Revision Date:
September 1, 2020

Background:
Medi-Cal confidentiality regulations limit the amount of information, including eligibility information, that workers may give to medical providers. Medical providers include:
- Hospitals
- Primary Care Clinics (PCC)
- Managed Care Plans
- Private Providers
- County Medical Services (CMS)

This section identifies how to provide information to medical providers. Refer to MPG 2.1.6 for confidentiality regulations.

Purpose:
This section is re-written in the new format. No policies or procedures are changed, though procedures are moved to Processing Guide 36.

Policy:
Available Eligibility Information on Point of Service (POS):
Medical providers have access to Medi-Cal eligibility information for the twelve months immediately preceding the current month. This information is available through the POS system.

Allowable Conditions to Issue MC 180:
Only issue an original, numbered Eligibility Letter of Authorization (MC 180) and/or Eligibility Letter of Authorization-Share of Cost (MC 180-2) when proof of eligibility is needed for services that occurred at least 12 months prior to the current month. The following conditions must be met to issue the MC 180:
- A court action requires that an MC 180 be issued
- An adopted State Hearing Decision or other administrative hearing decision requires a redetermination of eligibility which results in a beneficiary's eligibility to Medi-Cal
- An adopted State Hearing Decision states that due to a county department or Department of Health Care Services (DHCS) administrative error, a Beneficiary Identification Card (BIC) was not received by the beneficiary or eligibility on the Medi-Cal Eligibility Data System (MEDS) was not established
- DHCS requests that the MC 180 be issued
- The Health and Human Services Agency (HHSA) has determined that an administrative error has occurred.

Definition of Administrative Error:
Administrative errors include, but are not limited to:
- The customer provided the county with the necessary information to determine eligibility and the county failed to issue the Medi-Cal BIC/benefits
- The beneficiary requested card issuance and the county failed to take appropriate action
- The customer's case had been erroneously denied or discontinued

- A computer failure resulted in the delay, non-issuance, or incorrect production of the Medi-Cal BIC. This includes non-issuance of BICs due to county failure to take corrective action in response to MEDS error alerts
- The county issues a BIC within a year, but is coded incorrectly and cannot be used to bill for services rendered
- CMS has retracted payment to a provider due to the granting of Medi-Cal
- The Supplemental Security Income/State Supplemental Program (SSI/SSP) beneficiary requests an MC 180 within six months of the SSI decision or four months from the date of the State Data Exchange (SDX) update. Refer exceptions due to unusual circumstances to DHCS for authorization. See below.
- Any other erroneous or required action not taken which resulted in the failure to provide a BIC within one year of the date of service.

MC 180 Requests for SSI/SSP Recipients Only:
The period of SSI/SSP-based Medi-Cal eligibility begins with the month SSI/SSP cash assistance is effective. However, DHCS is unable to automatically establish Medi-Cal eligibility on MEDS for the period between the effective month of eligibility (if it is prior to the current month) and the month the SDX update is received. Since the person was entitled to Medi-Cal, but DHCS failed to establish eligibility, this is considered a state administrative error and the county can issue an MC 180.

Processing Guide 36 shows the steps to be taken to issue an MC 180 for these cases.

Administrative Error Procedures:
Usually, beneficiary requests for MC 180s create the need for an administrative error determination. However, there are situations in which a request form an acute care hospital, PCC, or CMS can generate an administrative error determination.

Processing Guide 36 provides the steps to be taken if the county determines that an administrative error has occurred.

Acute Care Hospital and PCC Definitions:
The table below provides definitions for acute hospital and PCC.

Term	Definition
Acute Care Hospital	A medical institution that provides general acute care. Long-Term Care (LTC) facilities, Intermediate Care facilities, Skilled Nursing facilities and clinics are not considered hospitals.
PCC	Non-profit clinics. Accept the clinic's status as stated unless the request is questionable. Refer questionable requests to the supervisor for clarification.

Requests for MC 180 from Acute Care Hospital or PCC:
Hospitals/PCCs or authorized billing agents will send the request for MC 180s to the Family Resource Center (FRC) on Form 14-6 HHSA. Provide MC 180s to acute care hospitals and licensed PCCs upon request when all the following conditions are met:

1) Form 14-6 HHSA
   Form 14-6 HHA must either:

- Have the hospital/PCC letterhead overlaid
- Be accompanied by cover letter on letterhead.

