

County Medical Services Program Guide (CMSPG) Letter #21

October 22, 2012

Subject **RELEASE OF INFORMATION AND DENIALS DUE TO LACK OF INFORMATION**

Effective Date Upon receipt.

Reference County Policy

Purpose To purpose of this letter is to inform staff of the following:

- Release of Information.
- Requirement to assist the applicant in obtaining the essential verification needed prior to denying the application due to lack of information.
- Instructions for processing applications where the applicant contacts the county or in which essential verifications are received within a specified timeframe after denial.

Background Release of Information
Confidential case information relating to eligibility provided solely by the applicant, excluding privileged communication, shall only be released as authorized by the applicant.

Verification Requirement
All applicants are responsible for providing all verifications requested by the worker that are necessary to determine eligibility for CMS. Whenever possible, information that is available on county accessible automated systems or from other Public Assistance (PA) case records shall be used in determining eligibility. Refer to [CMSPG 02.06](#).

CMS allows low-income San Diego county residents to have access to health benefits, which supports the County's *"Live Well, San Diego!"* initiative.

Highlighted Changes Release of Information
The Authorization of Release of Information (HCPA 14-187) form or ANY other written authorization must contain sufficient information for the release of information provided solely by or authorized by the

applicant. The worker must document in the case narrative all requests for information and disposition of the request.

The following guidelines shall apply to written authorizations:

- Must include a description of the information to be disclosed.
- Must include a description of the purpose of the disclosure.
- Photocopy of the written authorization may be accepted.

Examples of unacceptable Authorization for Release of Information include:

- Multiple individuals or entities listed on the form.
- Applicant has revoked the AR written authorization.

Verification Requirement

In addition to following the 10/10 timeframe when requesting verifications needed to determine eligibility, the worker is required to:

- Review the applicant's ability to obtain the required verifications and offer assistance as necessary in obtaining the verifications.
- Rescind the denial and re-evaluate eligibility if the applicant provides all required verifications within the 10 days after denial, or requests additional time to provide as long as the applicant is making a good faith effort to obtain the verifications.

Required Action

Release of Information

Prior to the release of information, the worker shall:

- verify whether an acceptable release of information form is on file;
- release only information relating to eligibility provided solely by or authorized by the applicant; and
- document in the case narrative all requests for information and disposition of the request.

Verification Requirement

When the applicant contacts the County within 10 calendar days of the denial NOA date, the worker shall:

- Assist the applicant, as necessary, in obtaining the verifications.
- Evaluate reason to extend the deadline for providing the required verifications, if more time is requested, and allow additional time to provide if:
 - it appears the applicant is making a good faith effort to obtain the verifications; and/or
 - the delay for obtaining the verifications is beyond their control.
- Process the application when required verifications are received within the 10-calendar day specified timeframe as outlined in [Article 2, Section 11](#).

Forms Impact No impact.

ACCESS Impact No impact.

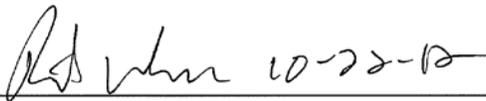
CMS IT System The CMS IT System (AuthMed) will allow the worker to rescind, re-evaluate, approve, and re-deny previously denied cases (see [Appendix 09.01A](#)).

Quality Assurance Effective with the November 2012 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this letter.

Summary of Changes The table below shows the changes made to the CMSPG.

Section	Change
02.11.01B	<ul style="list-style-type: none">• Updated the Table of Contents.• Renumbered section.• Update to procedures for denials due to lack of information.
03.02.02	<ul style="list-style-type: none">• Clarification for the release of information.
09.01.01	<ul style="list-style-type: none">• Updated the Table of Contents.• Added Appendix 09.01A

Approval for Release

 10-22-12

JP

Article 2 Section 11 Denials

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02.11.01 Denials

02.11.01A General

Workers enter the applicant/beneficiary information directly into the CMS IT system to determine the applicant's/beneficiary's CMS eligibility. When the applicant/beneficiary is determined not to be eligible to CMS benefits, the Notice of Action CMS-39D is used to inform the applicant of the denial.

02.11.02B Lack of Information

Applications are NOT to be denied solely because the worker has not received all required verifications within given deadlines.

Worker Assistance

In addition to following the 10/10 timeframe as outlined in [02.06.04](#), the worker shall provide assistance as outlined in [02.06.01](#).

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02.11.01C Failure to Provide

Prior to denying an applicant for failure to provide essential information, the worker shall:

Step	Action
1	Ensure the applicant was given the required timeframe to provide as outlined in CMSPG 02.06.04 .

2	Review the applicant's ability to obtain the required verifications and offer assistance in obtaining the verifications, as necessary, prior to denying the case.
3	Deny the applicant's application for failure to provide if the required verifications have not been provided by the second deadline, and good cause (02.01.01) has not been determined.

