

Medi-Cal Program Guide Letter #666

February 02, 2009

Subject **ARTICLE A – COUNTY MEDICAL SERVICES (CMS) CREDIT REPORT DISCREPANCY NOTICE (HHSA: CMS-129) AND CREDIT PROFILE REPORT REQUESTS**

Effective Date Upon Receipt

Reference County Policy

Purpose The purpose of this letter is to provide staff with:

- A new notice HHSA: CMS-129/HHSA: CMS-129(SP) CMS Credit Report Discrepancy Notice; and
- Criteria to use when evaluating whether to request a credit profile report.

Background 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. The credit check authorization is good for only one (1) credit report profile request. 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.

Form CMS-129 Notice HHSA:CMS-129/HHSA:CMS-129(SP) Credit Report Discrepancy Notice has been created to request verification/ documentation or written clarification from the applicant/beneficiary when conflicting or new information is found on the applicant's/ beneficiary's credit report profile which may affect eligibility to CMS.

When to Request a Credit Profile Report Worker must order a credit report at initial application, recertification or reapplication when information is received or circumstances are noted which conflicts or is inconsistent with information provided by the applicant/beneficiary which could indicate the possibility of fraud. (Refer to MPG Article 16 and Appendix A1 for possible fraud indicators). The case must be in "pending" status to enable the CMS

IT System to initiate the request to order the credit report. The credit report is received from Experian the following business day. The case must be left in "pending" status until the credit report is reviewed and all conflicting/inconsistent information has been resolved. The steps and worker actions for requesting and processing of credit reports have not changed. (Refer to MPG Letter #658).

Forms Impact The table below shows the new notice added to the list of CMS forms.

Form #	Title	Change	Attachment
CMS-129	County Medical Services Credit Report Discrepancy Notice	New	A
CMS-129(SP)	County Medical Services Credit Report Discrepancy Notice (Spanish)	New	B

These forms will be uploaded into iWay and available to be ordered.

Automation Impact None.

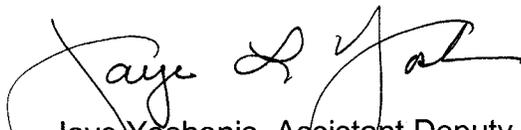
Quality Assurance Effective with the April 2009 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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

Article	Change
Article A, Section 8	Criteria to use when evaluating whether a credit report is to be requested has been added.
Article A, Section 9	Form HHSA:CMS-128/HHSA:CMS-128 (SP) has been added to the list of CMS forms.

Important Note The MPG is available in its entirety on the Internet and can be reached by accessing <http://hhsa-pg.sdcounty.ca.gov>.

**Manager
Approval**

A handwritten signature in black ink, appearing to read "Jaye Yoshonis". The signature is fluid and cursive, with the first name "Jaye" being the most prominent.

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

JP



COUNTY MEDICAL SERVICES

CREDIT REPORT DISCREPANCY NOTICE

Date: _____

Case#: _____

CMS Representative: _____

To _____

Phone: _____

Location: _____

Address: _____

When you applied for County Medical Services (CMS), you were informed that CMS would run a credit report as a tool to verify financial and property information which you reported on your CMS application.

The credit report shows new or conflicting information from what you have reported on your CMS application. We need further information from you to decide whether this information affects your eligibility to CMS. The new or conflicting information found on the credit report is listed below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please provide verification/documentation or written clarification for each item listed above within ten (10) days from the date of this notice. If you do not provide verification/documentation or written clarification within ten (10) days from the date of this notice, your eligibility to CMS will be denied. If you have any questions regarding this letter, please call the CMS Representative listed above.

If you need help, the Consumer Center for Health Education and Advocacy may be able to give you free assistance throughout the CMS application process. Their toll free telephone number is 1-877-734-3258.



COUNTY MEDICAL SERVICES

AVISO DE DISCREPANCIA DEL REPORTE DE CREDITO

Fecha: _____

Número de Caso: _____

Representante de CMS: _____

Para: _____

Teléfono: _____

Ubicación: _____

Domicilio: _____

Cuando solicitó los beneficios del programa County Medical Services (CMS), se le informó que CMS iba a solicitar un reporte de su crédito para comprobar la información que usted reportó en su solicitud para el programa CMS.

