HF to send applications to counties that were received from SPE and HF has determined that the person(s) referred is not eligible for HF. This transmittal includes the following:
- All applications for which HF determines that the income is too low, and the application was not previously sent to the county of responsibility. (These are generally within 20 days).
  - Applications for "Other Member Wants Medi-Cal" (Per Question 36 & 49 of the application).
5. **Applicant Requested Retro or Someone Else In Household Wants Medi-Cal (Per Question 36 & 49 of the application).** See Sample Document no. 5. Used by HF to refer applications to counties when the only reason for the referral is for retroactive Medi-Cal or someone in household, not requesting HF or Medi-Cal for children, wants Medi-Cal. **Note:** If the only reason for forwarding the application to Medi-Cal is for Question 36 and/or 49, since those questions do not ask for whom they want Medi-Cal for, only the case number will be listed.

The **Case Control Number** always contains **eleven digits**. From left to right, the first four digits are the year (e.g. 2000), the next three digits are the Julian date which is based on a 365 day year or a 366 day year for a leap year (e.g. January 1<sup>st</sup> is 001 and December 31 is 366 – copy of a Julian calendar is attached), and the last four digits are the consecutive SPE processing number for the day (e.g. 0001 would be the first application processed that day). 20000010001 would be the first application that SPE processed on January 1, 2000.

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons  
All County Mental Health directors  
All County Public Health Directors  
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Counties have reported that on occasion applications are received without a transmittal. This problem can, in part, be caused by the separation of the transmittal and the corresponding applications when received by the counties. One transmittal normally contains several applications. Therefore, before applications are sent to different locations by the counties, the transmittal should be photocopied and attached to each batch of application before being sent to its location.

If you have any questions or comments regarding the information provided, please contact Mr. Chet Heine of my staff at (916) 657-0837.

ORIGINAL SIGNED BY  
GLENDA ARELLANO for  
Angeline Mrva, Chief  
Medi-Cal Eligibility Branch

Enclosures

# Sample of Document #1 (Cover Letter)



County of ALAMEDA  
Department of Social Services  
8477 Enterprise Way  
Oakland CA 94621

The Healthy Families Program is forwarding the attached application(s) to your office per the *applicant's written request*. (The written request from the applicant is attached.) The enclosed application(s) is requesting Medi-Cal for either the child(ren), applicant, pregnant woman, and/or other adults in the household.

Sincerely,

Healthy Families

[enclosure]

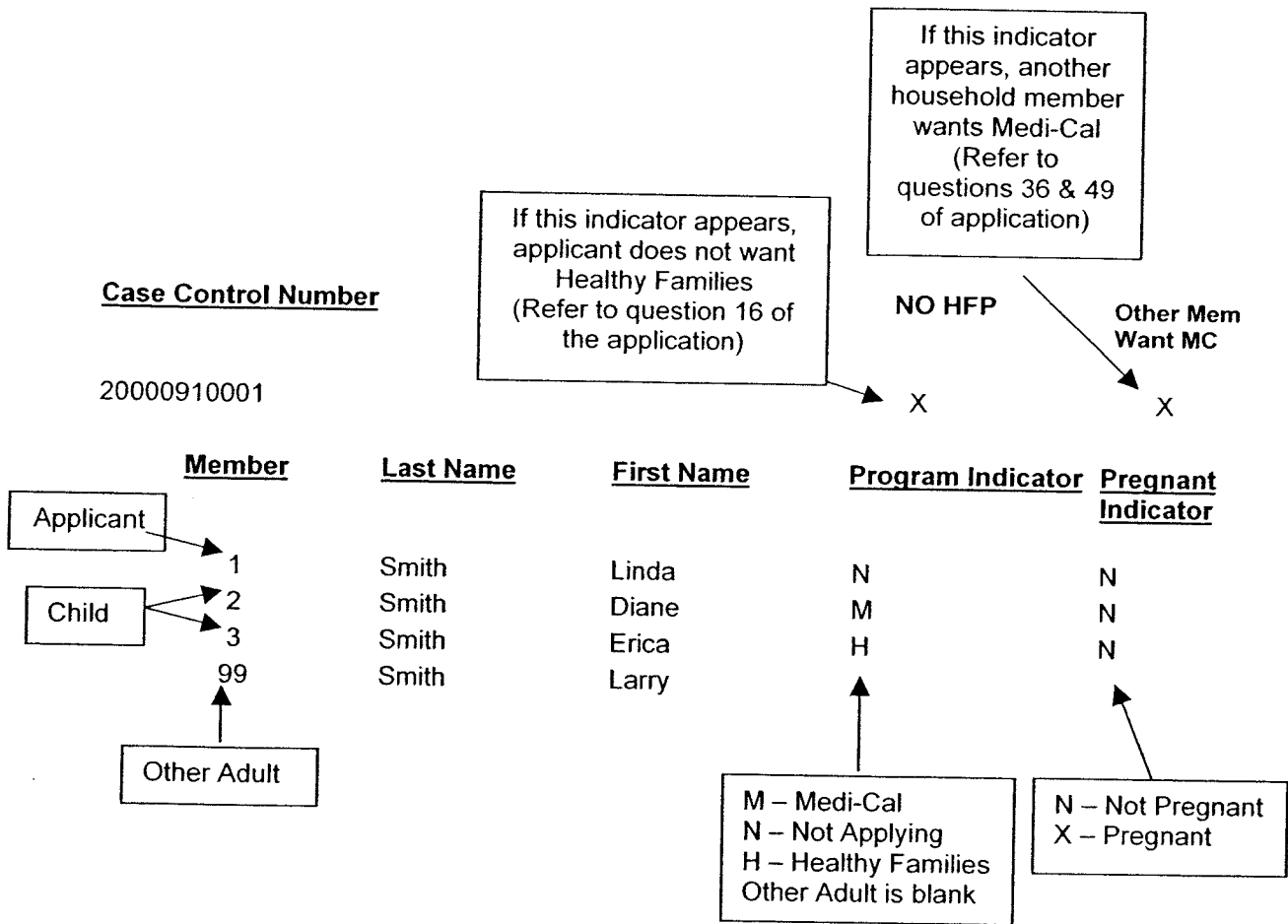
# Sample of Document #2 (Transmittal Instructions)

