

# Medi-Cal Program Guide (MPG) Letter #705

August 30, 2010

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**Subject**            **ARTICLE A- RECORDING COMMENTS IN IDX, RECERTIFICATION RULE FOR CHRONICS, AND CREDIT REPORT PROCESS FOR COUNTY MEDICAL SERVICES (CMS)**

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**Effective Date**    Upon Receipt

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**Reference**            County Policy

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**Purpose**                To provide staff with information and instructions for:

- Recording case comments in IDX.
- Revision to Appendix 9A completion instructions for form HHSA: CMS-4 Registration Information.
- Correction to the recertification rule for a CMS beneficiary with the "CHRONIC" indicator in IDX.
- Addressing applicant/beneficiary questions that arise regarding information found on the credit report.
- Removing reference to the CMS IT System mailing the CMS Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices to the applicant/beneficiary.

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**Background**        Recording Comments in IDX  
The purpose of recording comments in IDX is to have a means of communication between Health Coverage Access (HCA) and CMS Program staff. Any information that needs an explanation/clarification or any change in the applicant's/beneficiary's circumstances that affects eligibility, including mandatory referrals, must be recorded in the COMMENT screen in IDX. At each application, the worker must check for comments entered in IDX to assist them with the processing of CMS cases and in taking appropriate action before issuing benefits.

Currently, Article A does not specifically state that the information referred to above must be recorded in the COMMENT screen in IDX. In addition, Article A, Section 9, Appendix 9A does not list the "Comment" line nor provide instructions on how to complete this section for form HHSA: CMS-4.

### Recertification

CMS has two standards for recertification: standard and chronic. Recertification is a determination that a beneficiary continues to meet the CMS eligibility criteria and has not had a break in aid of more than one (1) month in certification.

### Credit Report Process

A credit report must be ordered at initial application, recertification or reapplication when:

- Information is received or circumstances are noted which could indicate the possibility of fraud; or
- The applicant/beneficiary states that they are unable to obtain legal documentation of their divorce, legal separation, deceased spouse or represent that they are no longer residing with their spouse and are unable to obtain the spouse's signature.

### CMS HIPAA Notice of Privacy Practices

It is a federal requirement under HIPAA that all individuals certified or recertified for CMS be given the "Notice of Privacy Practices". Currently, Article A states that the CMS IT System will mail the notice to all individuals certified or recertified for CMS. In actuality, it is the worker that manually mails/gives the notice to the individual and notes in case comments the date the notice was mailed/given.

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## **Change**

### Recording Case Comments in IDX

Article A, Sections 2 and 8 instructs workers to complete and send form HHSA: CMS-4 to the ASO at 0557B to record in IDX COMMENTS any information that needs an explanation/clarification or changes that affect eligibility, including mandatory referrals. The form must be retained as part of the case record.

A "Comment" line and instructions on how to complete the "comment" section of registration form HHSA: CMS-4 has been added to Article A, Section 9, Appendix 9A.

### Recertification/Reapplication for Chronics

Beneficiaries who have a "CHRONIC" indicator on the IDX Eligibility Enrollment Summary Screen who recertify or reapply may be certified for up to 12 months if they continue to meet all eligibility requirements and there are no foreseeable changes in circumstances that affect eligibility during the certification period.

### CMS HIPAA Notice of Privacy Practices

Reference that the CMS IT System will mail the CMS HIPAA Notice of

Privacy Practices to the applicant/beneficiary has been removed from Article A.

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**Required Action**

Recording Case Comments in IDX

Workers must complete and send form HHSA: CMS-4 to the ASO at 0557B to record in IDX COMMENTS any information that needs an explanation/clarification or changes that impact the beneficiary's eligibility, including mandatory referrals.

Addressing Credit Report Questions

Workers must refer the applicant/beneficiary to either the source listed on the Credit Check Authorization form (CMS-99) or their financial advisor to address all of their questions that arise from information found on the credit report.

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**Forms Impact**

None.

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**Quality Assurance Impact**

Effective with the September 2010 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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**CMS IT System**

Form HHSA: CMS-4 can be found under the **FORMS** tab.

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**Summary of Changes**

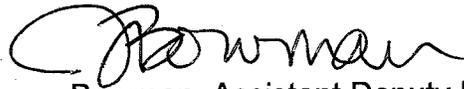
The table below shows the changes made to the Program Guide.

<b>Article</b>	<b>Changes</b>
<u>A.2.2</u> <u>A.2.3</u>	<ul style="list-style-type: none"><li>• Added instructions when to send form HHSA: CMS-4 to the ASO.</li><li>• Removed reference that the CMS IT System will mail the HIPAA Notice of Privacy Practices.</li></ul>
<u>A.7.2</u>	Revision to the recertification rule for chronic beneficiaries.
<u>A.8.1</u> <u>A.8.2</u>	<ul style="list-style-type: none"><li>• Added instructions for addressing applicant/beneficiary questions regarding information found on the credit report.</li></ul>

	<ul style="list-style-type: none"><li>• Added IDX comments entries to case recording activities.</li></ul>
<u>A. Appendix 9A</u>	Revised the completion instructions for form HSA: CMS-4.

