DSS-4357EL

WGIUPD **GENERAL INFORMATION SYSTEM** 04/21/98

DIVISION: Office of Medicaid Management PAGE 1

Temporary Assistance

GIS 98 MA/011

TO: Local District Commissioners, Medicaid Directors, IM Directors

FROM: Ann Clemency Kohler, Deputy Commissioner, OMM
Patricia A. Stevens, Deputy Commissioner, OTDA

SUBJECT: Reimbursement of Paid Medical Expenses

EFFECTIVE DATE: Immediately

CONTACT PERSON: Medicaid: Sandy Hann or Ann Hughes (518) 474-9130
Temporary Assistance: Regional Representatives:
Region I: 518-473-0332; Region II: 518-474-9344;
Region III: 518-474-9307; Region IV: 518-474-9300;
Region V: 518-474-1469; Region VI: 212-383-1658

This is to advise you of adverse decisions in the cases of Carroll, et al., v. DeBuono, et al. and Seittelman, et al. v. Sabol, et al.

Both decisions involve Department regulation 360-7.5(a)(5). The regulation provides that the Medicaid program must reimburse a recipient or the recipient's representative for Medicaid services purchased during the recipient's retroactive eligibility period if the recipient was eligible when the services were purchased and the services were furnished by providers enrolled in the Medicaid program.

The court invalidated 18 NYCRR 360-7.5(a)(5) to the extent that it denies direct reimbursement for services purchased from non-Medicaid enrolled providers on or after the first day of the third month prior to the month of application for Medicaid and ending on the day the recipient applied for Medicaid. The court also found that Medicaid applicants are not adequately notified of the possibility of reimbursement during the retroactive period or that reimbursement of medical expenses incurred between the time of application and receipt of a Medicaid card is limited to medical services rendered by Medicaid enrolled providers.

Effective for applications and/or requests for reimbursement filed or pending on or after March 11, 1998, you must modify your direct reimbursement procedures to assure that Medicaid recipients receive reimbursement for Medicaid services purchased from non-Medicaid enrolled providers during the retroactive eligibility period, if otherwise eligible. This does not apply to services purchased from non-Medicaid enrolled providers after the day of application and before the day the recipient received a Medicaid identification card. For example, a recipient who applied for Medicaid on March 11 is now entitled to direct reimbursement for Medicaid services purchased from non-Medicaid enrolled providers, as well as for Medicaid services purchased from Medicaid enrolled providers, from December 1 through March 11, and reimbursement for Medicaid enrolled providers from March 12 until the date the Medicaid identification card is received, if eligible during this period.

Also, effective immediately, you must ensure that each Medicaid applicant (including applicants who apply at outreach sites such as hospitals, clinics and PCAP offices) is informed in

writing of the availability of reimbursement of paid medical expenses during the three month period prior to the month of application and that, if determined eligible, direct reimbursement will be made for Medicaid services between application date and date of receipt of the identification card only if furnished by Medicaid-enrolled providers.

The Department has developed required wording for the notice to all applicants. This wording, in both English and Spanish, is being e-mailed with this GIS message to all local commissioners today. This wording will be incorporated into the next revision of the DSS 4148B, "What You Should Know About Social Services Programs."

All reimbursement to the recipient or the recipient's representative for Medicaid services purchased prior to receipt of the Medicaid identification card is limited to the Medicaid rate or fee in effect when the service was provided. (Please be advised, however, that the recipient or the recipient's representative may receive greater reimbursement when he or she purchased Medicaid services as a result of social services district error or delay. Please refer to the Greenstein v. Dowling GIS, which was transmitted by electronic mail May 19, 1994, for further information.)

Should you have any questions, please contact the individuals listed above.

PLEASE READ!
IMPORTANT INFORMATION FOR ALL MEDICAID APPLICANTS!

We must pay you for some bills you paid before you asked for Medical Assistance (Medicaid) - even if the doctor or other provider that you paid does not take Medicaid. This notice tells you when we will pay you for these bills.

What bills can be paid? You can be paid for bills you paid before you asked for Medicaid and for bills you pay until you get your Medicaid card. Bills you paid before you asked for Medicaid must be for services you received on or after the first day of the third month before the month that you asked for Medicaid. Example: If you ask for Medicaid on March 11, we can pay you for services you received and paid for from December 1 until you get your Medicaid card.

What if the doctor or other provider that you paid doesn't take Medicaid? We can pay you for some bills even if the doctor or other provider you paid does not take Medicaid. If you paid the bills before you asked for Medicaid, we can pay you even if the doctor or other provider does not take Medicaid. After the day you ask for Medicaid, we can pay you only if the doctor or other provider takes Medicaid.

