
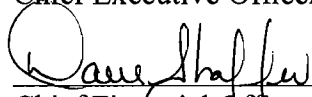

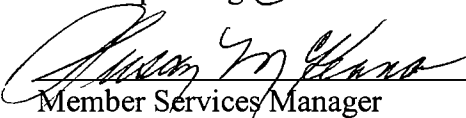
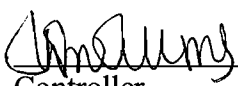
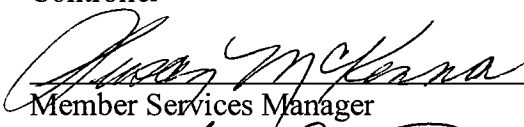
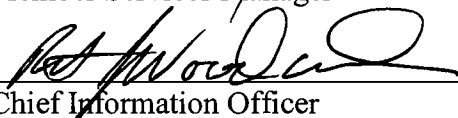


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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RESPONSIBLE DEPARTMENT MANAGER: Chief Information Officer			
Review Date	10/2007		
Effective Date	11/07/07		
Revision No.	2007/11		

Approved		Date	11/2/07
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	11/6/07
	Chief Financial Officer		
Approved		Date	11/2/07
	Chief Operating Officer		
Approved		Date	10/31/07
	Member Services Manager		
Approved		Date	10-31-07
	Controller		
Approved		Date	10/11/07
	Member Services Manager		
Approved		Date	10-12-07
	Chief Information Officer		

POLICY¹:

Kern Health Systems (KHS) shall process daily Medi-Cal supplemental eligibility information received electronically from DHS into the Master Member Eligibility systems **within 48 working hours of receipt** except for those received after the cut-off date for the following month of eligibility (MOE).

PURPOSE:

Timely updating of daily member eligibility status changes promotes member and provider satisfaction by avoiding any impropriety in the delivery of health benefits to eligible or ineligible members and the related payment or non-payment of provider claims. This also facilitates monthly reconciliation of the

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number of members and the paid capitation amounts shown in the DHS capitation payment remittance advice.

PROCEDURE:

1.0 OVERVIEW

DHS Medi-Cal Eligibility Data Systems (MEDS) is evaluated and renewed monthly to reflect enrollment data activities for the month based on data submitted by the Counties. Monthly renewal cut-off dates are approximately 8 days before the beginning of the Month of Eligibility (MOE). Technically, all Health Care Plan (HCP) enrollments are effective the first day of a future month. HCP enrollments are not applied retroactively, with the exception of Supplemental Eligibility. Supplemental eligibility is the reinstatement of HCP enrollment for a month(s) HCP enrollment is in a hold status. Supplemental eligibility can only occur during the month(s) HCP enrollment is on hold due to a loss of or a hold on Medi-Cal eligibility. If HCP enrollment is placed on hold because of aid code, zip code, or county code (in which case the beneficiary reverts back to Medi-Cal Fee-For-Service), HCP enrollment CANNOT be reinstated for the month on hold. Instead, HCP enrollment will be reinstated for the following month. This occurs because once Medi-Cal eligibility has been established for a given month, it cannot be changed until the following month. Supplemental eligibility also occurs when an eligibility status change effective the current MOE is received from the County and processed in the MEDS after the monthly cut-off date for MOEs and capitation payments.

The effective month in which the HCP enrollment is reinstated depends on the process date (before or after MEDS Renewal) and the effective date of the county transaction for the reinstatement of HCP enrollment. The HCP plan would receive capitation for the full month(s) reinstated and would be responsible for any services provided to the HCP enrollee during the reinstated month(s).

KHS is refreshed monthly of its members' eligibility status, and daily supplemental eligibility is received from DHS via electronic data interchange. MEDS enrollment data is reconciled electronically and manually with the KHS membership file to identify and process new enrollment, disenrollment, re-enrollment, demographic information changes and major aid code transfers. The DHS capitation payment is based on the monthly refreshed enrollment data. Any member whose eligibility is placed on "Hold" is disenrolled from the Member File and reinstated if a subsequent notification is received from DHS.

