## DEPARTMENT OF HEALTH SERVICES

14/744 P STREET \*CRAMENTO, CA 95814



May 31, 1985

TO: All County Welfare Directors
County Administrative Officers

Letter No.: 85-42

RECORD OF HEALTH CARE COSTS - SHARE OF COST FORM (MC 177) REVISIONS

The purpose of this letter is to inform you of the revisions that have been made to the Record of Health Care Costs -- Share of Cost (SOC) forms MC 1775-M and MC 1775A-M (Attachment I). The MC 177s have been revised to accommodate the new automated share of cost claims process being implemented July 1, 1985 by Computer Sciences Corporation (CSC).

## Background:

Currently, the SOC MC 177s are designed to list health care services rendered by a provider to beneficiaries with a SOC. MC 177 is subsequently forwarded to the Department for certification and Medi-Cal card issuance. When a provider submits a claim to CSC for payment of services provided a SOC beneficiary, CSC forwards the claim to the Department's Benefit Review Unit (BRU). At that time, BRU staff compare the MC 177 against the claim form to determine what portion of the billed amount was used to meet the SOC. If services listed on the MC 177 match the services listed on the claim, the amount of SOC paid or obligated toward that service is deducted from the billed amount. forms are designed to record services by line item. MC 177s are designed to indicate service. For example, if a beneficiary received three prescriptions, the MC 177 would indicate "Prescriptions" in the service description box. When the provider submitted the claim, each of the three prescriptions would be listed as a separate "line item" .

In order to automate the SOC claims process, it is essential that the MC 177 be designed to record "line item" entries.

## New Revisions

The following MC 177 form revisions have been made in order to facilitate the new automated share of cost claims process.

- o The MC 177s will have a shaded area located in the upper left hand corner which will be utilized by CSC. Counties may not print in this area.
- o The MC 177s will have a box titled "SOC Control Number For CSC Use Only". Counties may not print in this area.

- A box titled "Replacement MC 177" has been added to indicate if an MC 177 is a replacement. This box <u>must</u> <u>be</u> checked if the SOC amount for a specific month has been reduced but not to zero. If the SOC amount has been reduced to zero, counties must follow the procedures described in Article 12 C of the Medi-Cal Eligibility Manual.
- o The eligibility information (i.e., month and year, SOC amount, Retro Eligibility, etc.) have been relocated to the center of the MC 177.
- o The State Number box will include a space for the county code, this must be filled in for each eligible beneficiary (e.g., 14-24-9999999-0-01).
- A separate box has been added to indicate that dental services were provided. If the provider checks the box, Denti-Cal staff will receive a copy of the MC 177 for claims processing.
- o The "Billed Medi-Cal" box has been deleted since CSC has no need for this information.
- As is currently done, if the county certifies that a beneficiary has paid or obligated his/her SOC amount, the county can use the box labeled "For State Use Only" for entering the certification date.
- o The MC 177s will be available in pinfed format, for those counties with an automated MC 177 process and in non-pinfed format, for those counties without an automated MC 177 process.
- o The revised MC 177s will have two parts. Part A which contains all of the pertinent beneficiary information, and Part B which will allow additional line item entries. Part B is to be issued to the beneficiary if all of the line items on Part A have been used and additional services must be listed to meet the SOC.
- o The MC 177s will contain an original and three copies. The original and the second copy must always be submitted to the Department for processing. The third copy will remain in the beneficiary file at the county. The fourth copy will remain with the beneficiary for information purposes only.

An initial three month supply of the revised MC 177s (pinfed format for automated counties and non-pinfed format for non-automated counties) will be delivered to each county by CSC in early June 1985. Those counties that administer the County Medical Services Program (CMSP) will also receive an initial three months supply of the CMSP 177. Thereafter, county forms coordinators are to request the MC 177s and CMSP 177s directly from the Department of Health Services, Warehouse, via the Department of Health Services 2031, Form Order.

On May 10, 1985 the Department sent a supply of MC 177 pinfed forms to those counties with an automated MC 177 print process. A call was made on May 15, 1985 explaining that the spacing on the test forms was incorrect but would be corrected on the final forms (pinfed and non-pinfed). The following adjustments must be made when setting up the print programs used to produce the MC 177s and CMSP 177s:

- Reduce the name field by three spaces on the right-hand side.
- o The subsequent fields will be moved by three spaces to the left.
- o The HIC/RR number will be expanded by three spaces. (See example below)

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All County Welfare Directors -4-County Administrative Officers

If you have questions regarding the revisions to the MC 177, please call Dahlia Curry of my staff at (916) 322-2715.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons

Medi-Cal Program Consultants

MEDS Coordinators

County EDP Coordinators

Expiration Date: December 1985

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DEPARTMENT OF HEALTH SERVICES MEDI-CAL PROGRAM MC 177-SA-M PART A

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SERVICES MEDI-CAL PROGRAM

DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH
SERVICES MEDI-CAL PROGRAM

MC 177-SA-M PART A

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