

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



September 21, 1992

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons

Letter No.: 92-56

SUBJECT: Questions and Answers Regarding the Sneede v. Kizer Claiming Procedures

REFERENCE: ACWDL 92-41

This letter will respond to questions raised by counties regarding the Sneede v. Kizer retroactive claiming procedures. The procedures were transmitted to counties in ACWDL 92-41, dated July 1, 1992 (advance copy was dated June 15, 1992).

We wish to take this opportunity to thank the program staff who took the time to call for clarification of the procedures. If you have any further questions, you may contact Ms. Marie Leonard of my staff at (916) 657-2701.

Sincerely,
ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

SNEEDE V. KIZER QUESTIONS AND ANSWERS
8/10/92

I. SELF-ADDRESSED, POSTAGE-PAID ENVELOPE

Question: Page 24, item # 2 requires the counties to send a self-addressed postage-paid envelope with the NOAs, Response Form, and/or Claim Form. Why send with a NOA since return envelopes are not usually sent with NOAs?

Response: The purpose of the stamped self-addressed envelope is to make it as easy as possible for the claimant to return the Response Form and Claim Form, which accompanies the NOA. However, a stamped self-addressed envelope need not be sent if the claim is denied and/or documents needing to be completed/returned are not enclosed.

II. SCREENING

Question: Once a class member is identified, are counties required to examine (screen) cases back to 5/1/86? The examples on page 5 do not make this clear.

Response: Yes, once a class member is identified, counties must screen all months back to 5/1/86.

Whenever a case is screened, a Screening Sheet, or a Case Information Table, or a Retroactive Screening Sheet is completed and filed in the case file as a record that the case has been reviewed.

III. DENIAL NOTICE

Question: Page 21, item # e indicates a Denial NOA must be sent if the claimant answers "yes" to questions 5 (ever advised not to apply for M/C?) and/or 6 (Did your M/C ever stop due to SOC?), and "yes" to question 7 (any medical bills?), but the county has subsequently determined that there were no missing months. Must a Denial Notice also be sent if question # 7 is answered "yes" and 5 and/or 6 "no" such as in item # d on page 21?

Response: Yes, as long as question # 4 is answered "yes" indicating a class member. For items "c" and "d" on page 21, we may assume that question 4 is answered "yes;" therefore, all retroactive months must be screened and a NOA sent. The claiming procedures allow the counties to immediately send a Denial Notice for a missing month(s) which is denied (page 21, section F 9, item k). If the Denial Notice covering a missing month(s) is sent immediately, the month(s) affected must be written in the upper right corner underneath "Beneficiaries Affected," or in space entitled "Other."

If a medical bill is submitted for a missing month, the county must determine if it is acceptable (page 26, section D 1). Send the Notice of Action #11 covering medical bills submitted for missing months as well as months when the family was on Medi-Cal and the prior SOC was not met (page 23, section B 3 and page 28, Section D 4).

Following are general rules for when to send a NOA. Send a NOA when the:

o applicant/beneficiary identifies his/her family as having a class member in any month in the retroactive period. The self-identification may be in the form of a returned class notice with a class member identified, a flagged case, a returned Sneede Application with at least one "yes" answer to question # 4, response to the media campaign, etc. (page 12, section F; page 15, section C 3; page 23, section C 1; etc.), and

o case has been continuously open since 5/1/86 (a Sneede Application is not given), is screened back to 5/1/86, had a class member, and is found to have had a SOC in at least one retroactive month, and

o case has not been continuously open since 5/1/86, applicant/beneficiary does not return the Sneede Application or otherwise self-identify but the county becomes aware of a class member (e.g. case was flagged), the case is screened back to 5/1/86 and is found to have had a SOC in at least one retroactive month which was met. Assume there are no missing months and no medical bills to submit (page 12, section E). Do not send a NOA if the case had a zero SOC in all months or the SOC was not met.

