

Retroactive Eligibility Certification

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Office of Family Planning

Agenda

- Quick review of eligibility
- Retroactive Eligibility Certification
 - What is it?
 - What is your role and responsibility?
 - How will it be processed?
- Client Eligibility webcast April 12

Eligibility Determination

- Completed in provider's office
- Eligibility criteria:
 1. At risk of pregnancy or causing pregnancy
 2. California resident
 3. No other source of health care for family planning services
 4. At or below 200% FPL (determined by family size and income)

Federal Income Guidelines

Income Eligibility Guidelines

The income eligibility guidelines are updated by the federal government annually and providers are notified in the *Family PACT Update* bulletin upon publication of revised guidelines. The guidelines reflect the federal poverty income guidelines as published for Family PACT, effective on or after April 1, 2011.

Federal Income Guidelines
200 Percent of Poverty by Family Size
 Effective April 1, 2011

Number of Persons	Monthly Income	Annual Income
1	<u>\$1,815</u>	<u>\$21,780</u>
2	<u>\$2,452</u>	<u>\$29,420</u>
3	<u>\$3,088</u>	<u>\$37,060</u>
4	<u>\$3,725</u>	<u>\$44,700</u>
5	<u>\$4,362</u>	<u>\$52,340</u>
6	<u>\$4,998</u>	<u>\$59,980</u>
7	<u>\$5,635</u>	<u>\$67,620</u>
8	<u>\$6,272</u>	<u>\$75,260</u>
9	<u>\$6,908</u>	<u>\$82,900</u>
10	<u>\$7,545</u>	<u>\$90,540</u>
For each additional member, add	<u>\$637</u>	<u>\$7,640</u>

PPBI, client elig det, Income Eligibility Guidelines

Opportunities for New Family PACT clients

- A new patient is one who has not received any professional services from the provider within the past three years.
- Introduce the program
- Ask about Retroactive Eligibility

Introducing Family PACT

- Orient client to Family PACT and office
 - Services Family PACT offers
 - Services not covered by Family PACT
 - Client should tell you of any changes in eligibility criteria
 - Enrollment lasts one year; must re-enroll annually
- May bill E&C Z9750 (group) or Z9751 (individual) for this orientation
 - 1 time billing

PPBI, client eligibility determination, Client Notification

PPBI, office, Billing Office Visits with HCPCS E&C Codes

Retroactive Eligibility Certification and Claim Process

- Client completes Retroactive Eligibility Certification form
- Certified by provider
- Reimburses family planning expenses in previous 3 months
- Client submits claims to DHCS Medi-Cal Beneficiary Services Center (BSC)
- BSC assists client in processing the claim

Retroactive Eligibility

“Have you had any family planning expenses in the last three months?”

The client; or

Someone who paid on behalf of the client.

Retroactive Eligibility

“Have you had any family planning expenses in the last three months?”

A Family PACT benefit but it does not have to be from a Family PACT or Medi-Cal provider

Retroactive Eligibility

“Have you had any family planning expenses in the last three months?”

Expenses already paid;

Incurred family planning expenses that remain unpaid

Itemized receipt and/or list of services is available;

Does not include Copays or Share of Cost

Retroactive Eligibility

“Have you had any family planning expenses in the last three months?”

3 months and maybe some days

Enroll on April 1, 2011

January 1, 2011 -- March 31, 2011

Enroll on April 15, 2011

January 1, 2011 -- March 31, 2011 **and April 1-14, 2011**

Enroll on April 30, 2011

January 1, 2011 -- March 31, 2011 **and April 1-29, 2011**

Retroactive Eligibility

“Have you had any family planning expenses in the last three months?”

