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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 4@ Beneficiary Application Process

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Section 50187@ Social Security Numbers and Health Insurance Claim Numbers

50187 Social Security Numbers and Health Insurance Claim Numbers

(a)

Each applicant or beneficiary shall, as a condition of eligibility for full Medi-Cal benefits, obtain and provide to the county department a Social Security Number (SSN) and, if eligible, a Social Security Health Insurance Claim (HIC) Number. In addition, amnesty aliens eligible for restricted Medi-Cal benefits pursuant to section 50302(b)(3) must possess or have applied for an SSN and, if eligible, a HIC number.

(b)

The SSN shall be provided at the time of application unless the applicant must apply for the number. If application for an SSN must be made, the number will be provided to the county department by the Department or by the Social Security Administration.

(c)

The HIC number shall be provided by the applicant or beneficiary in accordance with section 50777.

(d)

Medi-Cal shall not be denied, delayed or discontinued for an applicant or beneficiary because of these requirements unless the applicant or beneficiary refuses to cooperate. (1) Eligibility of an applicant or beneficiary who refuses to

apply for or provide a number shall be denied or discontinued. (2) Eligibility of a child who is not applying on the child's own behalf shall be denied or discontinued if a parent or caretaker relative living with the child refuses to apply for or provide a number for the child. (3) Persons ineligible for Medi-Cal in accordance with (1) or (2) shall be ineligible members of the MFBU in accordance with section 50379.

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Eligibility of an applicant or beneficiary who refuses to apply for or provide a number shall be denied or discontinued.

(2)

Eligibility of a child who is not applying on the child's own behalf shall be denied or discontinued if a parent or caretaker relative living with the child refuses to apply for or provide a number for the child.

(3)

Persons ineligible for Medi-Cal in accordance with (1) or (2) shall be ineligible members of the MFBU in accordance with section 50379.

(e)

The county department shall assist the applicant or beneficiary by explaining how to apply for an SSN or HIC number and by providing an SSA Referral Notice, form MC 194.

(f)

The county shall notify the beneficiary if the information provided by that beneficiary does not result in verification of the SSN by SSA. Medi-Cal eligibility shall be discontinued if the beneficiary fails, without good cause, to respond to the notice within 60 days.