Medi-Cal Program Guide Letter (MPG) # 735

June 28, 2011

Subject **UNCONDITIONALLY AVAILABLE INCOME**

Effective Upon Receipt

Reference ACWDL 11-25

Purpose

The purpose of this letter is to provide staff with:

- Instruction on the process of applying for Title II Retirement Benefits Old Age, Survivors and Disability Insurance (OASDI)
- Clarification on the treatment of Title II Retirement Benefits
- Instruction on the process of applying for Unemployment (UIB) and Disability (DIB) Insurance Benefits
- Clarification on the verification of Unemployment and Disability Insurance benefits

Background

California Code of Regulations, Title 22, Division 3, Section 50186(a) states "An applicant or beneficiary shall as a condition of Medi-Cal eligibility, take all necessary actions to obtain unconditionally available income. This includes applying for such income and cooperating in supplying the information requested by the agency making the award. Income shall be considered unconditionally available if the applicant or beneficiary has only to claim or accept the income. Such income includes, but is not limited to: Disability insurance benefits, benefits available to veterans of military service, OASDI benefits, and unemployment benefits.

Highlighted Changes

Public Law 98-21 made changes to OASDI which gradually increases the age of eligibility from 65 to 67 years old, with individuals born in 1938 to be the first group affected by the gradual increase. Individuals may file for OASDI as early as 62 years of age but benefits are reduced by a fraction of a percent for each month short of full retirement age. Those individuals agree to incur a significant loss of OASDI income during the remaining years of their life. California Code of Regulations, Title 22, Division 3, Section 50186, does not apply to OASDI for Medi-Cal applicants and beneficiaries until they reach full retirement age as prescribed by the Social Security Administration

(SSA).

SSA has automated and enhanced many of their services, such as applying for benefits, appealing a decision, requesting proof of income letter or applying for Medicare online. The web site to SSA is www.socialsecurity.gov.

The Employment Development Department (EDD) has automated and enhanced many of their services, such as filing for UIB and DIB, submitting continued claims forms online or over the phone. The web site to EDD is www.edd.ca.gov. Benefits are issued either by check, direct deposit or EDD debit card. The applicant/beneficiary can request a print out of their payment history by calling 1-800-480-3287 or online. Payment history will be mailed out by EDD within 10 days.

Required Action

As part of the intake and redetermination process the worker will:

- Evaluate each applicant/beneficiary's circumstances to determine if there is potential eligibility for any unconditionally available income.
- Inform applicant/beneficiary as a condition of eligibility for Medi-Cal they must apply for, and accept, the income to which they may be entitled.
- Instruct the applicant/beneficiary when the award letter is received, that they must provide the notice to the worker.
- Not require Medi-Cal applicants/beneficiaries to apply for OASDI until they reach full retirement age as prescribed by SSA.

Automation Impact

No Impact

Forms Impact

No Impact

Forms Impact

No Impact

Access Impact

ACCESS staff must be knowledgeable about Unconditionally Available Income. ACCESS staff will inform applicants/beneficiaries, as a condition of eligibility for Medi-Cal that they must apply for, and accept, all income to which they may be entitled. ACCESS staff will inform the applicant/beneficiary when the award letter is received, that they must provide the notice to the FRC.

Imaging Impact

Verifications received as proof of application for unconditionally available income will be imaged following the guidelines established in the Imaging EEOG.

QC/QA Impact

Effective with the July 2011 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 in the MPG cites.

Section	Summary of Change
Article 4 Section 12	• Info mapped the Article • Added section 4.12.02 SSA benefits • Added Appendix A UIB Table • Deleted Sample UIB Pre-Claim Computation • Deleted Sample UIB California Award • Deleted Sample UIB Income Determination • Deleted UIB Field Offices • Deleted Sample DIB Income Determination • Deleted CW-5 form and instructions

Manager Approval

Sylvia Melena, Assistant Deputy Director
Self Sufficiency Programs
Strategic Planning and Operational Support Division

DMH

Article 4 Section 12 Unconditionally Available Income

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4.12.01 Unconditionally Available Income

A. General

As a condition of eligibility for Medi-Cal, all applicants/beneficiaries are required to apply for, and accept, any unconditionally available income for which they appear eligible. This section includes information on Title II Retirement Benefits, Unemployment and Disability Benefits and Veterans' benefits.

