County Medical Services Program Guide (CMSPG) Letter #02

August 31, 2011

Subject **ARTICLE A - LOW INCOME HEALTH PROGRAM (LIHP)/MEDICAID COVERAGE EXPANSION (MCE) RETROACTIVE COVERAGE**

Effective Date Upon receipt

Reference Centers For Medicare & Medicaid Services Special Terms and Conditions 11-W-00193/9; County Policy

Purpose

The purpose of this letter is to inform staff of the following:

- Update to the Medicaid Coverage Expansion (MCE) retroactive coverage.
- Revision of form LIHP-210A Supplement to Statement of Facts Medicaid Coverage Expansion (MCE) Retroactive Coverage.

Background

San Diego's Low Income Health Program (LIHP) offers new enrollment to the MCE portion of LIHP for adults whose income is at or up to and including 133% of the Federal Poverty Level (FPL) and who meet the MCE eligibility criteria and requirements.

This program material revises the MCE retroactive coverage period.

Change

San Diego's MCE program offers retroactive coverage for one month. Applicants can be evaluated for retroactive coverage in the month prior to the month of application, but no earlier than 7/1/11 (the implementation date of LIHP). Retroactive coverage must be only for services that are a benefit under MCE.

The LIHP-210A (Eng/Span) has been revised to indicate one retroactive month column (Attachments A & B).

Required Action

Upon receipt of the request for MCE retroactive coverage, the worker will:

- Have the applicant complete the LIHP-210A for the retroactive month;
- Request verification of income, county residence, and Legal

Permanent Residency (LPR) status for the retroactive month, as appropriate; and
- Approve or deny, and issue the appropriate NOA.

Forms Impact

The table below shows the form affected by this letter.

Form Number	Attachments
LIHP-210A Supplement to Statement of Facts for Retroactive MCE Coverage (Eng/Span)	A & B

CMS IT System Impact

The revised form will be uploaded into the CMS IT System.

ACCESS Impact

No impact.

Quality Assurance Impact

Effective with the September 2011 sample month, Health Care Policy Administration (HCPA) staff will cite with the appropriate error any LIHP/MCE case that does not follow the requirements outlined in this letter.

Summary of Changes

The table below shows the changes made to Article A of the CMSPG.

Section	Change
A.02.01G	Update to MCE retroactive coverage period.

Manager Approval

Janya Bowman, Assistant Deputy Director
Health Care Policy Administration
Strategic Planning and Operational Support

JP

LOW INCOME HEALTH PROGRAM
SUPPLEMENT TO STATEMENT OF FACTS
MEDICAID COVERAGE EXPANSION (MCE) RETROACTIVE COVERAGE

Case Name	Member ID #:

My present circumstances, as listed on the Statement of Facts (SOF) which I signed on **ENTER DATE**, are true and correct statements, to the best of my knowledge, for the month of **ENTER APPLICATION MONTH** except as specified below.

Circumstances that are/were different: (If no change, write in "No change"). Documentation is needed to verify all sources of income and to support any difference in residence, other insurance coverage, etc.

Circumstances	**Month:**
Number of persons living in your home.	
Income – Specify any difference in: • Amount of income • Kind of income • Work expenses • Education expenses • Child care	
San Diego County Resident	[ ] Yes [ ] No
Other Insurance Coverage Change	[ ] Yes [ ] No
Other (List differences only or state "No change.")	

I understand that I may be asked to prove my statements but the County is required by law to keep them confidential, and that if dissatisfied, I have the right to a file a grievance or appeal. I understand that if I deliberately make false statements or withhold information, I can be prosecuted for fraud.

Applicant or Representative Signature	Date

LOW INCOME HEALTH PROGRAM
SUPLEMENTO DE LA DECLARACION DE HECHOS
MEDICAID COVERAGE EXPANSION CUBRIMIENTO RETROACTIVO

Nombre del Caso	No. de Miembro:

Mi situación actual, tal como la indiqué en mi Declaración de Hechos que firme el día **ENTER DATE**, es verdadera y correcta a lo mejor de mi saber y entender, para el mes de **ENTER APPLICATION MONTH** con excepción de lo que especifico abajo.

Circunstancias que son/fueron diferentes: (Si no hubo ningún cambio, escriba "Ningún cambio."). Se necesita documentación para verificar todas las fuentes de ingreso y respaldar cualquier diferencia en el domicilio, otra cobertura de seguro, etc.

Circunstancias	**Mes:**
Número de personas que viven en su casa.	
Ingreso – Especifique cualquier diferencia en • Cantidad de ingreso • Tipo de ingreso • Gastos de empleo • Gastos de educación • Cuidado de niño	
Residente del condado de San Diego	[ ] Sí [ ] No
Otro cambio de Cobertura de Seguro	[ ] Sí [ ] No
Otro (Indique sólo las diferencias o declare "Ningún cambio.")	

Entiendo que se me puede pedir que compruebe mis declaraciones las cuales el condado tiene la obligación por ley de mantenerlas en forma confidencial, y si no estoy de acuerdo con sus decisiones, tengo el derecho de pedir una Revisión Administrativa. Entiendo que si deliberadamente hago declaraciones falsas o retengo información, se me puede enjuiciar por fraude.

Firma del Solicitante o Representante	Fecha

A.02.01G Retroactive Eligibility

MCE Program

The MCE program offers retroactive coverage for one month. MCE applicants may request retroactive coverage for the month prior to the month of application for services that are a benefit under MCE. **Note**: Retroactive coverage cannot be approved for any month prior to LIHP implementation, July 1, 2011.

When the applicant requests retroactive coverage only, the applicant completes the MC 210 for the retroactive month.

Upon receipt of the request for retroactive coverage, the worker will:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Have the applicant complete form LIHP-210A Supplement to Statement of Facts, for the retroactive month.</td></tr>
<tr><td>2</td><td>Verify county residency and Legal Permanent Residency (LPR) status for the retroactive month, as appropriate.</td></tr>
<tr><td>3</td><td>
<table>
<tr><th>If…</th><th>Then…</th></tr>
<tr><td>“No change” in income reported,</td><td>• Use income verification provided to determine current monthly eligibility for the retroactive month.
• Proceed to Step 4.</td></tr>
<tr><td>“Change” in income is reported,</td><td>• Request income verification for the retroactive month.
• The standard ten-ten (10/10) timeline for providing the verification will apply.
• Proceed to Step 4</td></tr>
</table>
</td></tr>
<tr><td>4</td><td>Approve or deny MCE benefits and issue NOA, as appropriate.</td></tr>
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