California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 3@ Health Care Services
|->
Subdivision 1@ California Medical Assistance Program
|->
Chapter 8@ CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE
|->
Article 6@ ISSUER REPORTING REQUIREMENTS AND AUDIT INFORMATION
|->
Section 58081@ Plan of Action for Information and Document Maintenance

58081 Plan of Action for Information and Document Maintenance

(a)

Each Issuer shall, prior to certification by the Department of Health Services, submit to the Department a plan for complying with the information maintenance and documentation requirements set forth in Article 6 of this Chapter. No Policy or Certificate shall be certified until the Department of Health Services has approved the Issuer's documentation plan for the Policy or Certificate. The documentation plan will include the following: (1) the location where records will be kept. Records required for purposes of the California Partnership for Long-Term Care must be available at no more than three (3) locations, each of which shall be easily accessible to the California Partnership for Long-Term Care; (2) the Issuer shall agree to give the Department of Health Services, or its appointed designee, access to all information described in Section 58078 of this Chapter on an aggregate basis and on an individual basis for all Policy or Certificate holders. Access to information on persons who have not applied for Medi-Cal is required in order for the Department of Health Services, or its appointed designee, to determine if an Issuer's system for documenting the Medi-Cal Property Exemption is functioning correctly. The Department of Health Services shall determine the frequency of access to the data and the size of samples for auditing purposes. (3) the name, job title, address, and telephone number of the person primarily responsible for

the maintenance of the information required and for acting as liaison with the Department of Health Services concerning the information; (4) methods for determining when insurance benefits or prepaid benefits qualify for the Medi-Cal Property Exemption, including the following:(A) documentation of the Insured Event; (B) description of services; (C) documentation of charges and benefits paid; and (D) documentation of Plans of Care; (5) description of electronic and manual systems which will be used in maintaining the required information; (6) information that will be retained which is needed to comply with this rule; and (7) copies of forms and descriptions of standard procedures for maintaining and reporting the information required, including the specific electronic medium which will be used to report required information and a description of the relevant files.

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(3)

the name, job title, address, and telephone number of the person primarily responsible for the maintenance of the information required and for acting as liaison with the Department of Health Services concerning the information;

(4)

methods for determining when insurance benefits or prepaid benefits qualify for the Medi-Cal Property Exemption, including the following:(A) documentation of the Insured Event; (B) description of services; (C) documentation of charges and benefits paid; and (D) documentation of Plans of Care;

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(6)

information that will be retained which is needed to comply with this rule; and

(7)

copies of forms and descriptions of standard procedures for maintaining and reporting the information required, including the specific electronic medium which will be used to report required information and a description of the relevant files.

(b)

After the Department of Health Services has approved a plan of action, the Department of Health Services shall advise the Department of Insurance and the Issuer in writing within five days.

(c)

If the Department of Health Services disapproves a plan of action, the Department of Health Services shall within five (5) days advise the Issuer of the shortcomings in the plan of action and shall instruct the Issuer of the methods necessary to resolve them.