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**02.11.02D
Applicant
Provides After
Denial**

A. Verifications Received Within 10 Calendar Days of Denial Notice Date

Verifications received within 10 calendar days of denial notice will be considered timely.

If...	Then the worker must...
some verifications are still missing,	send a note to the applicant stating the denial will stand and they may reapply.
all verifications are provided but ineligibility exists for a different reason,	<ul style="list-style-type: none"> • rescind the denial; and • re-deny the application.

NOTE: Document and scan a copy of any written contact in the case file.

B. Contact Made within 10 Calendar Days of the Denial Notice Date to Request for More Time

The following procedures shall apply for processing an application when the applicant contacts the County within 10 calendar days of the denial notice date AND request for more time to provide:

Step	Action	
1	Evaluate the applicant's reason for requiring additional time.	
	If ...	Then ...
	it appears that the applicant is making a good faith effort to obtain the verifications, and/or the delay is beyond their control,	go to Step 2.
	there is no good cause for an extension,	advise the applicant the original denial stands and they

		may re-apply.
2	Rescind the denial and allow additional time.	
3	Review application at set due date.	
	If...	Then...
	verifications are not provided,	go to Step 4.
	verifications are provided,	approve or deny, as appropriate.
4	Re-deny the application.	

NOTE: Document applicant contact and worker decision in the case file.

C. Verifications Received More than 10 Days After the Denial Notice Date

Advise the applicant either verbally or in writing the denial will stand and they may reapply. Document the verbal contact or scan a copy of any written contact in the case file.

NOTE: A Supervisor may approve rescission of the denial under extenuating circumstances. Extenuating circumstances could include an applicant who has been hospitalized, or had a similar family emergency, and contacts the worker within a day or two after the emergency is over.

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03.02.02 Applicants/Beneficiary Consent Required

**03.02.02B
Authorization
Types**

To use these authorizations, the authorized representative must first be positively identified.

1. Written Authorization

The Authorization of Release of Information (HCPA 14-187) form or ANY form must contain sufficient information for the release of information provided solely by or authorized by the applicant and must be received by the worker **prior** to the release of the information. The worker must document in the case narrative all requests for information and disposition of the request.

The following guidelines shall apply to written authorizations:

- Must be signed and dated by the applicant.

- Must include a description of the information to be disclosed.
- Must include a description of the purpose of the disclosure.
- Must identify the name of the individual or individual designated by an organization authorized to receive the information.
- Shall expire one year from the date signed unless expressly limited to a shorter period.
- May be revoked by the applicant at any time
- Shall expire one year from the date signed unless expressly limited to a shorter period.
- May be revoked by the applicant at any time.
- A photocopy of the written authorization may be accepted.

Examples of unacceptable Authorization for Release of Information include:

- Multiple individuals or entities listed on the form.
- Applicant has revoked the AR written authorization.

2. Telephone Authorization

This authorization may be accepted in lieu of written authorization where the circumstances ensure that the applicant/beneficiary has positively identified himself/herself to the County.

Acceptable items of identification may include case number, driver's license number, social security number, or date of birth.

A telephone authorization is a temporary, one time only authorization and is good for only one phone call. The telephone authorization should be followed by a written authorization. The applicant/beneficiary's verbal agreement to provide a written authorization must be documented in the case narrative along with the date that the release of information form is sent to the applicant/beneficiary.

Note: Workers are not to release medical (health) information from a case based on an applicant/beneficiary's verbal authorization. Written authorization from the applicant/beneficiary is always required prior to releasing medical information to a third party.

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Article 9 Section 01 CMS Information Technology (IT) System

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CMS IT System Rescind/Repend Screen	APPENDIX 9A

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09.01 Appendix A CMS IT System Rescind/Repend Screen

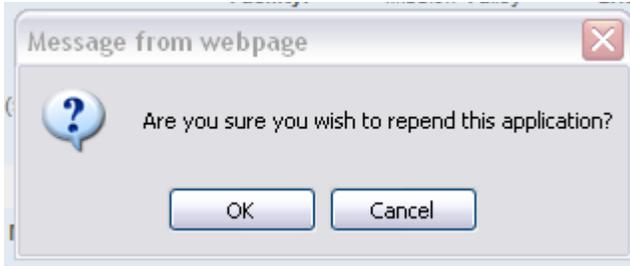
FROM THE MAIN STATUS WINDOW CLICK ON THE MANAGE DISPOSITIONS BUTTON:



CLICK ON THE RESCIND TAB AND SAVE CHANGES



CLICK OK



YOUR CMS APPLICATION IS IN PENDING STATUS READY TO BE PROCESSED AGAIN.

Approve CMS Deny CMS Deny MCE Cancel Reasons

[Main Summary](#)

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