To County Office:

The enclosed applications were screened for the Medi-Cal Percentage Program for children and/or pregnant women. Below are instructions for reading the transmittal form. The transmittals are enclosed for your convenience.

The total number of applications sent with this package is listed on the last page of the transmittal. If you did not receive all of the applications listed, please call: (916) 859-2312.

How to read the transmittal:



# Percentage Program Screening Medi-Cal Transmittal

County Name

Case Control Number

No HFP

Other Mem Want MC

20000010001

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	MARTINEZ	TINA	N	
2	MARTINEZ	JO	M	N
3	MARTINEZ	MARIA	M	N
4	FOSTAR	WILLIAM	H	N
99	FOSTAR	CHAD		

20000010002

X

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	GALVEZ	SLY	N	
2	CARLOS	BRENDA	H	N
3	CARLOS	VICKY	H	N
4	CARLOS	BEATRIZE	H	N
5	CARLOS	RICKY	M	N
99	CARLOS	ROBERTO		

20000010003

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	CHAVEZ	SAM	M	X
2	CHAVEZ	STEVE	M	N
3	CHAVEZ	KATLYN	M	N
99	CHAVEZ	ROBERT		

20000010004

X

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	MALICK	AISHA		
2	SMITH	ANAI AH		

Total Cases Transmitted: 4

End of Transmittal

# Healthy Families Determination Transmittal - Income Too Low for HF

ALAMEDA

**Case Control Number**

**Other Mem Want MC**

20000010009

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	MARCUS	YASMINE	N	
2	MARCUS	ELIAS	H	N
3	MARCUS	LAURA	M	N
99	MARCUS	RAUL		

**Case Control Number**

20000010010

X

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	MARTIN	ALLEY	N	
2	HERMAN	ALEJANDRA	M	N
3	HERMAN	MAYRA	M	N
4	HERMAN	JANET	M	N
99	HERMAN	LUKE		

**Case Control Number**

20000010011

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	CHRISTENSEN	MARCO	N	
2	CHRISTENSEN	MARIA	M	N
3	CHRISTENSEN	JOHN	M	N
99	CHRISTENSEN	JESUS		

**Case Control Number**

20000010012

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	ALLEN	IDA	N	
2	ALLEN	HARRY	M	N
3	ALLEN	HANNA	M	N
4	ALLEN	BETH	M	N
5	ALLEN	SUE	M	N
99	ALLEN	STEVE		

(Current Date)

**Applicant Requested Retro Medi-Cal or Someone Else In Household Wants Medi-Cal  
(Per Questions 36 & 49 of the application)**

ALAMEDA

**Case Control Number**

20000010009

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	SANCHEZ	BARBARA	N	
2	SANCHEZ	SUE	H	N
3	SANCHEZ	LARRY	M	N
99	SANCHEZ	PAUL		

**Case Control Number**

20000010010

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	HERNANDEZ	IRMA	N	
2	JONES	BILL	M	N
3	JONES	JAN	M	N
4	JONES	SALLY	M	N
99	JONES	SAM		

**Case Control Number**

20000010011

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	SMITH	JOAN	N	
2	SMITH	BETTY	M	N
3	SMITH	HENRY	M	N
99	SMITH	HENRY		

**Case Control Number**

20000010012

<u>Member</u>	<u>Last Name</u>	<u>First Name</u>	<u>Program Indicator</u>	<u>Pregnant Indicator</u>
1	JOHNSON	GERALDINE	N	
2	JOHNSON	MARILYN	M	N
3	JOHNSON	SANDY	M	N
4	JOHNSON	BECKY	M	N
5	JOHNSON	GERALD	M	N
99	JOHNSON	RONALD		