MEM 50186

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B. Unconditionally Available Income

Income is unconditionally available if the applicant/beneficiary has only to claim or accept the income. Unconditionally available income includes, but is not limited to:

- Title II Retirement Benefits "Old Age, Survivors and Disability Insurance" (OASDI)
- Unemployment Insurance Benefits (UIB)
- State Disability Insurance Benefits (SDI)
- Veterans' benefits
- Private pension plans, union welfare funds, life insurance disability benefits, etc.

Note: Not considered unconditionally available income:

- Public Assistance payments (including SSI/SSP)
- Title II Retirement Benefits until the applicant/ beneficiary reaches full retirement age as prescribed by SSA.

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C. Applicant/ Beneficiary Responsibility

The applicant/beneficiary must take all actions necessary to obtain any unconditionally available income to which he/she appears eligible as determined by the worker. This includes applying for the income and cooperating in supplying the information requested by the agency making the award determination.

Undocumented aliens who apply for UIB/DIB may be referred to the Citizenship and Immigration Service (CIS) by EDD. No good cause exists for the undocumented alien to refuse to apply for UIB/DIB benefits.

Only the applicant/beneficiary who refuses to apply for and accept unconditionally available income will be considered ineligible for Medi-

Cal.

D. Worker Responsibility

As part of the intake and redetermination process the worker will:

- Evaluate each applicant/beneficiary's circumstances to determine if there is potential eligibility for any unconditionally available income.
- Inform applicants/beneficiaries as a condition of eligibility for Medi-Cal, they must apply for, and accept, the income to which they may be entitled.
- Instruct the applicant/beneficiary when the award letter is received, that they must provide the notice to the worker.

E. Verification Requirements

Medi-Cal benefits shall not be authorized prior to the receipt of verification of application for any unconditionally available income for which an applicant for Medi-Cal appears eligible. The application for unconditionally available income is to be verified by viewing:

- VA Referral form CW-5, for Veterans' benefits.
- UIB application printout, receipt of online application, award letter, print out of payment history or a copy of the EDD Real-Time Match Screen showing a current claim. County Policy
- Statement from a physician, on the physician's letterhead, identifying the date the DIB application was/will be filed; or an indication by the physician on Form 16-3 HHSA that an application for DIB has been filed.
- SSA receipt for application, receipt of online application, or indication on Form 07-94 HHSA that an application was submitted. ACWDL 11-25
- Application receipts for any other unconditionally available income source.

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4.12.02 Social Security Benefits

A. General

Title II Retirement Benefits refers to the federal Old Age, Survivors, and Disability Insurance (OASDI) program. Social Security consists of two separate parts, Retirement and Disability Insurance. Under OASDI, monthly benefits are paid to retired workers, their spouses and dependent children, and survivors of deceased workers (spouses, dependent children and dependent parents).

Social Security Disability Insurance (SSDI) replaces a portion of a worker's income when a medical condition has prevented them from working or is expected to prevent them from working for at least 12 months or ends in death. Under SSDI, monthly benefits are paid to disabled workers (who have not yet reached retirement age) and their families.

B. Who Must Apply

To apply for Social Security benefits, the applicant/beneficiary must be:

- At least 61 years and 9 months of age and want to start receiving benefits in the next three months;
- Widow or widower;
- Surviving divorce spouse; or
- Surviving unmarried child under 18.

All applicants/beneficiaries of Medi-Cal who meet the criteria above are considered potentially eligible for OASDI benefits and should be referred to SSA to apply.

NOTE: Medi-Cal applicants/beneficiaries are not required to apply for OASDI until they reach full retirement age as prescribed by SSA. Benefits are reduced a fraction of a percent for each month short of full retirement age. These individuals will incur a significant loss of OASDI income during the remaining years of their life.

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C. SSA Application Process	Applicant/beneficiary can file for SSA by: • Applying online at www.socialsecurity.gov: or • Call **1-800-772-1213** to make an appointment; or • In person. The applicant/beneficiary shall provide verification of application by submitting: • A receipt of online application; • Form 07-94 HHSA completed by SSA; or • An application receipt for OASDI benefits. MPG LTR 735 (6/11)

4.12.03 Unemployment Insurance Benefits (UIB)

A. General

UIB is a program which provides income to eligible persons who are out of work. Eligible claimants applying in California must have earned a minimum of $900 during a twelve month base period within the last 19 months and must:

MEM Pro. 4M

- Not have quit his/her job without good cause;
- Not have been fired for cause;
- Be able to work and available for employment; and
- Be seeking employment.