YOU MUST GO TO MEDICAID PROVIDERS FROM NOW ON TO BE PAID FOR BILLS YOU PAY.

Always ask the doctor or other provider if he or she takes Medicaid. After you ask for Medicaid, we will not pay you if the doctor or other provider does not take Medicaid.

Are there more rules? Yes. There are a few more rules.

1. The bills you paid must be for services that the Medicaid program pays for. These services include, but are not

limited to, doctors, home care, hospitals, and drugs.

2. We can pay only what Medicaid pays for the services. This may be less than the bill you paid.

3. We can pay you only when we decide you can get Medicaid and only if you could have gotten Medicaid when you paid the bill.

4. We can pay you only when the bills you paid were for services that you needed.

5. You must give us the bills and prove you paid them.

What if my family or friend paid the bills for me? If your bills were paid by a family member or friend, we may be able to pay them. Ask your worker.

Any questions? Please ask your worker if you have any questions about this notice.

POR FAVOR LEA
INFORMACION IMPORTANTE PARA TODOS LOS SOLICITANTES DEL MEDICAID

Nosotros debemos reembolsarle dinero por algunas facturas que usted pagó antes de solicitar para los beneficios de la Asistencia Médica (Medicaid) - aunque el médico u otro proveedor que recibió su pago no participe en el programa del Medicaid. Esta notificación tiene el propósito de informarle cuándo o en qué circunstancias nosotros le reembolsaremos por estas facturas.

¿Qué tipo de facturas pueden ser reembolsadas? A usted se le puede reembolsar por facturas que usted pagó antes de solicitar el Medicaid y por facturas que usted pague hasta recibir su tarjeta del Medicaid. Las facturas que usted pagó antes de solicitar el Medicaid deben ser por servicios que usted recibió el primer día o después del primer día del tercer mes previo al mes en que usted solicitó el Medicaid. Por ejemplo: Si usted solicitó el Medicaid el 11 de marzo, nosotros le podemos reembolsar por servicios que usted recibió y pagó desde el 1 de diciembre hasta que usted reciba su tarjeta del Medicaid.

¿Qué pasa si el médico u otro proveedor a quien usted pagó no participa en el programa del Medicaid? Nosotros podemos reembolsarle por algunas de las facturas aunque el médico u otro proveedor a quien usted pagó no acepte el Medicaid. Si usted pagó las facturas antes de solicitar los beneficios del Medicaid, nosotros podemos reembolsarle aunque el médico u otro proveedor no participe en el programa del Medicaid. Después del día en el que usted solicite el Medicaid, nosotros podemos pagarle solamente si el médico u otro proveedor participa en el programa del Medicaid.

DE AHORA EN ADELANTE, USTED DEBE VISITAR A PROVEEDORES QUE PARTICIPEN EN EL PROGRAMA DEL MEDICAID PARA QUE SE LE REEMBOLSE POR FACTURAS QUE USTED PAQUE.

Siempre pregúntele al médico u otro proveedor si él o ella participan en el programa del Medicaid. Después de solicitar los beneficios del Medicaid, nosotros no le reembolsaremos a usted por pagos hechos a médicos u otros proveedores que no participan en el programa del Medicaid.

¿Existen otras reglas? Sí. Existen algunas reglas más.

1. Las facturas que usted pagó deben ser por servicios que el programa del Medicaid cubre o paga. Estos servicios incluyen, pero no se limitan a, médicos, atención o cuidado provisto en el hogar, hospitales y medicamentos.

2. Nosotros podemos reembolsar solamente la cantidad que el Medicaid paga por los servicios provistos. Puede ser que esto sea menos de lo que usted pagó por la factura.

3. Nosotros podemos reembolsarle solamente al verificar que usted es elegible o puede recibir beneficios del Medicaid y solamente si usted era elegible o podía haber recibido el Medicaid cuando pagó la factura.

4. Nosotros podemos reembolsarle solamente cuando las facturas que usted pagó eran por servicios que usted necesitaba.

5. Usted debe proporcionarnos o darnos las facturas y probar que usted las pagó.

¿Qué pasa si algún miembro de mi familia o un(a) amigo(a) pagó las facturas en mi nombre? Si sus facturas fueron pagadas por un miembro de la familia o un(a) amigo(a), puede ser que nosotros podamos reembolsarle. Pregúntele a su trabajador(a).

¿Tiene algunas preguntas? Por favor hable con su trabajador(a) si usted tiene preguntas sobre esta notificación.