

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



April 8, 2003

LCSA LETTER: 03-07

ALL IV-D DIRECTORS
 ALL COUNTY ADMINISTRATIVE OFFICERS
 ALL BOARDS OF SUPERVISORS

SUBJECT: CALIFORNIA INSURANCE INTERCEPT PROGRAM -
 CREDIT TRANSMITTAL INSTRUCTIONS

In December 2002, the Department of Child Support Services (DCSS) issued CSS Letter 02-26 which provided implementation details on the California Insurance Intercept Program (CIIP). Since that time, DCSS has distributed match summary reports to the local child support agencies (LCSAs) on a bi-weekly basis. It has come to the attention of DCSS that some of the matches on the reports do not provide new or correct information. Because DCSS is charged \$40 for each successful match, it is important that LCSAs report those which are unsuccessful so California can receive a credit. The purpose of this letter is to transmit the CIIP Credit Transmittal Form, CS 4268, and instructions to be used for the LCSAs' reports.

The CS 4268 consists of two pages:

- A cover sheet for identifying the LCSA submitting the report. This cover sheet also includes space for reporting one unsuccessful match.
- A sheet with room to report three unsuccessful matches which is to be used in those instances when an LCSA is reporting more than one unsuccessful match.

A copy of the CS 4268 and accompanying instructions for completing the form are included as Attachments 1 and 2, respectively.

DCSS-SY-2003-CTY-0063

<u>Reason for this Transmittal</u>	
<input type="checkbox"/>	State Law or Regulation Change
<input type="checkbox"/>	Federal Law or Regulation Change
<input type="checkbox"/>	Court Order or Settlement Change
<input type="checkbox"/>	Clarification requested by One or More Counties
<input checked="" type="checkbox"/>	Initiated by DCSS



DO YOUR PART TO HELP CALIFORNIA SAVE ENERGY
 For energy saving tips, visit the DCSS website at
www.childsup.cahwnet.gov

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Under the following circumstances, the CS 4268 should be submitted:

- The LCSA has already identified the claim and is working it.
- The LCSA determines the match is not the correct NCP.
- The LCSA determines that the arrearage is already paid.
- The LCSA has already closed the case.
- The match is for medical expenses only.

The completed forms should be submitted monthly, no later than the 20th of each month by mailing them to:

California Department of Child Support Services
Technology Services Division/CSI M.S. 40
P.O. Box 419064
Rancho Cordova, CA 05741-5337

Attention: Jadine Takeuchi

If you have any questions or concerns regarding this matter, please contact Wesley Higashi at (916) 464-5364 or Jadine Takeuchi at (916) 464-5376.

Sincerely,

JOAN OBERT
Deputy Director
Technology Services Division

Attachments

CALIFORNIA INSURANCE INTERCEPT PROGRAM CREDIT TRANSMITTAL

This form is to be **mailed** to: California Department of Child Support Services
Technology Services Division/CSI M.S. 40
P. O. Box 419064
Rancho Cordova, CA 95741-5337

Attention: Jadine Takeuchi

LCSA NAME:	CURRENT DATE:
SUBMITTED BY:	DIRECT PHONE NUMBER:
NUMBER OF ACCOUNTS SUBMITTED:	NOTE: If submitting several pages, this top portion only needs to be completed for the top page.

MATCH ID #:	CLAIM #	Match Date (mm/dd/yyyy)
LAST NAME:	FIRST NAME:	MI
INSURANCE COMPANY:		
REASON:	<input type="checkbox"/> ONtW Already in Place <input type="checkbox"/> Already Closed <input type="checkbox"/> Incorrect Person <input type="checkbox"/> Medical Only <input type="checkbox"/> Arrears Already Paid <input type="checkbox"/> Other _____	
DATE CLAIM WAS CLOSED	DATE ONtW WAS IN PLACE	

MATCH ID #:	CLAIM #	Match Date (mm/dd/yyyy)	
LAST NAME:		FIRST NAME:	MI
INSURANCE COMPANY:			
REASON:			
<input type="checkbox"/> ONtW Already in Place		<input type="checkbox"/> Already Closed	
<input type="checkbox"/> Incorrect Person		<input type="checkbox"/> Medical Only	
<input type="checkbox"/> Arrears Already Paid		<input type="checkbox"/> Other _____	
DATE CLAIM WAS CLOSED		DATE ONtW WAS IN PLACE	

MATCH ID #:	CLAIM #	Match Date (mm/dd/yyyy)	
LAST NAME:		FIRST NAME:	MI
INSURANCE COMPANY:			
REASON:			
<input type="checkbox"/> ONtW Already in Place		<input type="checkbox"/> Already Closed	
<input type="checkbox"/> Incorrect Person		<input type="checkbox"/> Medical Only	
<input type="checkbox"/> Arrears Already Paid		<input type="checkbox"/> Other _____	
DATE CLAIM WAS CLOSED		DATE ONtW WAS IN PLACE	

MATCH ID #:	CLAIM #	Match Date (mm/dd/yyyy)	
LAST NAME:		FIRST NAME:	MI
INSURANCE COMPANY:			
REASON:			
<input type="checkbox"/> ONtW Already in Place		<input type="checkbox"/> Already Closed	
<input type="checkbox"/> Incorrect Person		<input type="checkbox"/> Medical Only	
<input type="checkbox"/> Arrears Already Paid		<input type="checkbox"/> Other _____	
DATE CLAIM WAS CLOSED		DATE ONtW WAS IN PLACE	

INSTRUCTIONS FOR FILLING OUT THE CALIFORNIA INSURANCE INTERCEPT PROGRAM CREDIT TRANSMITTAL

Listed below are the fields on the Credit Transmittal form with an explanation detailing what information must be provided in that field:

1. **LCSA NAME:** The name of the LCSA requesting the refund.
2. **CURRENT DATE:** The date the refund is being requested.
3. **SUBMITTED BY:** The name of the LCSA employee requesting the refund(s).
4. **DIRECT PHONE NUMBER:** The phone number of the LCSA employee requesting the refund.
5. **NUMBER OF ACCOUNTS SUBMITTED:** The number of refunds being requested (please note that in the event that multiple refunds are being requested, fields 1-5 need to be filled out only once, a second page on this form with multiple boxes for fields 6-13 is provided for those situations where multiple refunds are being submitted on one request).
6. **MATCH ID#:** The ten digit number on the Match Detail Report.
7. **CLAIM#:** The number of the claim on the Match Detail Report (please note this is not the LCSA case number).
8. **MATCH DATE:** The date listed under Match Date on the Match Detail Report.
9. **LAST NAME:** The last name of the NCP.
10. **FIRST NAME:** The first name of the NCP.
11. **MI:** The middle initial of the NCP.
12. **INSURANCE COMPANY:** The name of the insurance company listed on the Match Detail Report.

13. REASON: Check the appropriate box.

- ONtW Already in Place: LCSA already had information and collections were already taking place.
- Incorrect Person: The match provided was not for the NCP submitted.
- Arrears Already Paid: The NCP submitted has already paid off the arrears for the case.
- Already Closed: LCSA has already closed the case, the insurance claim has already been paid or case was closed without a claim being paid.
- Medical Only: The match is for the reimbursement of medical expenses only.
- Other: An example of "other" would be "not cost effective."

14. DATE CLAIM WAS CLOSED: The date that the claim was closed in the event that it was closed prior to the match being received.

15. DATE ONtW WAS IN PLACE: The date that the ONtW was in place in the event that one was filed prior to the match being received.