El reporte de crédito contiene información nueva o información que contradice lo que usted reportó en su solicitud para el programa CMS. Necesitamos información adicional para decidir si esta información afecta su elegibilidad al programa CMS. La información nueva o la información que contradice lo que contiene el reporte de crédito se anotan abajo.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Favor de proporcionar la verificación/documentación o aclaración escrita para cada artículo anotado arriba dentro de los siguientes diez (10) días después de la fecha de este aviso. Si no proporciona la verificación/documentación o aclaración escrita dentro de diez (10) días después de la fecha de este aviso, su elegibilidad al programa CMS será negada. Si tiene alguna pregunta en cuanto este aviso, favor de llamar al Representante de CMS mencionado arriba.

Si necesita ayuda, el Centro del Consumidor para la Educación sobre la Salud y Defensa de sus Derechos le puede dar asistencia gratuita durante el proceso de su solicitud para CMS. El número de teléfono sin costo es: 1-877-734-3258.

A.9.1

Forms

Forms

FORM NUMBER	FORM TITLE
07-16 HHSA / 07-16 HHSA (SP)	Request for Withdrawal or Discontinuance of Benefits
07-21 HHSA / 07-21 HHSA (SP)	Employment Verification
07-27 DSS	Case Narrative
07-227 DSS / 07-227 DSS (SP)	Statement of Contribution & Declaration of a Loan/Gift
07-66 HHSA / 07-66 HHSA (SP)	Self Employment Income Statement
14-4 DSS	Medical Services Screening
14-08 DSS	Applicant Notice of Decentralization
14-10 HHSA	Transmittal of CMS/Medi-Cal Information
14-12 DSS	District Notice of Decentralization
16-42 HHSA / 16-42 HHSA (SP)	Sworn Statement
CW 60 / CW 60 (SP)	Release of Information – Financial Institution
DHS 6155	Health Insurance Questionnaire
HHSA: CMS-007/HHSA: CMS-007 (SP)	CMS General Property Limitations Notice
HHSA: CMS-2/HHSA: CMS-2(SP)	CMS SSI Advocacy Referral
HHSA: CMS-3	CMS Weekly Screening Log
HHSA: CMS-4	Registration Information
HHSA: CMS-5	Medi-Cal Referral
HHSA: CMS-7	Third Party Liability Report
HHSA: CMS-9	Sign-in Sheet
HHSA: CMS-13 / HHSA: CMS-13 (SP)	Affidavit Residence (Spanish on Reverse)
HHSA: CMS-14 / HHSA: CMS-14 (SP)	Rights of Applicants
HHSA: HCPA 14-187/HCPA 14-187 (SP)	Authorization for Release of Information
HHSA: CMS-15 / HHSA: CMS-15 (SP)	Responsibilities of Applicants

HHSA: CMS-16 / HHSA: CMS-16 (SP)	Verification Checklist
HHSA: CMS-17 / HHSA: CMS-17 (SP)	Provider Statement (Spanish on Reverse)
HHSA: CMS-21	Eligibility Narrative Checklist
HHSA: CMS-22 / HHSA: CMS 22 (SP)	Reminder Request for Verifications
HHSA: CMS-23 / HHSA: CMS-23 (SP)	Coverage Information
HHSA: CMS-26 / HHSA: CMS-26 (SP)	Decentralized Patient Letter
HHSA: CMS-29	Fraud Referral
HHSA: CMS-30 / HHSA: CMS-30 (SP)	Request For Information
HHSA: CMS-31 / HHSA: CMS-31 (SP)	Repayment Demand Letter
HHSA: CMS-34 / HHSA: CMS-34 (SP)	Informing Letter
HHSA: CMS-38	Income Work Sheet
HHSA: CMS-38H	Hardship Budget Work Sheet
HHSA: CMS-48	Clinic Screening Sheet
HHSA: CMS-59	Fraud Investigation Referral Narrative
HHSA: CMS-60	General Relief Log
HHSA: CMS-69	Health Insurance Questionnaire
HHSA: CMS-71	Urgent Eligibility Request
HHSA: CMS-74	Primary Care Services Transmittal
HHSA: CMS-80	Clinic Statistics
HHSA: CMS-86	Medi-Cal Recovery Project Referral
HHSA: CMS-87	Authorization For Release Of Medical Records
HHSA: CMS-94	Important Information For Veterans
HHSA: CMS-97	IDX Alert Referral
HHSA: CMS-99/HHSA: CMS-99 (SP)	Credit Check Authorization
HHSA: CMS-100 / HHSA: CMS-100 (SP)	Statement of Facts
HHSA: CMS-106/HHSA: CMS-106 (SP)	Agreement to Reimburse the County of San Diego
HHSA: CMS-107/HHSA:	Image Verification Checklist