Following are examples:

a) If a Sneede Application has not been returned (or a client has not otherwise self-identified) within the timeframes indicated on page 2, and it has not come to the county's attention that there is (or was) a class member, no further action is taken. The county will not screen the case nor send a NOA (Page 4 item # 5).

b) If a Sneede Application has not been returned (or a client has not otherwise self-identified) within the timeframes indicated on page 2, but the case was flagged, or the county becomes aware there is (or was) a class member at any time since 5/1/86, assume there are no missing months and no medical bills to submit (page 12, section E). Screen only the months in which the SOC was met. Send the appropriate NOAs and Response Form. Do not send a NOA if the case had a zero SOC and/or the SOC was not met in all months.

c) If question # 4 on the Sneede Application is answered "no," and there is no indication that the applicant/beneficiary made an error in answering question # 4, no further action is taken and a NOA is not sent (page 20, section F 9, item a).

d) If question # 4 on the Sneede Application is answered "no," but there is an indication that an error was made in answering question # 4, the applicant/beneficiary (or the EW if the applicant/beneficiary is not available) may correct question 4 and initial the correction. The county will screen the case back to 5/1/86 (page 7, section B and page 20, section F 9, item a). From then on, follow all rules as if question # 4 had been answered "yes."

e) If the Sneede Application indicates at least one "yes" answer to question # 4, the county must screen all retroactive months. If no class member, or if there is a class member but zero SOC, send a Denial NOA (page 12, section F).

f) If the Response Form and Claim Form were sent to the claimant but never returned, the county shall process a claim only for the months in which the prior share of cost was met (page 25, Section C 4).

g) If the case has been continuously open since 5/1/86, a Sneede Application will not be completed by the beneficiary. The county must screen all retroactive months. If no class member, or if there is a class member and zero SOC for all months, a Denial NOA need not be sent. Process the case and send the appropriate NOAs if there was a prior SOC.

See the attached "County Action Table" depicting case situations and county actions.

IV. CLAIMANT DOES NOT ACCEPT AMOUNT OF THE CLAIM

Question: Page 23, section C 1, item a: What are claimant's options if he/she does not accept the amount of the claim on the Response Form?

Response: The claimant may call the county worker to discuss the amount of the claim. If the county worker agrees with the claimant, he/she may rescind the prior determination and send a revised NOA. If the worker does not agree, the claimant also has the option of requesting a hearing.

V. INSUFFICIENT INFORMATION - RESPONSE FORM

Question: Page 25, Section C 4: The last sentence under Response Form states "If there is insufficient information to process a claim, the claim must be denied for those months." This sentence should be deleted from this section because once a claimant has been sent a Response Form, the county has already determined the family is eligible for a refund for those months.

Response: Yes, that is true. Counties are instructed to delete this sentence.

VI. REASONABLE EFFORT TO CONTACT CLAIMANT

Question: What constitutes a reasonable effort to contact the claimant when requested information or forms have not been returned?

Response:

The Sneede agreement requires that claimants be given 30 days to submit additional information/verification or required Sneede forms. If the requested items are not submitted within 30 days, the county must contact the claimant by telephone or letter. The Contact Letter, MC 175 R-13 may be used. If the claimant requests additional time, pend the case for an additional 30 days (pages 14, 18, 25 and 26). Following are the specific procedures:

If additional necessary information or verification (needed during any stage of the process) is not submitted within 30 days, the county must contact the claimant by telephone or letter. Give an additional extension of up to

30 days if requested. If no response, the county shall determine Sneede eligibility for as many months as possible using the available information in the case file and on the Sneede forms (page 14, section C 1). The following sentence is added: Send the appropriate NOAs.

If the completed Supplemental Statement of Facts, MC 210-SN is not returned within 30 days, the county must make two attempts to contact the claimant by telephone. If the claimant does not respond or has no telephone, the county shall send a Contact Letter. The county may have the option of sending the Contact Letter immediately in place of a telephone call. Pend the case for an additional 30 days. If no response, the county shall deny the claim for the missing months and proceed with the claim for other months (page 18, section F 6 & 7).

If a Response Form is not returned within 30 days, the county must contact the claimant by telephone or letter. The Contact Letter may be used. Pend the case for an additional 30 days. If no response, the county must submit the claim for the months when the SOC was met without the signed Response Form. Attach an incomplete Response Form to the claim package with the word "incomplete" and the reason written across the top of page one of the form (page 25, section C 4).

If a Claim Form is not returned within 30 days, the county must contact the claimant by telephone or letter. The Contact Letter may be used. Pend the case for an additional 30 days. If no response, there will be no claim for the months in which the SOC was not met ... (page 25, section C 4).

VII. CURRENT MONTHS IN THE RETROACTIVE PERIOD

Question: If there is a Sneede class member in an open Medi-Cal case who was not identified as a class member until after April 1, 1991, would the months from April 1991 to the month of current Sneede determination be considered current or retroactive Sneede months? Example: if identified as a Sneede class member in March 1992, would the months from April 1991 through February 1992 be included in the retroactive period?