B. Who Must Apply

All applicants/beneficiaries of Medi-Cal are considered potentially eligible for UIB and should be referred to EDD to apply for UIB except for the following individuals that:

- have not worked in employment covered by the Unemployment Insurance Compensation Law in the past 19 months;
- receive UIB, have a claim pending, have exhausted their UIB;
- receive disability insurance benefits;
- are ill or injured as specified in MPG 5.2;
- previously denied or discontinued from UIB and have had no subsequent employment which would change the previous EDD determination;
- are fully employed (working at least 40 hours per week);
- apply for restricted Medi-Cal benefits;
- do not have satisfactory immigration status;
- Work part-time, if it can be determined the individual's earnings are too high to receive UIB (see item C 3 below).
- Full-time students (requires verification of full-time student status).
- Children under 16 years of age with no work history; or
- Minor consent applicants.

ACWDL 93-59

C. UIB Application Process

Applicant/beneficiary can file a UIB claim by:

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- Applying online at EApply4UI;
- Completing a paper UI Application, DE 1101; or
- Telephone.
  (800) 300-5616 (English)
  (800) 326-8937 (Spanish)
  (800) 547-3506 (Chinese)

(800) 547-2058 (Vietnamese)
(800) 815-9387 (TTY)

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D. EDD Real-Time Match

The EDD Real-Time Match provides workers on-line access to EDD files. It can be used to determine if:

- applicant/beneficiary is potentially eligible to receive UIB/DIB;
- applicant/recipient has filed a recent claim; and
- Weekly Benefit Amount (WBA).

The Current Claim information from the Real-Time System can be used to verify a claim, under the condition that the information does not conflict with what the applicant/beneficiary has stated. If there is a discrepancy with what the applicant/beneficiary has stated, or with the IEVS information, the worker is to obtain the UIB verification from the applicant/beneficiary before granting.

To determine if an applicant/beneficiary who is working part-time is eligible to receive UIB benefits, allow a $25 or 25% (whichever is greater) deduction to their weekly gross earned income. If the resulting net income is equal to or more than the WBA that appears in the Potential Claim section of the Real-Time Match, the applicant/beneficiary is not eligible to UIB; they are not required to apply for UIB benefits as a condition of Medi-Cal eligibility.

E. UIB Award Notice

Approximately 10 days after the application for UIB has been filed, the claimant will receive a computer printout from EDD. The print-out is entitled "California Award." This print-out does not necessarily mean that the claimant will be entitled to receive UIB. The claimant may subsequently be denied UIB as a result of information obtained during the follow-up telephone interview, information from the previous employer, etc.

Should the claimant be found ineligible for UIB, he/she will receive a denial notice indicating the reason for ineligibility. When the claimant is found eligible, he/she will receive UIB benefits.

F. UIB Benefits

When a claimant is found to be eligible, UIB will normally be paid the third week after the application is filed. The initial benefits will generally be for one week's benefits. Benefits are issued either by check, EDD debit card or direct deposit. The applicant/beneficiary can request a print out of their payment history by calling **1-866-333-4606**

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or online. Payment history will be mailed out by EDD within 10 days. UIB is paid every two weeks thereafter.

The same WBA will generally be paid for each week of unemployment throughout the duration of the claim. However, adjustments to the WBA will be made when:

- wages in excess of $25 occur;
- SDI eligibility occurs; or
- Other internal adjustments are necessary.

