Provider Bulletin





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FFS II Medi-Cal Providers

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CO 96/N30 Denials

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On October 6, 2020, the California Department of Health Care Services (DHCS) implemented a new rule in the Short-Doyle/Medi-Cal (SDMC) claims adjudication system to determine whether client services are eligible for payment that includes Federal Financial Participation (FFP). The rule looks at the beneficiary's citizen/alien information as it is documented in the Medi-Cal Eligibility Data System (MEDS) when processing claims. DHCS is using this information to determine whether to pay FFP and/or State General Funds (SGF) or to deny the claim.

This new rule looks at the Citizen/Alien Indicator in MEDS and considers whether there is information entered into the system to populate the Alien Eligibility Code. The Alien Eligibility Code supports the Citizen/Alien Indicator on the client's record. If the documentation used to support the Citizen/Alien Indicator notated in their eligibility record is missing or needs updating, the Alien Eligibility Code is left blank. The rule applies to those who are considered to be lawfully present in the country as well as to those who are undocumented. When the Alien Eligibility Code field is blank and the client's Medi-Cal aid code is categorized by SDMC as a non-Affordable Care Act (ACA) aid code, claims for the client without an emergency

indicator or a pregnancy indicator will deny. The only aid codes categorized as ACA aid codes are 7U, K6, K7, L1, M1, M2, N0, N7, and N8. Please open a HEAT ticket using HEAT Self-Service if claims are denied with CO 96/N30 for clients with an ACA aid code. Clients meeting these criteria with ACA aid codes should be paid with State funds.

DHCS also noted that emergency services and pregnancy-related services to these clients would be paid even when there is an issue with the documentation supporting their immigration status. This means that providers should not see these denials for claims that included either the emergency indicator or the pregnancy indicator. Use the emergency indicator on claims as appropriate and ensure that the client's pregnancy information is up to date in the Integrated Behavioral Information System (IBHIS) in order to avoid these denials.

DHCS is working on a way to advise counties of which clients have a blank Alien Eligibility Code. They also noted that if clients are able to get their eligibility record updated so that it has an acceptable Alien Eligibility Code, then replacement claims for the client should not deny for this reason. We have confirmed with Los Angeles County Department of Public Social Services (DPSS) that this field can be updated.

Please work with the clients who have received these denials to have them correct their eligibility. Contact the agency that granted the client Medi-Cal to determine what documentation the client needs to present in order to update their eligibility record. What is needed to correct the eligibility record varies from case to case and even can vary for each person within a single case. Some examples of documents that might be needed to update eligibility include but are not limited to the following:

- Legal Permanent Resident (LPR) card (Green Card)
- I-94 information
- T Visa or U Visa information
- Any documentation from the United States Citizenship and Immigration Services (USCIS) showing satisfactory immigration status

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This is not a complete list. What is needed is different for each person depending on that person's circumstances. The agency granting Medi-Cal must be contacted in order to determine exactly what is needed.

Contacting the agency that granted Medi-Cal cannot be done on behalf of the client. The client must be present or on a three-way call. Only the agency that granted the client Medi-Cal can update the code. This means that if the client was granted Medi-Cal by the Department of Children and Family Services (DCFS), the client should work with DCFS to update MEDS. If another agency processes the update and the granting agency's system is not updated, it will overwrite the correction in MEDS. Clients who were granted Medi-Cal by the Los Angeles County Department of Health Services (DHS) should work with DPSS. DHS transfers the responsibility for cases of clients receiving ongoing benefits to DPSS. DPSS also noted that if there is something wrong with the information provided for the update, or if the information conflicts with what is in the Federal Hub, the Alien Eligibility Code will revert back to the prior information.

If you have any questions regarding this bulletin, please contact the FFS Hotline at (213) 738-3311 or send an email to: FFS2@dmh.lacounty.gov

Provider Bulletins are posted on the DMH Website: https://dmh.lacounty.gov/pc/cp/ffs/

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