YES: Provide the Retroactive Eligibility Certification form

Retroactive Eligibility Certification (front)



**IF YOU ARE ELIGIBLE FOR FAMILY PACT, MEDI-CAL MAY REIMBURSE YOU FOR
FAMILY PLANNING AND/OR REPRODUCTIVE HEALTH EXPENSES YOU PAID**

You may be able to be reimbursed for some expenses you paid. The California Department of Health Care Services (DHCS) will assist you in getting your money back if all criteria below are met:

1. You received a Family PACT covered family planning and/or reproductive health service during the 3-month period prior to the month you initially certified for participation in the Family PACT program.
2. You paid for your family planning service; or another person paid for your family planning service on your behalf. You **must** provide proof that the family planning service was paid for by you or the other person with an itemized list of services covered by the payment.
3. You must be certified (by CDPH 4001 form) to be eligible for retroactive reimbursement.
4. Reimbursement excludes co-payment and excess Share of Cost charges and is up to the rate for the applicable covered service at the time the service was rendered.
5. You do not need to have received the service from a Medi-Cal/Family PACT enrolled provider if you received the family planning and/or reproductive health service during the 3-month period prior to enrolling in the Family PACT program.
6. You are **required** to provide documentation of medical necessity if prior authorization is required for the service rendered.
7. You were eligible to receive that specific family planning service.
8. The family planning service was a benefit under the Family PACT program.
9. You agree to waive Family PACT program confidentiality requirements so DHCS can communicate directly with you and/or your Family PACT provider.

Important dates and time frames:

- You must submit your claim within one year of receipt of services or within 90 days after certification for retroactive eligibility, whichever is longer.

For more information or to file a claim, you MUST call or write to Medi-Cal at:

California Department of Health Care Services
Beneficiary Service Center
P.O. Box 138008
Sacramento, CA 95813-8008
(916) 403-2007 TDD: (916) 635-6491

****DON'T FORGET TO KEEP ALL RECEIPTS FOR THE FAMILY PLANNING
AND/OR REPRODUCTIVE HEALTH CARE YOU RECEIVED****

Medi-Cal will review your claim for repayment and send you a letter with a check or a denial letter that tells you the reason for denial. If Medi-Cal denies your request for payment, you may ask for a state hearing. The denial letter will tell you how to ask for a state hearing.

For more information see www.medi-cal.ca.gov.

Retroactive Eligibility Certification (back)

**HEALTH ACCESS PROGRAMS
 FAMILY PACT PROGRAM RETROACTIVE
 ELIGIBILITY CERTIFICATION (REC)**

HAP Identification number:

This form is the property of the State of California, California Department of Public Health, Office of Family Planning, and cannot be changed or altered. Please print answers to all questions. The questions about your family size, income, and health care insurance are to determine if you are eligible for Family PACT Program services. Providers must keep a copy of this form in the client's medical record.

First name	Middle name	Last name	Suffix (Jr., Sr.)
Circumstances:		Month:	Month:
Were you a California resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive Medi-Cal benefits or services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have a Medi-Cal Benefits Identification Card (BIC)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BIC number: _____ Issue date: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have health care insurance for family planning services? (Private insurance, Health Maintenance Organization (HMO), Managed Care Plan, Student Health Insurance, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligibility Determination: Please list all family members (self, spouse, and children) that were living in your household and supported by the family income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Month:	Month:	Month:
Relationship to You			
Age			
Source of Income			
Gross Monthly income (Before Taxes or deductions)			
Family size/Total family income			

I declare under penalty of perjury that the information I have given on this form is true, correct, and complete. I understand that the giving of false information may make me ineligible for this program. I agree to waive Family PACT confidentiality requirements.

Signature (or mark) of applicant	Date	Signature of witness to mark or interpreter	Date
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FOR PROVIDER USE ONLY

NPI NUMBER:	Month:	Month:	Month:
Retroactive Eligible for Family PACT Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medi-Cal client eligible for Family PACT verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Based upon the information provided by the applicant and according to state and federal requirements, I certify that the applicant identified on this Client Eligibility Certification is eligible to receive family planning services under the Family PACT Program. If ineligible, the client has received a copy of this form which includes the Fair Hearing Rights.

Print name	Signature	Date
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Fair Hearing Rights:

Any applicant for, or recipient of, services under the state-only Family PACT Program shall have a right to a hearing regarding eligibility or receipt of services. An applicant or recipient does not have a right to contest changes made to the eligibility standards or benefits of the Family PACT Program.