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G. Worker Responsibility

The worker may accurately estimate a UIB claimant's WBA by using the claimant's work history following the steps outlined below:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Determine the "benefit year", the 52-week period following the filing of a valid claim. Filing a valid claim and establishing a benefit year is the "starting point" for all claims.</td></tr>
<tr><td>2</td><td>Identify the beginning date of the claim.</td></tr>
<tr><td>3</td><td>Determine the "base period" the four calendar quarters on which the claim is based.
<table>
<tr><th>If the Claim begins in…</th><th>Then the Base Period is the four calendar quarters ending the last day of the previous…</th></tr>
<tr><td>FEB-MAR-APR</td><td>SEPTEMBER</td></tr>
<tr><td>MAY-JUN=JULY</td><td>DECEMBER</td></tr>
<tr><td>AUG-SEP-OCT</td><td>MARCH</td></tr>
<tr><td>NOV-DEC-JAN</td><td>JUNE</td></tr>
</table></td></tr>
<tr><td>4</td><td>Determine the earnings for the base period. If wages for base period are under $900, do not anticipate UIB.</td></tr>
<tr><td>5</td><td>Break down the earnings of the base period into 4 quarters and determine the quarter with the highest paid wages. The WBA is based upon this quarter.</td></tr>
<tr><td>6</td><td>Using the tables from EDD, determine the WBA.</td></tr>
<tr><td>7</td><td>All claims must have a Sunday claim date. Convert the beginning date of claim to the correct Sunday start date.
<table>
<tr><td>If claimed filed on…</td><td>Then beginning date of claim is the …</td></tr>
<tr><td>Monday, Tuesday or Wednesday</td><td>Previous Sunday.</td></tr>
<tr><td>Thursday or Friday</td><td>Following Sunday.</td></tr>
</table></td></tr>
<tr><td>8</td><td>All new claims have a 1 week waiting period. Continuing claims or reopened claims do not have a waiting period.</td></tr>
</table>

	Example: Client files on 7/5. The Sunday start date is 7/8. The waiting period is 7/8-7/14.

G. Interstate Claims

The Interstate Benefit Payment Plan allows a person residing in one state (the agent state) to claim benefits from another state (the liable state) if he/she earned wages covered by Unemployment Compensation in the liable state. These claims are called Interstate Claims. The benefits are paid in approximately eight weeks by the liable state. EDD (including real-time match) does not have Interstate claims information. Verification of benefit amounts can be obtained through documents in the client's possession, or by writing the employment office in the other state.

County Policy

H. Extended UIB Benefits

During periods of high unemployment, California has a special program for claimants whose regular benefits have expired or have been exhausted. This is the California Extended Duration (Cal-Ed) program. The Federal Government has a similar program of extended benefits known as Federal Extended Benefits (FED-ED). The maximum amount of an extended claim is 50 percent of the original (parent) claim. The weekly benefit amount remains the same as the parent claim.

The worker should refer clients to EDD to pursue further benefits, if the client has received UIB recently. To expedite the new claim, the wage earner should be instructed to contact EDD. It takes approximately two weeks to process each claim. There are no requirements to serve a waiting week, and payment will be made for the effective date of the claim.

If at any time the wage earner becomes eligible to regular UIB, EDD will terminate the Extended Unemployment Insurance claim and require the claimant to file a new claim for UIB.

I. Trade Readjustment Allowance (TRA)

TRA is income support to people who have exhausted UIB and whose jobs were affected by foreign imports. The Federal Trade Act provides special benefits under the Trade Adjustment Assistance (TAA) program to those who were laid off or had hours reduced because their employer was adversely affected by increased imports from other countries. These benefits include paid training for a new job, financial help in making a job search in other areas, or relocation to an area where jobs are more plentiful. Those who qualify may be entitled to weekly TRA **after their unemployment compensation is exhausted.**

The applicant/beneficiary will be advised to contact the State Unemployment Insurance agency or One-Stop Employment Service office and ask for information about filing a Petition for Trade Adjustment Assistance. The Petition for Trade Adjustment Assistance must be filed with the U.S. Department of Labor (DOL). If DOL approves and certifies the petition, the affected workers will be entitled to file a claim under the TAA program.

Benefits are mailed from Sacramento, either weekly or bi-weekly. Eligibility usually lasts 52 weeks and maximum benefit is $190 per week. Any UIB received by the individual in the same week is deducted from TRA benefits. TRA benefits are treated in the same manner as UIB.

No form is available for use in verifying these benefits. To request payment history, current status, and number of remaining weeks of eligibility, the worker must specify the following information:
- The person's name and social security account number.
- The petition number and name of company.

