STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
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September 17, 1993

TO: All County Welfare Directors
All County MEDS Coordinators
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-68

SUBJECT: RECORD OF HEALTH CARE COSTS - SHARE OF COST - MEDI-CAL OR COUNTY MEDICAL SERVICES PROGRAM REVISIONS AND NECESSARY PROGRAMMING CHANGES FOR AUTOMATED COUNTIES

The purpose of this letter is to inform counties of the revisions that have been made to the Record of Health Care Costs - Share of Cost (SOC) forms MC 177-S-M (Part A) and MC 177-SA-M (Part A) and County Medical Services Program (CMSP) forms CMSP 177-S-M (Part A) and CMSP 177-SA-M (Part A). See enclosed form. Please share this letter with CMSP staff.

Background

In 1990, the MC 177 Revision Task Force was created to review and make recommendations regarding SOC forms utilized by the Medi-Cal and CMSP programs. The Task Force made its recommendations and solicitated input from the counties in 1991. The counties responded positively to the proposed revisions and therefore, the state is implementing those revisions.

Due to the large quantity of MC 177-S-M (Part B) and CMSP 177-S-M (Part B) forms in the Department of Health Services (DHS) warehouse, the MC/CMSP 177-S-M (Part B) form will not be available until the old form supply is exhausted.

Form Name Change

The MC 177 forms and the CMSP 177 forms have been combined. The new form names are MC/CMSP 177-S-M and MC/CMSP 177-SA-M.

All references to a single program now reflect both programs, if appropriate. Any reference to a single program now reflects only that program name.

Program Changes for Automated Counties

The "B" and "A" boxes have been deleted, including the line separating them. Counties who place an "X" in either of these boxes must reprogram to suppress anything from printing in that area.

Due to the new size of the name of the form and reformatting DHS information, some counties may need to reposition information placed above the series of seven boxes which begin with "Month of Eligibility".

The number of individuals who may be placed on a single share of cost form has been increased to eight (8) from the previous seven (7). Counties are not required to reprogram for this change.

Automated counties may receive a sample supply of the MC/CMSP 177-SA-M form for use in verifying reprogramming success. Contact Patty Phipps at (916) 657-1528 for your sample supply.

Changes Affecting Both Forms

In the series of boxes starting with "Month of Eligibility", the fourth box entitled "Page" has been changed. Under the old versions of the form, the word "of" was located at the bottom of the box. The new version places "of" directly under "page" so more space is available for manually typing/computer printing the information.

In the "Medical/Dental Expenses of Family Members Listed Below..." section, several changes occurred including:

- The old "14 digit State Number" is now the "14 digit County ID Number".
- The "B" and "A" boxes have been deleted, including the line separating them. Replacing those items is the "C. I. Date" (card issuance date). When counties issue an immediate need card, the county must enter the date of card issuance on the line coinciding with the individual receiving the card.
- The number of persons who may be entered on a single SOC form has been increased to eight (8) from the previous seven (7).

In the section that the provider completes, the following changes were made:

- References to "14 digit State Number" have been changed to show "14 digit County ID Number".
- The "Billed Patient" box has been renamed to "Amount Billed Patient".
- The "Total Bill" box has been renamed "Unreimbursed Amount" to avoid provider misunderstandings.

Other Changes

On the backside of page four (the pink page), instructions to the patient are now provided in Spanish as well as English.

Instructions to providers and counties have been moved to the backside of page three (the yellow page).

Implementation Information

All counties must begin using the new MC/CMSP 177 forms beginning with the November month of eligibility.

Effective November month of eligibility forward, counties are required to place the immediate need issuance date in the "C. I. Date" column next to those persons issued an immediate need card.

Form Ordering

The new MC/CMSP 177-S-M and MC/CMSP 177-SA-M forms are now available for ordering through the DHS warehouse. Counties may continue to order the old forms through October 31, 1993.

Contact

Should you have any questions regarding the new MC/CMSP 177 forms, or questions regarding share of cost policy, contact
Ms. Patty Phipps of my staff at (916) 657-1528.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure