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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
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58080 Preparing a Service Summary

Article 6@ ISSUER REPORTING REQUIREMENTS AND AUDIT INFORMATION

Section 58080@ Preparing a Service Summary

(a)

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Each Issuer shall prepare a Service Summary at the client's request specifically for the Policy or Certificate holder applying for Medi-Cal. The Issuer shall also prepare a Service Summary and sent it to the Policy or Certificate holder and the Department of Health Services when the Policy or Certificate holder has exhausted his or her benefits under the Policy or Certificate or when the Policy or Certificate ceases to be in force for a reason other than the death of the Policy or Certificate holder, whichever occurs first. This Service Summary will be in a standardized form and format prescribed by the Department of Health Services. This Service Summary is prepared in addition to the information requirements described in Section 58078.

(b)

Each Issuer shall notify the policy or certificate holder and the Care Manager Provider Agency one hundred twenty (120) days prior to the date when coverage for each Policy or Certificate is about to be exhausted. A copy of the Issuer's notification shall be forwarded to the Department of Health Services at the same time it is forwarded to the Care Manager Provider Agency.