Mail the request for information to:

Manager, Manpower Payment Training Unit #805
Employment Development Department, MIC 48
800 Capitol Mall
Sacramento, CA 95814

4.12.04 Disability Insurance Benefits (DIB)

A. General

DIB is a program which provides income to eligible people who cannot work because of illness or injury not caused by their job. In general, eligible claimants applying in California must have earned a minimum of $300 during a twelve month base period and must:

- have an incapacity which was not incurred on the job,
- be under treatment by a physician at the present time,
- have a statement from a physician verifying incapacity, and
- have earned a minimum of $75 in a quarter within the base period.

NOTE: Pregnancy may be considered an incapacity if the woman is unable to work or continue employment. A DIB referral would be appropriate. After the birth of the child, the woman may be able to collect DIB for six weeks whether or not there was eligibility prior to the child's birth. A referral to DIB must be made.

B. DIB Application Process

The applicant/beneficiary will follow the process outlined below when filing a DIB claim.

Step	Action
1	Complete applicant section on Form DE-250.
2	Submit Form DE-250 to his/her doctor to complete the physician section.
3	Mail the application to the DIB Field Office.
4	Provide the worker a copy of DE-250 or statement from physician that DIB application was submitted.

When the DIB Branch of EDD has processed the application, the applicant/beneficiary will submit one of the following as verification:

- Approval - Notice of Computation Form DE-429D or copy of check (2500c); or
- Invalid claim - DE-429R.

DIB claim payments are handled by mail and takes approximately 11 days after the filing date for notification of claim status. Benefits are paid according to the number of days disabled, not as weekly benefits. The worker may accurately estimate the amount of a claimant's DIB by using the claimant's work history and following the procedures outlines here. Benefits are issued either by check, direct deposit or EDD debit card. The applicant/beneficiary can request a print out of their payment history by calling 1-800-480-3287 or online. Payment history

will be mailed out by EDD within 10 days.

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C. Voluntary DIB Plan

When a client meets the basic qualifications for DIB and was employed by an employer with a private insurance carrier or self-insured employer approved by EDD, he/she may be eligible for benefits under the Voluntary Plan, also known as the Private Plan.

When the client is covered by a Voluntary Plan, the necessary forms can be obtained by reviewing the insurance carrier's notification letter which notifies the client of eligibility and is usually enclosed with their first check.

If necessary, the worker will contact the insurance carrier by letter to determine eligibility, starting date, weekly amount and maximum benefits. This letter will include the claimant's name, address, policy number, employer's name and address.

MPG LTR 53 (3/89)

4.12.05 Veteran's Benefits (VA)

A. General

San Diego County has established the County Veterans' Service Office (CVSO) which operates independently from HHSA. CVSO is responsible for reviewing Form CW-5, Veterans' Benefits Verification and Referral, to determine if a veteran is receiving benefits. In addition, the CVSO will pursue potential eligibility for VA benefits with the veteran and/or family of a veteran. Persons referred will be interviewed as necessary by a CVSO representative to prepare a claim for benefits or determine that entitlement to benefits does not exist.

MEM Proc. 10J

B. Applicant/ Beneficiary Responsibility

The applicant/beneficiary must apply for and accept VA benefits as unconditionally available income. This requirement exists whenever a member of the MFBU is a veteran of military service, the spouse of a veteran or a dependent of a veteran. Only the person refusing to apply for and accept VA benefits is to be considered ineligible for Medi-Cal.

The applicant/ beneficiary will submit one of the following as verification:

- Recent award letter
- VA check dated in last 3 months
- Completion of Form CW-5.

C. CW-5 Referral Procedure

Form CW-5 will be completed at intake and redetermination when the applicant/beneficiary:

- is in receipt of VA benefits, but is unable to provide a VA check dated in the last three months;
- spouse, parent, stepparent, or child is not in receipt of benefits, but has served in the U.S. military for any period;
- dependent has applied for or expects to receive VA benefits;
- dependent (including stepchild) of a veteran who is receiving VA pension, disability or educational benefits;
- disabled veteran or the dependent of a disabled or deceased veteran;
- currently receiving VA disability benefits and his/her disability has worsened; or
- Veteran residing in a LTC facility.

Completed CW-5s are to be batched by FRC clerical staff and mailed

daily to the County Veterans Service Office at Mail Stop S273--ATTN: VSR.