Response: Yes, in the example above, the months from April 1991 through February 1992 must be included in the family's retroactive period. (See the first sentence in Section B on page 1; example 1 on page 4; example 3 on page 5; etc.).

The last sentence in Section B on page 1 is revised to clarify this point as follows: "The retroactive period for these procedures covers May 1, 1986 to the implementation date of Phase I for each individual case."

VIII. MULTIPLE APPLICATIONS

Question: What action should a county take if multiple Sneede Applications are received for the same case?

Response: Process only the first Sneede Application submitted unless subsequent ones contain different information. Make a notation (such as: "Sneede App. received on _____ processed") on all subsequent duplicates received and retain them in the case record. Clarify with the claimant all different information on the duplicates. Do not send multiple NOAs.

IX. ENDING DATE TO BE EVALUATED FOR SNEEDE

Question: Please clarify the ending dates to be evaluated for Sneede. It appears that closure for some beneficiaries may extend as long as 18 months from implementation, or February 1994.

Response: Yes, that is correct.

Paragraph 3 on page 2 is revised as follows (the added or revised wording is in bold print):

Beginning 8/3/92, individuals and families will have the opportunity to submit a request to be evaluated for a Sneede claim. This request must be submitted within the later of: 1) six months from the date the Medi-Cal eligibility determination is completed for an applicant whose date of application is no later than February 2, 1993, or 2) six months from the date the eligibility redetermination is completed for a beneficiary whose date of redetermination is no later than August 2, 1993, or 3) six months beyond the end of the media campaign for persons who have not been otherwise identified as a class member. Although the media campaign will end on August 24, 1992, we will establish this ending date as February 26, 1993 which is the last working day of the sixth month beyond the end of the media campaign.

The ending date to accept a Sneede Application may vary from case to case. Any requests received after that case's latest ending date as established by "a," "b," or "c" above shall be denied.

NOTE: If the latest date to accept the returned Sneede Application falls on a Saturday, Sunday, or holiday, then accept the Sneede Application until the last working day before the actual date. Example: If the latest date falls on a Saturday, the last date to accept the returned Sneede Application would be the previous Friday.

Following are some examples:

a) **MEDI-CAL APPLICANTS** - give the Sneede Application to families applying for Medi-Cal-Only from August 3, 1992 through February 2, 1993. Example: Assume a family applies for Medi-Cal on February 2, 1993 and the Medi-Cal eligibility determination is completed on March 17, 1993. The latest date to accept the returned Sneede Application from this applicant would be September 16, 1993.

b) **MEDI-CAL BENEFICIARIES-** give the Sneede Application to all families receiving Medi-Cal-Only benefits (except cases continuously open since 5/1/86) one time only from August 3, 1992 through August 2, 1993 at their annual redetermination (unless previously given). Example: Assuming a family's redetermination is completed on August 27, 1993, the latest date to accept the returned Sneede Application from this family would be February 25, 1994.

If a family applies for Medi-Cal from August 3, 1992 through February 2, 1993 and receives a Sneede Application with the Medi-Cal application, then the Sneede Application should not be given again.

c) **RESPONSE TO THE MEDIA CAMPAIGN-** Give the Sneede Application to all persons who inquire about the lawsuit (and have not otherwise been identified or have not previously been given a Sneede Application) for six months beyond the end of the media campaign or until February 26, 1993.

X. SENDING THE MC 210 SN RATHER THAN AN AFFIDAVIT

Question: Is it OK to send an MC 210 SN immediately rather than to first obtain an affidavit requesting additional information regarding a missing month (page 21, Section F 9 (e))?

Response: It is necessary to obtain additional facts on an affidavit in order to determine if it is appropriate to approve eligibility for the missing month. We do not want to make the claimant complete the lengthy MC 210 SN if the missing month will be disapproved. Therefore, the affidavit is required to obtain missing information.

XI. SENDING AN MC 210 SN TO OBTAIN ELIGIBILITY INFORMATION REGARDING A MISSING MONTH

Question: In the example on page 37, shouldn't the county send to the client an MC 210 SN rather than a Claim Form to obtain information about the missing months of January and February 1990 (section A 6, 2nd paragraph from the bottom)?

Response: Yes, the claimant must complete the MC 210 SN first (rather than the Claim Form) to find out if there are medical bills to claim for the missing months and to gather all eligibility information for those months. All existing information and verification in the case record should be used as needed to avoid duplication by the client.