2) Billing Agent
If the hospital or PCC uses a billing agent, the letter must certify that the billing agent is empowered to act on behalf of the provider. FRC of record will handle for active and closed cases.

3) Welfare and Institutions (W&I) Code Provisions
The request must contain a certification that the following provisions of W&I code, Section 14018.4 have been met:
- The hospital or PCC unsuccessfully attempted to obtain verification of eligibility at the time the services were provided
- The hospital or PCC made a subsequent attempt to obtain verification of eligibility
- The provider's information on 14-6 HHSA satisfies this requirement.

4) Medi-Cal Eligibility
The beneficiary was eligible for Medi-Cal in the month for which the MC 180 is requested.

5) Individual Request
The request is for an individual patient. Multiple lists will not be processed.

6) Timeliness
The request for the MC 180 must be completed within two months after eligibility was granted.

The table below provides an example of timeliness.

Date	Action
March 2004	• Applicant applies for Medi-Cal. • Case is pended by the worker. • Disability Determination Services Division (DDSD) packet sent. • Applicant is approved for CMS.
February 2005	DDSD approval is received by the Human Services Specialist (HSS).
March 2005	HSS approves Medi-Cal eligibility back to March 2004.
April 2005	• Hospital requests MC 180 for March 2004. • This request is made more than one year after the month of service, but it is within two months of eligibility approval. The request will be processed.

Requests for MC 180 from Private Providers:
MC 180s should not be issued to private providers except when either:
- The beneficiary is deceased
- The provider is acting as a representative or authorized representative for a LTC patient currently in residence at the provider's facility.

In all other situations, work through the beneficiary to provide MC 180s to private providers.

DHCS Authorization for Issuance:
If the county finds that an administrative error does not exist but there are extenuating circumstances beyond the control of the beneficiary (for example, a medical condition that severely impaired their functioning, then:

- DHCS must be contacted for authorization to issue an MC 180.
- The beneficiary would need to describe how the impairment prevented him/her from giving the provider(s) the necessary documentation of their Medi-Cal eligibility.

See Processing Guide 36 for procedures for requesting authorization from DHCS.

Issuance Procedures:
Processing Guide 36 shows the procedures to use when either issuing an MC 180 or denying the issuance of an MC 180.

MC 180 Retention:
Active Cases:
When the MC 180 is for a beneficiary in an active case, image a case copy and supporting eligibility documentation in the case file.

Closed Cases:
When the MC 180 is for a beneficiary whose Medi-Cal case has been closed prior to the month of the MC 180, the MC 180 and supporting documents must be retained in a central file that is accessible for audit purposes. This action prevents the forms and documents from being purged too early based on case closure date.

Case records are purged 3.5 years after the last budget unit closes. The MC 180 proves eligibility for Medi-Cal to pay for services that occurred at least 12 months prior to the current month. If this is done on a closed case, 3.5 years from the issue date of the MC 180 could be a later date than the 3.5 years from the closure of the Medi-Cal case. This could lead to the MC 180 and supporting documentation being destroyed prior to the required 3.5 years from the MC 180 issuance date. Cases may be purged from the central file after 3.5 years from the MC 180 issuance date. Former beneficiaries may request an MC 180 form no matter how long their case has been closed. After 3.5 years from the discontinuance date, the burden of proof of eligibility rests with the former beneficiary.

SSI/SSP only:
A central file must be retained for possible future review that includes a copy of the MC 180 and documentation that supports the issuance of the MC 180. Cases may be purged from the central file after 3.5 years from the MC 180 issuance date.

MC 180 Log:
The State requires that counties maintain a central log that identifies all issued MC 180s. Enter the following information into the MC 180 log when completing an MC 180:

- MC 180 document number
- Issuance date of the MC 180

- First and last name of the MC 180 beneficiary
- Client Identification Number (CIN) of MC 180 beneficiary
- Month/Year of requested Medi-Cal billing
- Filing location of MC 180 – include case number if filed in an active case or indicate that it was filed in a central MC 180 file.

Cases may be purged from the log after 3.5 years from MC 180 issuance date. This log may be found on the County's S drive at: S:\ENTERPRISE\Medi-Cal Spreadsheets and Forms\MC 180 Log.

Procedure:
See above.

Program Impacts:
None.

References:
Medi-Cal Eligibility Procedures Manual 14E
ACWDL 07-18

Sunset Date:
This policy will be reviewed for continuance by August 31, 2023

Approval for Release:

RdWann, 9-22-20

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