

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



December 7, 1992

Letter No.92-75

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

SUBJECT: Sneede Retroactive Report

ACWDL 92-41 and E-Mail 92-149

The purpose of this All County Welfare Directors Letter (ACWDL) is to transmit modified instructions to complete the Sneede Retroactive Report.

As you are aware, a report of cases processed for Sneede retroactive eligibility is required on a monthly basis for 12 months beginning with the month of implementation. Enclosure 19 of ACWDL 92-41 contains the report form (MC 237 SN-R) and the instructions to complete the report.

It has become apparent that a tally for certain cases which are required to be screened for Sneede retroactive eligibility will not be included in the report because they do not fall exactly into the categories listed on the report form. Therefore, to respond to this concern, we have expanded the instructions for completing the Sneede Retroactive Report.

The modified instructions are contained in the enclosed pages one through five. A vertical line has been drawn in the right hand margin next to the new or revised text to help you to identify the modifications. Please replace pages one through four of the instructions in Enclosure 19 of ACWDL 92-41 with the enclosed pages one through five. The actual report form (MC 237 SN-R) will not be modified because of its limited use for only 12 months; however, we have enclosed a copy of the report with handwritten corrections which counties may want to duplicate and use.

Counties will be expected to follow the modified instructions contained herein when completing the monthly report. Those counties which have submitted the reports for the initial months of the report period must review their prior calculations to ensure that all appropriate cases have been counted, and if necessary, submit revised reports for those months.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
All County Sneede Coordinators
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Please share this information with all staff who are responsible for completing this report. If you have any questions, you may call Ms. Marie Leonard of my staff at (916) 657-2701.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

INSTRUCTIONS FOR COMPLETING THE
SNEEDE RETROACTIVE REPORT
(MEDICAL ASSISTANCE ONLY)
MC 237 SN-R

The Sneede Retroactive Report, MC 237 SN-R, is used by the Department of Health Services to report the number of retroactive cases to the Sneede plaintiff as required under a United States District Court order. The report is to be completed on a monthly basis by each county for twelve consecutive months beginning with the month of implementation.

Each report will cover a calendar month (i.e. from the first day of the month through the last day of the month). Each month's report must be completed by the county and sent to the Department of Health Services, Medi-Cal Eligibility Branch by the 20th day of the month following the report month. Send the completed report to:

Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1650
Sacramento, CA 95819

Attention: Sneede Retroactive Coordinator

Some Sneede cases (MFBUs) reported on this new reporting form (MC 237 SN-R) will be a duplication of the cases reported on the monthly Caseload Movement and Activity Report, MC 237, which is sent to the Department of Health Services, Fiscal Forecasting and Data Management Branch, County Administrative Section. It is important for counties to continue to complete the MC 237 report and send it to DHS's County Administrative Section on a monthly basis.

Cases reported on this new MC 237 SN-R may also be a duplication of the cases reported on the Sneede Caseload Movement and Activity Report, MC 237 SN. The MC 237 SN captures data for the current/ongoing Sneede cases. Counties will continue to report all cases with a Sneede class member in the current/ongoing months on the MC 237 SN until the end of the fifteen month reporting period, through June 1992, unless the reporting period has been extended. Counties which have been instructed to continue reporting current/ongoing Sneede cases on the MC 237 SN will be individually informed of that requirement.

Cases with a Sneede class member in a retroactive month must be reported on the new report form herein described, the MC 237 SN-R, for twelve months beginning with the month of implementation.

DEFINITIONS

1. Sneede Application

An Application For Reimbursement of Medical Expenses (Sneede v. Kizer, MC 175 R-8 with at least one "yes" reply to question four which requests that the client identify a class member(s). There should be only one Sneede Application completed/counted for each case. Sneede Applications received with all "no" replies to question four shall not be counted unless the county is aware of a class member (e.g. the beneficiary made an error in answering question # 4 of the Sneede Application).