First level review: If you wish to appeal either your denial of eligibility or receipt of services, please send your name, telephone number, address, and reason why you are requesting a review to the First Level Review to the address below. A request for a first level review must be postmarked within 20 working days of the denial of eligibility or services. The Office of Family Planning may request additional information by telephone or in writing from the provider or the applicant before issuing a decision.

Formal Hearing: You may request a formal hearing within 90 days from the day you were notified that the services you wanted will not be provided or have been discontinued. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, your request may still be scheduled. Provide all requested information such as your full name, telephone number, address, and the reason for the Formal Hearing and mail it to the Formal Hearing address below. If you wish, you may attach a letter as well and explain why you believe the action taken is not correct. You may also call the Public Inquiry and Response number below. If you have trouble understanding English, be sure to state your language so arrangements can be made to have language assistance at the hearing. If you have chosen an authorized representative, be sure to state his/her name, phone number and address. Keep a copy of your hearing request for your records. You may submit your request in one of three ways:

First Level Review
 California Department of Public Health
 Office of Family Planning
 P.O. Box 997420, Mail Station 8400
 Sacramento, CA 95899-7420

Formal Hearing
 California Department of Social Services
 State Hearings Division
 P.O. Box 944243, Mail Station 9-17-37
 Sacramento, CA 94244-2430

Toll-Free Call
 Department of Social Services
 State Hearings Division
 Public Inquiry and Response
 1-800-952-5253 or 1-800-743-8525
 TDD 1-800-952-8349
 Fax: (916) 651-5210

Retroactive Eligibility Certification form

- Being translated into Spanish
- Will be posted on website
- New – ongoing process
- Look to website frequently to see if there is a new version

Retroactive Eligibility Certification Form

For each of the previous 3 months:

Residency

Other health coverage

CEC Back Page

Eligibility Determination: Please list all family members (self, spouse, and children) living in your household and supported by the family income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Relationship to You	Age	Source of Income	Gross Monthly Income (Before taxes or deductions.)
	(Self)			
Family size:			Total family income	\$

I declare under penalty of perjury that the information I have given on this form is true, correct, and complete. I understand that the giving of false information may make me ineligible for this program.

Signature (or mark) of applicant	Date	Signature of witness to mark or interpreter	Date

Retroactive Eligibility Certification Form

For each of the previous 3 months:

Are they at or below 200% of FPL?

Name

Relationship to client

Age

Source of income

Gross monthly income

Family size/Total family income

Retroactive Eligibility Certification

- True under penalty of perjury
- Agree to waive confidentiality requirements

Retroactive Eligibility Certification

- Verify and certify eligibility for each month
- Give client copy of REC form
- Keep hard copy in your records with their CEC form
- Advise if eligible, ineligible, or eligible for certain months
- Inform about claim submitting process and fair hearing rights
 - Instructions on form

REC – Client Responsibilities

- Must contact **DHCS BSC** to file a claim
- Must submit claim within one year of date of service
 - It will always be 1 year from date of service for Family PACT clients
- Claims will be manually processed by DHCS BSC

Retroactive Eligibility is not....

- A safety net for front office
 - Cannot be used to cover expenses when client was certified but not enrolled/card not activated
 - Enrollment must be the date form signed
 - Retroactive Eligibility is the period before the CEC is signed

Retroactive Eligibility is not....

- A safety net for renewing clients
 - Cannot be used to cover expenses when enrollment expired
 - May only be used for new clients

Retroactive Eligibility Certification – Key Points

- Assure client meets 3 criteria in previous months
- Assure REC form is completed correctly
- Retroactive Eligibility Certification
 - New to Family PACT
 - Out-of-pocket / incurred expenses in previous 3 months
 - Eligible for Family PACT in previous 3 months (REC form)
- Client is responsible from this point forward

Client Eligibility and Enrollment

April 12, 2011

www.FamilyPACT.org

Providers

Provider Training

Family PACT Webcasts and Training Workshops

[“Click here to see all upcoming Family PACT Webcasts and Training Workshops.”](#)

Questions & Answers

Thank you!