

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** All Providers  
Regional Administrators  
CSO Administrators

**Memorandum No. 00-09 MAA**  
**Issued:** April 15, 2000

**For further information, call:**  
1-800-562-6188

**From:** James C. Wilson, Assistant Secretary  
Medical Assistance Administration

**Subject: Family Medical Project**

**Effective May 1, 2000, the Medical Assistance Administration (MAA) will reinstate medical benefits for certain families who lost their medical benefits when they stopped getting a Temporary Assistance for Needy Family (TANF) cash grant. This applies only to families who lost their medical benefits between August 1, 1997, and August 31, 1999.**

## **Background**

The purpose of the Family Medical Project is to identify, locate, and reinstate individuals who lost medical benefits when their TANF cash grant terminated between August 1, 1997, and August 31, 1999.

The Department of Social and Health Services (DSHS) will:

- Reinstatement of medical benefits for a large number of families for a consecutive three-month period beginning May 1, 2000.
- Locate other families through marketing and outreach to reinstate them for a consecutive three-month period between May 1, 2000, and December 31, 2000.

In addition, some families will be eligible for reimbursement for past paid and unpaid medical bills. At the time of reinstatement, clients may request a claims package. A copy of the claims flyer is included for provider information. (See the attached claims flyer.)

Beginning May 1, 2000, statewide Family Medical Project clients can contact a centralized Medical Eligibility Determination unit located in Seattle at 1-888-844-2892. This telephone number is to be used by clients only.

## Scope of Services

Clients who are reinstated as a result of the Family Medical Project will have Medical Assistance Identification (MAID) cards with:

- **F20** as the Medical Coverage Group code; and
- **CNP** (Categorically Needy Program) as the Medical Program identifier.

**The Family Medical Project is fee-for-service only.** These clients will not be able to enroll in Healthy Options. Clients may obtain covered services through any provider who accepts Medicaid. This applies to all periods of current and retroactive medical coverage.

DSHS is encouraging all clients to apply for medical benefits to cover services after the reinstatement period. After the three-month reinstatement period, persons who qualify for other medical programs after the reinstatement period may then need to enroll in a Healthy Options managed care plan.

## Special Considerations

### 1. **Third Party Liability**

Prior third-party insurance information may appear on the client's F20 MAID card. Providers with questions should call MAA's Coordination of Benefits (COB) section at 1-800-562-6136. Clients have been told to notify their providers and COB if they have third party insurance that is not identified on their MAID cards.

### 2. **Client Restriction**

Prior information about client restriction may appear on the client's F20 MAID card. Providers with questions should call MAA's Provider Relations Unit (providers only) at 1-800-562-6188. Clients with questions should call the Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022.

### 3. **Retroactive Medical**

DSHS will issue MAID cards for both current and past periods. The project will reinstate clients for a consecutive three-month period between May 1, 2000, and December 31, 2000. Clients may also receive MAID cards for retroactive medical periods from August 1, 1997, forward. Retroactive MAID cards may be authorized in one-month periods. The identifier on the client's MAID card will state "delayed certification." **Delayed certification extends the 365-day billing limit for these bills.** When billing, you must attach a copy of the client's MAID card to the claim.



## What About Past Medical Bills?

If you have paid or unpaid medical bills between August 1, 1997 and the date of your new family medical benefits, DSHS may be able to pay some of them.

### Asking for a claims package is easy.

- MAIL the enclosed blue postcard **OR**
- CALL the Medical Assistance Customer Service Center at 1-800-562-3022 (TTY only 1-800-848-5429) **OR**
- FAX your request to Family Medical Project Claims at (360) 664-0910 **OR** E-MAIL [FamilyMed@dshs.wa.gov](mailto:FamilyMed@dshs.wa.gov).

### Begin gathering information now.

- Find copies of your bills. We need to know when you got the service, the type of service and how much it cost. Ask your doctor or pharmacist to help.
- **If you have paid the bills,** find receipts or cancelled checks. We need proof of payment before we reimburse you.
- **If you have not paid the bills,** we will mail you a Medical ID card if your claim is approved. You can give it to the medical provider to pay for the services.



**State of Washington**  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**  
**PO Box 9245, Olympia, WA 98507-9245**

BULK RATE  
U.S. POSTAGE PAID  
Washington State  
Department of Printing

*Change Service Requested*