Medi-Cal Program Guide Letter #658

October 10, 2008

Subject	**ARTICLE A – CREDIT REPORT PROCESS FOR COUNTY MEDICAL SERVICES (CMS)**
Effective Date	Upon receipt
Reference	County Policy
Purpose	The purpose of this letter is to provide the worker with instructions for requesting and processing credit reports.
Background	A modification to the CMS Program was approved by the San Diego County Board of Supervisors on May 13, 2008. All applicants/ beneficiaries who meet the eligibility criteria for CMS and CMS Hardship are required to sign a Credit Check Authorization Form (CMS-99) as a condition of eligibility. CMS will use the credit report as a verification tool for financial, property and eligibility information, which the applicant/beneficiary has provided on their application for CMS.
Credit Report	Worker must order a credit report on all CMS applicants/beneficiaries at initial application, recertification, and reapplication. Reasonable care must be taken to input the applicant's/beneficiary's identification information accurately when requesting a credit profile report. **NOTE:** The credit check authorization is good for only one (1) credit report profile request. Credit reports obtained through the CMS IT System may not be given to the applicant/beneficiary. If the applicant/beneficiary requests a copy of their credit report, refer them to the sources listed on the Credit Check Authorization form CMS-99.

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Credit Profile Report Requests

The table below shows the actions the worker must take when requesting credit profile reports:

Step	Action
1	Click the "Experian Data" button found in the CMS IT System Enrollment Screen.
2	Verify that the applicant/beneficiary has signed/dated the credit check authorization document form CMS-99 by viewing the credit authorization document.
3	Place a ✓ (check) mark on the box next to "verify the release has been signed".
4	Click the "Credit Request" button to initiate a search of the applicant/beneficiary credit history. At the end of each business day, the CMS IT System will batch and submit all credit report requests to Experian. The credit profile report is received from Experian on the following business day.
5	Leave the case in a "pending" status until the report has been received and reviewed for discrepancies related to income, property and/or other information provided on the profile report.

Credit Profile Report Processing

The table below shows the actions the worker must take when processing credit reports:

Step	Action
1	Access the applicant's case record the next business day and click the "Experian Data" button to verify the credit profile report was received.
2	Review the credit profile report for discrepancies. Note in case comments the findings/outcome of the credit report.
3	Follow-up with the applicant/beneficiary on discrepancies found on report. Verify that all verifications/documents are provided to clear up discrepancy on report to evaluate for CMS eligibility as described in MPG Article A, Sections 2 and 13.
4	Approve or deny CMS benefits, as appropriate.

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Report Discrepancy/ Verification Requests

Instructions when conflicting or new information is found on the credit report are as follows:

If …	Then the worker must…
Verification is needed,	Use the standard ten-ten (10/10) time-line for providing requested verifications and/or complete forms.
Requested information is not returned within the standard ten-ten (10/10) timeline and good cause is not determined,	Deny the application for failure to provide and any other applicable denial reason(s).
Requested information is not returned within the standard ten-ten (10/10) timeline and good cause is determined,	Allow additional time if it appears that the applicant is making a good faith effort to obtain the verifications, and/or the delay is beyond the applicant's control. The contact with the applicant and the worker decision must be documented in the case record.
An extended period is allowed and verifications are not provided by the new extended deadline,	Deny application for failure to provide and any other applicable denial reason(s).

NOTE: If the applicant has a telephone, the worker must make two (2) attempts on two separate days to contact the applicant whenever any requested verification has not been submitted by the applicant and the application is at risk for denial for failure to provide. Each attempted contact made must be narrated in case comments.

Form Impact

None.

Automation Impact

The CMS IT System was recently enhanced to activate credit report requests.

QA/QC Impact

Effective with the November 2008 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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Summary of Change

The table below shows the changes made to the Program Guide.

Article	Change
Article A, Section 8	Added Credit Report Requests to Table of Contents and instructions for requesting credit reports using the CMS IT System to section.

Filing Instructions

The table below shows how to file the Program Guide Material.

Step	Action
Remove	Article A-8-i; Article A-8-2 through A-8-6
Replace	Article A-8-i; Article A-8-2 through A-8-6

Important Note

The MPG is available in its entirety on the County Intranet by accessing http://hhsa_intranet.co.san-diego.ca.us/manuals/mpg/index.html. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

Manager Approval

Original signed by:

Dann Crawford, Assistant Deputy Director
Medi-Cal, CMS, General Relief and CAPI Program Administration
Strategic Planning and Operational Support Division

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