2.0 ACCOUNTABILITY

The MIS Department is responsible for the electronic receipt, reconciliation, and uploading of daily enrollment refresh data into the KHS membership file. The Accounting Department is responsible for reconciling the DHS capitation amount and corresponding member count report, the KHS group billing, and member count report on a monthly basis, refer to Policy and Procedure *7.60-I Membership Month End Closing*.

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3.0 PROCESSING OF DAILY SUPPLEMENTALS

MIS processes daily “FAME” electronic files received from DHS to appropriately update the KHS Master Member file for supplemental eligibility and other enrollment changes applicable to current and previous MOE periods. The electronic processing involves automatic downloading of daily FAME file and KHS Master Member file. Pertinent member records for each member appearing are compared against their respective member records to identify supplemental eligibility and demographic changes that needs to be updated into KHS Master Member File.

The member’s supplemental eligibility status is determined and identified in the MEDS Status Code History fields. The history shows the member’s current and past twelve months’ status codes. The following are the various supplemental eligibility status codes and their respective description and required action to update KHS Master Member File.

HCP STATUS CODE	DESCRIPTION	ACTION REQUIRED IN KHS MASTER MEMBER FILE
51	Enrollment activated from “Hold” status and capitation not paid. Capitation to be paid in next MOE and status code will change from “51” to “S1”.	Manual retro enroll effective the month shown in MEDS status history.
01	New enrollee for current MOE but process after cut-off and no capitation paid.	Auto enroll effective the current MOE.
10	Voluntary disenrollment and capitation previously paid. Capitation to be deducted in next MOE and status code will change from “10” to “S0”.	Manual retro disenroll effective the month shown in MEDS status history.
19	Mandatory disenrollment and capitation previously paid. Capitation to be deducted in next MOE and status code will change from “19” to “S9”.	Manual retro disenroll effective the month shown in MEDS status history.
05	Member eligibility was held for the current MOE but was processed after cut-off date. Capitation to be deducted in next MOE and status code will remain “05”.	Manual disenroll effective current MOE.
59	Member status was held for the current MOE due to status change other than eligibility but was processed after cut-off date. Capitation to be deducted in next MOE and status code will remain “59”.	Manual disenroll effective current MOE.
00	Voluntary disenroll effective current	Manual disenroll effective

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	MOE received after cut-off and capitation was paid.	current MOE.
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MIS generates daily reports for all supplemental changes requiring manual enrollment process for review and processing by the Eligibility Coordinator in Member Services. Based on the reports supplied by MIS, the Eligibility Coordinator reviews, analyzes, researches, and processes the appropriate manual enrollment action to update the KHS Master Member file. The daily manual enrollment actions may include the following types of entries with corresponding audit checks performed as listed:

Type of Entry	Entry	Audit
Retro Enrollments from FAME File	Member Services: Eligibility Coordinator	MIS: Members Proc
Retro Disenrollments from FAME File	Member Services: Eligibility Coordinator	MIS: Members Proc
Other Changes: Case Numbers, Sex, DOB, Group Numbers, etc.	Member Services: Eligibility Coordinator	Member Services
PCP Changes and Designations	Member Services: Eligibility Coordinator	Member Services: Member Services Representatives

Upon completion of the entry and audit of the daily updates, the Eligibility Coordinator processes the upload. Once the upload is completed, the Eligibility Coordinator notifies MIS so the MBRS PROC process can be run.

MIS reconciles all supplemental changes processed by counting and summarizing all daily FAME's enrolls and disenrolls. Any difference noted is reviewed and investigated for proper action.

¹ **Revision 2007-11:** Revised by member Services Manager. Not reviewed by AIS department for regulatory content. **Revision 2006-01:** Formalization of previous informal policy.