2. Sneede Case Continuously on Medi-Cal

According to the Sneede retroactive procedures, an MFBU with a class member which has been continuously on Medi-Cal for the entire retroactive period of 5/1/86 to the month of current eligibility is not given a Sneede Application to complete. These cases must be screened for Sneede eligibility on a month-to-month basis by the county. Therefore, since a Sneede Application will not be given, these cases will not be included on line B of the report, but must be counted separately on line C.

3. Cases Identified as Potentially Eligible For Sneede Screening

A family must be screened for Sneede retroactive eligibility if:

- a) A Sneede Application is submitted with at least one "yes" reply to question # 4, OR
- b) The Medi-Cal application or the continuing case is required to be screened as per the Sneede Retroactive Procedures and subsequent all county letters (e.g. Sneede Application received with all "no" replies to question # 4, but the county is aware there is a class member), OR
- c) The case was continuously open for the entire retroactive period.

The case shall be counted as potentially eligible in Section I of the Sneede Retroactive Report, MC 237 SN-R in the month the case has been identified as requiring a Sneede screening.

4. Sneede Cases Processed For Retroactive Reimbursement

A Sneede processed case is one which has been screened for Sneede retroactive eligibility and has been determined eligible or ineligible for retroactive reimbursement or adjustment of the future share of cost. All cases counted in Section I of the Sneede Retroactive report must be included as processed in Section II of the Report in the month the county has applied the last of the Sneede retroactive procedures to the case even if there is no reimbursement or adjustment of the future share of cost.

Example One: If the county has completed the month-to-month screening and found the case to be ineligible for retroactive benefits (e.g. no class

member, or zero share of cost in the entire retroactive period), the date processed shall be the date of the denial notice of action. If a notice of action is not required (e.g. case is required to be screened when the Sneede Application is not returned, but the county is aware that the family included a class member and had a share of cost which was not met), then the date processed shall be the date the screening is completed or a notation is made in the case record.

Example Two: If a Response Form and/or a Claim Form is returned by the claimant with all appropriate verification, the date processed shall be the date on the Claims Cover Sheet or the final notice(s) of action.

INSTRUCTIONS FOR COMPLETING THE REPORT

I. CASES IDENTIFIED AS POTENTIALLY ELIGIBLE

Line A. Number of Cases Outstanding From Previous Month (enter number from line I from previous month):

Enter the number of potential Sneede retroactive cases from the previous month which have not yet been processed. This number will be obtained from line I in Section III of the previous month's report. For the initial month's report, enter the number of cases previously flagged for retroactive reimbursement.

Line B. Sneede Applications Received During the Month With at least One "Yes" Reply to Question # 4. Include all Cases to be Screened:

Enter the number of Sneede Applications received during the report month with at least one "yes" reply to question four relating to class members. Also include in this count all cases for which the Sneede Application was not returned or returned with all "no" replies to question # 4, but the county is aware of a class member and must screen for Sneede eligibility. These cases will be counted as processed in Section II; therefore, they must be included in the incoming count in Section I.

The date of receipt is the date the Sneede Application is received by the county or the date the county becomes aware that the case must be screened.

Line C. Cases Identified During the Month With Class Members Which Have Been Continuously on Medi-Cal Since 5/1/86:

Enter the number of Medi-Cal cases which come to the attention of the county during the report month as having a class member, and have been continuously on Medi-Cal since 5/1/86. The county would not request that a Sneede Application be completed for these cases but would do a month-to-month screening. However, if a Sneede Application was inadvertently completed, count the case on line B above instead of on line C.

It is important to count every case identified as potentially eligible in the retroactive period on lines A or B or C, but do not count a case more than once in either the same month or in a subsequent month.