In the example on page 37, if the Sneede Application indicated the family did not have medical bills to claim, there would be no need for the claimant to complete an MC 210 SN.

XII. RETENTION PERIOD

Question: What is the retention period for Sneede retroactive cases?

Response: Counties are to retain all Medi-Cal Only cases where the last activity was May 1986 or later.

XIII. USE OF THE MC 239 SN R-8 AND MC 239 SN R-9 IN PLACE OF THE MC 239 SN R-10

Question: For cases in which the MFBU met the prior share of cost in some months and did not meet the prior share of cost in other months, would a county have the option of sending the MC 239 SN R-8 to each MBU and one MC 239 SN R-9 to the entire MFBU rather than sending only the MC 239 SN R-10 to each MBU? This would save the county time in duplicating page 3 of the R-10 for each MBU, and may reduce client confusion.

Response: Yes, we will permit sending the R-8 to each MBU and one R-9 to the entire MFBU, since the wording on the R-8 and R-9 is the same as the wording on the R-10.

XIV. SNEEDE CASE WITH AN ADMINISTRATIVE ERROR IN RETROACTIVE MONTH

Question: If a Sneede case had an administrative error in the retroactive month, what income should the county use, the correct income or the (incorrect) income actually used in that month?

Response: The correct income should always be used when calculating a Sneede claim amount.

XV. MINOR CONSENT CASE

Question: Should a Sneede Application be mailed to the minor in consent case?

Response: The Sneede Application should be given to the minor once either at initial application or when the minor comes in to reapply for Medi-Cal. To ensure confidentiality, do not mail the Sneede Application to the minor in a minor consent case [50147.1 (f)].

COUNTY ACTION TABLE

CASE SITUATION	COUNTY ACTION				
For any single Month or Group of Months in Retroactive Period Matching the Following Case Situation	Notation in Case Record or on <u>Sneede</u> Applic.	Send MC 210 SN	Send NOA	Send Resp. Form	Send Claim Form

SNEEDE APP. GIVEN AND RETURNED:

o Question 4 - Yes, had class member, & zero SOC	No (file a screening sheet)	N/A	Yes	No	No
o Question #4 - Yes, had class member, had SOC, & did not meet SOC	No (file a screening sheet)	N/A	Yes	No	Yes
o Question #4 - Yes, had class member, had SOC, & met SOC	No (file a screening sheet)	N/A	Yes	Yes	No
o Question #4 - Yes, had class member, & had missing month(s)	No (file a screening sheet)	Yes	Yes	No	No
o Question #4 - Yes, but CWD aware no class member so question # 4 should have been "no"	Yes or correct <u>Sneede</u> App.	N/A	Yes	N/A	N/A
o Question #4 - No, & CWD not aware of class member	No	N/A	No	N/A	N/A
o Question #4 - No, but CWD aware had class member, & zero SOC	Yes or correct <u>Sneede</u> App.	N/A	No	N/A	N/A
o Question #4 - No, But CWD aware had class member, & had SOC	Yes or correct <u>Sneede</u> App.	N/A	Yes	Yes if SOC met	Yes if SOC not met

CASE SITUATION	COUNTY ACTION				
	Notation in Case Record	Send MC 210 SN	Send NOA	Send Resp. Form	Send Claim Form

SNEEDE APP. GIVEN AND NOT RETURNED, CASE NOT CONTINUOUSLY OPEN SINCE 5/1/86, AND

o CWD not aware of class member	No	N/A	No	N/A	N/A
o CWD aware had class member, & zero SOC	Yes (or file a screening sheet)	N/A	No	N/A	N/A
o CWD aware had class member, had SOC, & did not meet SOC	Yes (or file a screening sheet)	N/A	No	N/A	No
o CWD aware had class member, had SOC, & met SOC	No (file a screening sheet)	N/A	Yes (only for mo. when SOC met. Assume no medical bills)	Yes	No

CASE CONTINUOUSLY OPEN SINCE 5/1/86, SNEEDE APP. NOT GIVEN, CWD SCREENS ALL MONTHS AND DETERMINES:

o No class member	Yes (or file screening sheet)	N/A	No	N/A	N/A
o Had class member & zero SOC	Yes (or file scrng. sheet)	N/A	No	N/A	N/A
o Had class member, had SOC, & did not meet SOC	No (file a screening sheet)	N/A	Yes	No	Yes
o Had class member, had SOC, & met SOC	No (file a screening sheet)	N/A	Yes	Yes	No