## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET \* CRAMENTO, CA 95814 6) 445-1912



April 6, 1982

To: All County Welfare Directors

Letter No. 82-16

NAME CHANGES -- SHARE OF COST CASES

The Department's Benefits Review Unit (BRU) has been experiencing problems in matching identifying information contained on the MC 177 forms with identifying information on claims received from the fiscal intermediaries due to beneficiary name changes.

The problem occurs when either the spelling of the name on the MC 177 is incorrect or an individual's name changes and the county issues an immediate need Medi-Cal card. The labels from these immediate need cards are affixed to claims and submitted to the fiscal intermediaries by the providers. The appropriate claims are then submitted to BRU to verify the MC 177 share-of-cost amount(s) paid or obligated toward the service(s) listed on the claim. If the name on the label differs from the name that was originally submitted on the MC 177, a match cannot be made. BRU must then request the county to submit an MC 177 since there would appear to be no MC 177 on file. This not only creates additional workload for the county and BRU but also delays the provider payment of claims.

Please notify BRU using the code-a-phone line (916) 324-1183 should you discover a name spelling error or when a name change occurs. Counties may also send this information in writing providing it is timely.

If you have any questions, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons

Medi-Cal Program Consultants