Form CW-5 is not to be completed when one of the below conditions is met.:

- VA benefits can be verified by viewing a recent check or award letter;
- individual is on active duty in the military;
- individual's service was limited to the Merchant Marine, National Guard, or Reserves;
- no legal relationship between the applicant/beneficiary and the veteran or paternity cannot be established;
- Previous CW-5 completed by the CVSO states that no future benefits are available to the veteran;
- copy of a completed CW-5 (returned by the CVSO within the last 45 days);
- veteran cannot be identified by at least one of the following:
  - Social Security number and Date of Birth
  - Military serial number
  - VA claim number

When a referral is not submitted, an entry will be made in case comments documenting the reason.

MPG LTR 53 (3/89)

D. CVSO CW-5 Response

CVSO will process all CW-5s on a flow basis, unless identified as a priority. The average response time for return of the CW-5 is one week after receipt by the CVSO. This time may fluctuate depending on the volume of referrals received.

After the CVSO representative has made a determination regarding eligibility to VA benefits, a copy of the CW-5 will be returned to the worker. The status of the referral will be indicted in Section IV under "Eligibility Status."

When the CVSO representative checks a particular "Eligibility Status" block, the following meaning is intended:

Eligibility Status	Description
NO BASIC ELIGIBILITY	The veteran (or dependent) is not presently in receipt of VA Benefits and because of peacetime service, other-than-honorable discharge or other legal bar, is not reasonably

	expected to receive benefits under current law.
CLAIM INITIATED	The County Veteran's Office has contacted the client and has assisted with the submission of a VA claim. The type of claim is identified in the remarks block. When a claim is granted, the CVSO will provide the worker with a copy of the award letter and a copy of the CW-5 referral form.
CLAIM BEING REVIEWED	It has been determined that a claim or some other form of action was already pending in the VA when this inquiry was received. It is the responsibility of the client to inform the worker of the progress and outcome of this action. Should the claim be granted, the CVSO will provide the worker with a copy of the award letter and a copy of the CW-5 referral form.
CLAIM DENIED	The County Veteran's Office provided representation on behalf of this client in a claim for VA benefits. The VA benefits claim was denied and the CVSO found no grounds for an appeal of the denial.

E. Aid and Attendance Benefits

Under certain conditions, veterans, spouses/widows of veterans, dependent and "Gold Star" parents (parents who lost a child in military action) who receive VA benefits may be entitled to additional monthly payments if they have severe physical or mental disabilities. The additional entitlement is called "Aid and Attendance" benefits (A&A).

To qualify for A&A benefits, it must be demonstrated that the veteran, spouse/widow, or parent cannot feed or dress themselves, care for their needs, or remain out of bed all day. Blindness or confinement in a LTC facility also qualifies for A&A entitlement.

The workers shall complete Section 11 of the CW-5 when referring potentially eligible Medi-Cal beneficiaries to the CVSO when the beneficiary is:

- Medi-Cal Only;
- A veteran, the spouse/widow of a veteran, "Gold Star" parent, or dependent of a veteran; and
- Enters or is currently residing in a LTC facility.

F. Unusual

Under an injunction from the *Sherman v. Griepentrog* lawsuit, workers

Medical Expenses

must disregard that portion of a needs-based VA pension or needs-based compensation that is the direct result of an Unusual Medical Expense (UME) when determining a beneficiary's SOC.

Granting will not be delayed pending verification of UME. The amount of the VA benefits, which is not otherwise exempt, will be counted as income when determining SOC. When the CW-5 is returned indicating the amount paid for UME, the worker will disregard that portion of the VA pension and if appropriate readjust the SOC for previous months.

G. VA Claims Initiated by CVSO

The CVSO accesses HHSA files to identify Medi-Cal beneficiaries who are in LTC facilities. A Medi-Cal beneficiary in LTC may be interviewed by CVSO staff to determine the beneficiary's potential eligibility to VA benefits, including VA A&A payments.

If the beneficiary appears potentially eligible for VA benefits or A&A payments, the CVSO will assist the beneficiary in filing a claim with the VA. The CVSO will complete and forward a copy to the FRC.

Once a claim has been filed, it may take as long as six months before the VA makes an eligibility determination. Workers are not to call the CVSO to inquire about the status of a VA claim during the six-month period. If at the end of the six month period an eligibility determination has not been received, the worker must call CVSO to inquire about the status of the claim.

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