CMS-107 (SP)	
HHSA: CMS-108	Share of Cost
HHSA: CMS-109/HHSA: CMS-109(SP)	Reimbursement Informing Notice
HHSA: CMS-112/HHSA: CMS-112 (SP)	CMS Questions and Answers
HHSA: CMS-116	Overpayment Payment and Collection Letter
HHSA: CMS-117	Overpayment Collection Letter
HHSA: CMS-119	Referral to BRCTP
HHSA: CMS-120	Health Services Information for Native Americans
HHSA: CMS-122/HHSA: CMS-122 (SP)	CMS Grant of Lien
HHSA: CMS-123/HHSA: CMS-123 (SP)	CMS Lien Information
HHSA: CMS-123A	CMS Lien Acknowledgment Statement
HHSA: CMS-127/HHSA: CMS-127 (SP)	County Medical Services Medical Need Form
HHSA: CMS-128/HHSA: CMS: CMS-128 (SP)	Authorization For Release of Information
HHSA: CMS-129/HHSA: CMS: CMS-129 (SP)	Credit Report Discrepancy Notice
MC 176M and MC 176W	SOC Determination (CFBU) includes ABD Spouse or Parent)
MC 176P	Property Reserve Work Sheet
MC 210	Statement of Facts
None	Fair Hearing Decision

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A.8.1

CMS IT System

General

The CMS IT System is a web-based eligibility system (sdcmsapps.com). All CMS applications will be processed and maintained on the CMS IT System. All case documentation and

verifications will be stored on the CMS IT System. The CMS IT System will also afford CMS contracted providers the ability to access the website to view CMS case status.

**A.
CMS Notices
of Action
(NOA)**

1) NOAs requiring manual mailing

a) Homeless

The CMS IT System will create various NOAs and Informing Notices for homeless patients, but will not automatically mail the notices. The notices will be stored in the patient's record on the CMS IT System.

If the patient requests a copy of their NOA or Informing Notice, the worker will be able to access the notice and print it on site for the patient. The worker shall make a narrative entry indicating the date the notice was provided, and shall specify which notice was provided.

b) Excess Income Only Denials

The CMS IT System will create the Excess Income Only Denial NOA, but will not automatically mail the notice. The denial NOA will be available in patient's record on the CMS IT System the following workday after the denial action was taken by the worker.

The worker shall access the patient's record the next workday following the denial action and shall print the Excess Income Only Denial NOA. The worker shall mail the Excess Income Only Denial NOA and CMS Hardship Application (refer to Article A, Section 13) to the patient. The worker shall make a narrative entry indicating the date the notice was provided, and shall specify which notice was provided.

2) NOAs which will be automatically mailed

a) CMS Approval

The certification period will be automatically filled in prior to the NOA being mailed.

b) Denial NOAs except Excess Income Only

Workers shall enter all case specific information applicable to the denial into the system at the time the denial action is taken (ie, what specific items the patient failed to provide, the amount the patient needs to spend down). The case specific information will be

automatically filled in prior to the NOA being mailed.

**B.
Approval
Action**

Based on the applicant's/beneficiaries information entered, the CMS IT System will determine if the client is approved for CMS benefits.

All approval actions taken by the worker will remain in a "pending approval" status for a minimum of one night. Fifty percent of all approvals must be reviewed and released by a supervisor. Each night the CMS IT System will randomly select from the pending approvals, which approvals are to be reviewed by a supervisor, which pending approvals can be approved without a supervisor review.

**C.
Denial Action**

Based on the applicant's/beneficiaries information entered, the CMS IT System will determine the appropriate denial action, generate a denial NOA and automatically mail it to applicant as appropriate. Some denial NOAs require manual mailing.

**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. 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 #666 (2/09)