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**Manager  
Approval**



Janya Bowman, Assistant Deputy Director  
Healthcare Policy Administration  
Strategic Planning and Operational Support Division

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## A.2.2

### Hospital Outstationed Services (HOS)

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#### F. Notification

The CMS IT System will generate and mail to the applicant the appropriate Notice of Action, including the CMS Medical/Dental Form (HHSA-CMS-127) when certifying or recertifying CMS eligibility. Exceptions to the automatic mailing are listed in [A.8.1](#).

The CMS IT System will upload to the ASO at the end of the business day notifying the IDX System when CMS eligibility is approved or denied. Hospitals are able to view the status of an applicant's eligibility using the CMS IT Systems Provider Online Verification (POV) site.

Workers must also send form HHSA: CMS-4 to the ASO at 0557B to record in IDX COMMENTS any information that needs an explanation/clarification or changes that impact the applicant's/beneficiary's eligibility, including mandatory referrals to another resource such as, but not limited to unconditionally available income, disability based Medi-Cal or Social Security Disability, etc.

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## A.2.3

### Primary Care Clinics and Public Health Centers

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#### E. Notification

See [A.2.2F](#).

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## A.7.2 Recertification

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#### C. Chronics

Chronics are those beneficiaries who have been identified by the ASO as having a chronic medical condition by entering a **"CHRONIC"** indicator on the IDX Eligibility Enrollment Summary Screen. Before recertifying, the worker **must** look for the **"CHRONIC"** indicator. CMS beneficiaries with the **"CHRONIC"** indicator, who recertify or reapply,

may be certified for up to 12 months if they continue meet all eligibility requirements and there are no foreseeable changes in circumstances that affect eligibility during the certification period as described in [A.7.2D](#).

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**D.  
Exceptions**

CMS beneficiaries, both chronic and non-chronic, are to be recertified for up to the allowable period with the following exceptions:

When a beneficiary must comply with program requirements or has a foreseeable change in circumstances that affects eligibility during the recertification period, the recertification period may be less than the allowable period. When the recertification period is less than the allowable, the worker must state the reason in the comment section of the CMS IT automated NOA that certifies CMS and in the case narrative.

**EXAMPLE 1:**

A CMS beneficiary with the “CHRONIC” indicator on IDX claims or is identified as having a disabling condition that may potentially link him/her to Medi-Cal. The worker refers the beneficiary to apply for Medi-Cal noting “Referred to MC DDSD” in the case narrative. The worker will certify for up to 3 months. This example also applies to a non-chronic CMS beneficiary.

**EXAMPLE 2:**

A CMS beneficiary with the “CHRONIC” indicator on IDX will turn 65 years old in nine months. The worker will recertify for eight months and note “Turns 65 month/year” in the comment section of the enrollment form. In this example, if the beneficiary is a non-chronic, the worker will recertify for six months and note “Turns 65 month/year” in the case narrative.

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## **A.8.1 CMS IT System**

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**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; or

- an applicant/beneficiary states that they are unable to obtain legal documentation of their divorce, legal separation, deceased spouse, or represent that they are no longer residing with their spouse and are unable to obtain the spouse's signature on the CMS-122 (Refer to [A-5-5D](#)).

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 [A.2](#) and [A.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 source listed on the Credit Check Authorization form CMS-99. If the applicant/beneficiary have questions regarding the information found on the credit report, refer them to the source listed on the CMS-99 or to their financial advisor.

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## A.8.2 IDX System

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### A. Recording Case Activity

#### Disposition

The disposition of every CMS application and recertification is automatically communicated from the CMS IT System to IDX each night.

### IDX Comment Entries

Workers must send form HHSA: CMS-4 to the ASO at 0557B to record in IDX COMMENTS any information that needs an explanation/clarification or changes that impacts the beneficiary's eligibility, including mandatory referrals.

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## APPENDIX 9A

### COMPLETION INSTRUCTIONS FOR HHSA: CMS-4

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**A.  
Instructions**

Name	Print patient's name accurately and legibly. For legal residents, use the name that appears on their INS document. For others, use the name that appears on the ID they present. Treat hyphenated names as one name, e.g., Smith-Jones is one name beginning with "S".
Social Security Number	Enter the patient's Social Security Number.
Application Date	Enter the date the application was entered in the CMS IT System
Certification Period	If approved, enter the beginning and ending dates of the certification period.
Monthly Share of Cost Amount	Enter the monthly share of cost amount.
Comments	Explain or clarify any information or changes that impact the beneficiary's eligibility, including mandatory referrals to another resource such as, but not limited to unconditionally available income, disability based Medi-Cal or Social Security Disability, etc.
CMS Representative ID	Enter the HSS IDX ID code.
Date	Enter the date the form is completed.
Entered By	For ASO use only. Initials of the Data Entry Clerk.
Date	For ASO use only. Date entered into IDX.

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