Line D. Total Cases With a Potential Claim (A + B + C):

Add line A, plus line B, plus line C above. For the initial month's report, add only lines B plus C to prevent double counting flagged cases. [Example: The flagged cases shown on line A of the initial month's report will be eventually screened (if continuously on Medi-Cal since 5/86) or sent a Sneede Application, MC 175 R-8 (if not continuously open). They will be included in the count in Section I, line B or line C on subsequent reports after the screening is completed or the R-8 is returned; therefore, to avoid counting them twice, they are not to be added to the total on line D of the initial month's report.]

II CASES PROCESSED FOR RETROACTIVE REIMBURSEMENT

A case (MFBU) is considered to be processed once the final determination of Sneede retroactive eligibility has been made, and 1) a claim package has been prepared to be sent to the Department of Health Services, or 2) an adjustment of the future share of cost has been processed and the notice (s) of action has been sent, or 3) if there is no claim, the notice(s) of action denying eligibility has been prepared, or 4) if there is no claim and a NOA is not required, a screening sheet is completed or a notation made in the case record.

Line E. Number of Cases Approved During the Report Month For Adjustment or Reimbursement For at least One Retroactive Month:

Enter the number of cases approved for adjustment of the future share of cost or retroactive reimbursement for at least one retroactive month. The date of approval is the date the county representative completes and signs the Claims Cover Sheet or completes/signs the notice of action.

Line F. Number of Cases Denied During the Report Month For All Retroactive Months. Include all Cases Reviewed With no Claim:

Enter the number of cases denied for all retroactive months. Also include in this count the cases which are required to be reviewed, were included in the count in Section I, line B, but have no claim (e.g. question # 4 on the Sneede Application is answered "no;" however, the case must be screened because the worker is aware of a class member, and there is no claim because there was a zero share of cost in all months). Use the date of the notice(s) of action, or if a NOA is not required, the date the screening sheet is completed or a notation made in the case record.

All cases counted as incoming in Section I must also eventually be counted as processed in Section II on the same or a subsequent month's statistical report.

Line G. Number of Cases Processed This Month ($E + F$):

Add lines E plus F.

Line H. Total Cases Processed To Date (line G from this month's report + line H from previous month's report:

Add line G from current month's report and line H from previous month's report.

III OUTSTANDING CASES AT END OF MONTH

Line I. Number of Cases Not Yet Processed on Last Calendar Day of the Report Month ($I = D - G$):

Enter the total number of cases which have not yet been processed for retroactive eligibility as of the last calendar day of the month (e.g. a final notice(s) of action or Claims Cover Sheet has not yet been prepared, or if a NOA is not required, the screening has not yet been completed). Line I equals line D minus line G.

SNEEDE RETROACTIVE REPORT

COUNTY NO./NAME: _____ REPORT MONTH AND YEAR: _____

I. CASES IDENTIFIED AS POTENTIALLY ELIGIBLE

- A. Number of Cases Outstanding From Previous Month
(enter number from line "I" from previous month): _____
- B. SneeDe Applications Received During the Month With at Least
One "Yes" Reply To Question # 4. *Include all Cases To be Screened:* _____
- C. Cases Identified During the Month With Class Members Which
Have Been Continuously on M/C Since 5/1/86: _____
- D. Total Cases With a Potential Claim (A + B + C): _____

II. CASES PROCESSED FOR RETROACTIVE REIMBURSEMENT

- E. Number of Cases Approved During the Report Month *For Adjustment*
For Reimbursement For at Least One Retroactive Month: _____
- F. Number of Cases Denied During the Report Month
For All Retroactive Months. *Include all Cases Reviewed With No Claim:* _____
- G. Number of Cases Processed This Month (E + F): _____
- H. Total Cases Processed To Date (line G from this month's report +
line H from previous month's report): _____

III. OUTSTANDING CASES AT END OF THE MONTH

- I. Number of Cases Not Yet Processed on Last Calendar Day
of the Report Month (I + G = D): _____

(County Representative Completing This Form)_____
(Title)

()

(Telephone Number)_____
(Date Completed)