(Current Date)



# JULIAN DATE CALENDAR

(PERPETUAL)

Day	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Day
1	001	032	060	091	121	152	182	213	244	274	305	335	1
2	002	033	061	092	122	153	183	214	245	275	306	336	2
3	003	034	062	093	123	154	184	215	246	276	307	337	3
4	004	035	063	094	124	155	185	216	247	277	308	338	4
5	005	036	064	095	125	156	186	217	248	278	309	339	5
6	006	037	065	096	126	157	187	218	249	279	310	340	6
7	007	038	066	097	127	158	188	219	250	280	311	341	7
8	008	039	067	098	128	159	189	220	251	281	312	342	8
9	009	040	068	099	129	160	190	221	252	282	313	343	9
10	010	041	069	100	130	161	191	222	253	283	314	344	10
11	011	042	070	101	131	162	192	223	254	284	315	345	11
12	012	043	071	102	132	163	193	224	255	285	316	346	12
13	013	044	072	103	133	164	194	225	256	286	317	347	13
14	014	045	073	104	134	165	195	226	257	287	318	348	14
15	015	046	074	105	135	166	196	227	258	288	319	349	15
16	016	047	075	106	136	167	197	228	259	289	320	350	16
17	017	048	076	107	137	168	198	229	260	290	321	351	17
18	018	049	077	108	138	169	199	230	261	291	322	352	18
19	019	050	078	109	139	170	200	231	262	292	323	353	19
20	020	051	079	110	140	171	201	232	263	293	324	354	20
21	021	052	080	111	141	172	202	233	264	294	325	355	21
22	022	053	081	112	142	173	203	234	265	295	326	356	22
23	023	054	082	113	143	174	204	235	266	296	327	357	23
24	024	055	083	114	144	175	205	236	267	297	328	358	24
25	025	056	084	115	145	176	206	237	268	298	329	359	25
26	026	057	085	116	146	177	207	238	269	299	330	360	26
27	027	058	086	117	147	178	208	239	270	300	331	361	27
28	028	059	087	118	148	179	209	240	271	301	332	362	28
29	029		088	119	149	180	210	241	272	302	333	363	29
30	030		089	120	150	181	211	242	273	303	334	364	30
31	031		090		151		212	243		304		365	31

FOR LEAP YEAR USE REVERSE SIDE

# JULIAN DATE CALENDAR

FOR LEAP YEARS ONLY

Day	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Day
1	001	032	061	092	122	153	183	214	245	275	306	336	1
2	002	033	062	093	123	154	184	215	246	276	307	337	2
3	003	034	063	094	124	155	185	216	247	277	308	338	3
4	004	035	064	095	125	156	186	217	248	278	309	339	4
5	005	036	065	096	126	157	187	218	249	279	310	340	5
6	006	037	066	097	127	158	188	219	250	280	311	341	6
7	007	038	067	098	128	159	189	220	251	281	312	342	7
8	008	039	068	099	129	160	190	221	252	282	313	343	8
9	009	040	069	100	130	161	191	222	253	283	314	344	9
10	010	041	070	101	131	162	192	223	254	284	315	345	10
11	011	042	071	102	132	163	193	224	255	285	316	346	11
12	012	043	072	103	133	164	194	225	256	286	317	347	12
13	013	044	073	104	134	165	195	226	257	287	318	348	13
14	014	045	074	105	135	166	196	227	258	288	319	349	14
15	015	046	075	106	136	167	197	228	259	289	320	350	15
16	016	047	076	107	137	168	198	229	260	290	321	351	16
17	017	048	077	108	138	169	199	230	261	291	322	352	17
18	018	049	078	109	139	170	200	231	262	292	323	353	18
19	019	050	079	110	140	171	201	232	263	293	324	354	19
20	020	051	080	111	141	172	202	233	264	294	325	355	20
21	021	052	081	112	142	173	203	234	265	295	326	356	21
22	022	053	082	113	143	174	204	235	266	296	327	357	22
23	023	054	083	114	144	175	205	236	267	297	328	358	23
24	024	055	084	115	145	176	206	237	268	298	329	359	24
25	025	056	085	116	146	177	207	238	269	299	330	360	25
26	026	057	086	117	147	178	208	239	270	300	331	361	26
27	027	058	087	118	148	179	209	240	271	301	332	362	27
28	028	059	088	119	149	180	210	241	272	302	333	363	28
29	029	060	089	120	150	181	211	242	273	303	334	364	29
30	030		090	121	151	182	212	243	274	304	335	365	30
31	031		091		152		213	244		305		366	31

(USE IN 1984, 1988, 1992, etc.)