

Medi-Cal Program Guide (MPG) Letter #665

April 17, 2009

Subject **ARTICLE A—AN UPDATE TO THE CMS CREDIT REPORT PROCESS**

Effective Date Upon receipt

Reference County Policy

Purpose This letter is to provide clarification to the Credit Report process when there is a married couple.

Background MPG Letter #658 issued instructions on when to request and process a credit report for applicants/beneficiaries.

Change In cases where there is a married couple, both spouses' information is required to be entered into the CMS IT system for correct budget calculations and to submit the credit report. The CMS IT system requires both spouses' information to run a credit report, therefore, both spouses must sign the Credit Check Authorization (CMS-99). The CMS-99 has been revised to include two signature lines; one for each spouse.

Forms Impact Credit Check Authorization (CMS-99/CMS-99 SP) has been revised to include two signature lines. The previous forms may be used until supply runs out. When using the current form for married couples, two forms must be signed (one for each spouse). The revised forms have been added to iWAY.

Quality Assurance Impact Effective with the June 2009 review month, Quality Assurance will cite with the appropriate error any case that does not comply with the requirements outlined in this letter.

Automation Impact None

**Summary of
Changes**

The table below shows the changes made to the MPG.

Article/Section	Changes
Article A, Section 8.1.D	Added married couple must sign the credit report authorization form.

**Manager
Approval**



Jaye Yoshonis, Assistant Deputy Director
Self-Sufficiency Programs
Strategic Planning and Operational Support Division

SB



County Medical Services (CMS)
CREDIT CHECK AUTHORIZATION

Member ID# _____

NOTIFICATION THAT A CREDIT REPORT WILL BE RUN

You are authorizing the San Diego County CMS Program under the Fair Credit Reporting Act to obtain information from your personal credit profile or other information from Experian.

Your signature(s) below provides the San Diego County CMS Program with your permission to obtain this information.

You have a right under the FCRA (Fair Credit Reporting Act) to know the information contained in your credit report.

To obtain a copy of your report you can request it in one of the following ways:

- Website: annualcreditreport.com
- Toll Free: (877)322-8228
- By Mail: Annual Credit Report Request Service
P. O. Box 105281
Atlanta, GA 30348-5281

I have read this disclosure, give my permission to obtain this information and understand my rights under the FCRA.

Print Full Name of Applicant

() _____
Telephone Number

Signature of Applicant

Date

Signature of Spouse

Date

FOR COUNTY/HOSPITAL USE ONLY:

Check box if applicable

The applicant refused to sign the Credit Check Authorization

County/Hospital Staff Signature

Print Name

Date



**County Medical Services (CMS)
CREDIT CHECK AUTHORIZATION
(AUTORIZACION PARA EXAMINAR CREDITO)**

Número de Miembro _____

NOTIFICACION QUE SERA EXAMINADO UN REPORTE DE CREDITO

Usted está autorizando al programa CMS del Condado de San Diego bajo el Fair Credit Reporting Act que obtenga información sobre el reporte de su crédito personal u otra información de la compañía Experian.

Su firma abajo da permiso al programa CMS del Condado de San Diego que obtenga esta información.

Usted tiene el derecho bajo FCRA (Fair Credit Reporting Act) de saber que información contiene su reporte de crédito.

Use una de las siguientes maneras para obtener una copia de su reporte:

- Vía el Web: annualcreditreport.com
- Llamada Gratuita: (877) 322-8228
- Por Correo: Annual Credit Report Request Service
 PO Box 105281
 Atlanta, GA 30348-5281

He leído esta notificación, doy permiso de obtener esta información y entiendo mis derechos bajo FCRA.

Nombre Completo del Solicitante (Létra de Molde)

Número de Teléfono

Firma del Solicitante

Fecha

Firma del Esposo(a)

Fecha

FOR COUNTY/HOSPITAL USE ONLY:

Check box if applicable

The applicant refused to sign the Credit Check Authorization

County/Hospital Staff Signature

Print Name

Date

A.8.1

CMS IT System

D. Credit Report Request

Worker must order a credit report at initial application, recertification or reapplication when information is received from applicant/beneficiary or circumstances are noted which could indicate the possibility of fraud. Reasonable care must be taken to input the applicant's/beneficiary's identification information accurately when requesting a credit profile report. When a case consists of a married couple, both spouses must sign the Credit Report Authorization (CMS-99). 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. 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. Worker must follow-up with applicant/beneficiary on discrepancies found on report. Worker must 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. **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.

MPG Letter #665(4/09)
