

**County Medical Services
Program Guide (CMSPG)
Letter #22**

**Medi-Cal Program Guide (MPG)
Letter #766**

November 02, 2012

Subject LOW INCOME HEALTH PROGRAM (LIHP) AND COUNTY MEDICAL SERVICES (CMS) CONCURRENT EVALUATIONS

Effective Date Upon receipt.

Reference County Policy

Purpose To inform staff of an update to the concurrent application process for the Low Income Health Program (LIHP) and County Medical Services (CMS) Program at Health Coverage Access (HCA) CMS and FRC CMS POD locations.

Background All LIHP applications are to be evaluated for Medi-Cal first, as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#).

HCA CMS workers and FRC CMS POD workers are required to process the LIHP and CMS applications concurrently but will approve or deny only one program, as appropriate.

LIHP and CMS provide access to health care coverage to San Diego County residents and create efficiencies in the delivery of health care services, which supports the County's *"Live Well, San Diego!"* initiative.

Highlighted Changes HCA CMS and FRC CMS POD workers are required to take the following steps for LIHP applicants who do not meet the LIHP criteria:

- deny LIHP benefits;
- provide the applicant a LIHP denial notice of action (NOA); and
- "APP/REG" a new application in the CMS IT System (AuthMed) **the next business day** to evaluate eligibility for CMS.

Required Actions When processing LIHP and CMS applications concurrently, HCA CMS and FRC CMS POD workers will:

- Evaluate for Medi-Cal first, as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#).
- Determine if the applicant is eligible for LIHP.

If...	Then...
yes,	<ul style="list-style-type: none"> • approve LIHP benefits; and • issue the LIHP Approval NOA.
no,	<ul style="list-style-type: none"> • deny LIHP benefits; • issue the LIHP Denial NOA; • “APP/REG” a new application in AuthMed the next business day as described in How To #1000 to process the CMS application; • approve or deny CMS, as appropriate; and • issue the appropriate CMS NOA.

Note: NOAs for the homeless require manual mailing.

CMS IT System Impact (AuthMed)

When denying the LIHP application for not meeting the LIHP criteria, the HCA CMS and FRC CMS POD worker shall:

Step	Action
1	Enter all case specific information applicable to the denial into AuthMed at the time the denial action is taken. AuthMed will generate a denial NOA and automatically mail it to applicant.
2	“APP/REG” a new application in AuthMed the next business day to evaluate eligibility for CMS as outlined in How To #1000 Registering an Application in AuthMed (Attachment A).
3	Based on the applicant’s information entered, make the final determination of eligibility for CMS. AuthMed will generate an approval or denial NOA and automatically mail it to applicant, as appropriate.

Note: NOAs for the homeless require manual mailing.

Forms Impact

No impact.

ACCESS Impact

No impact.

Quality

Effective with the December 2012 review month, Quality Control will

**Control
Impact**

cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

**Summary of
Changes**

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

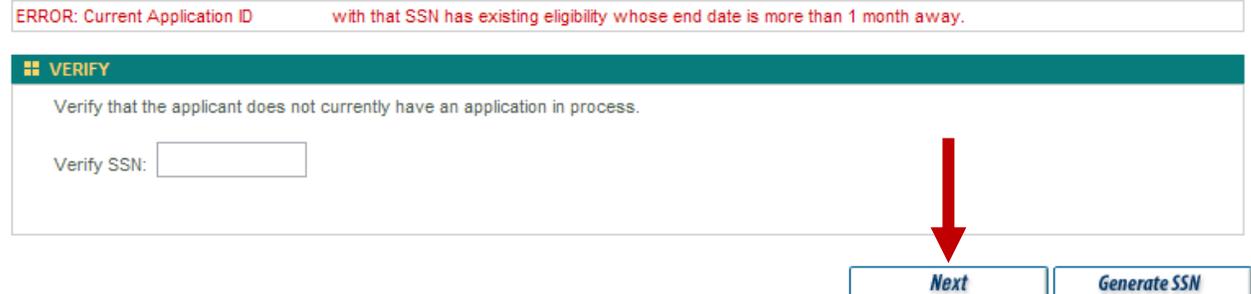
Article	Changes
<u>02.07.01B</u>	• Update to the LIHP case processing.
<u>A.02.01B</u>	• Updated the Table of Contents. • Update to the concurrent evaluation.

**Approval for
Release**

Robert W. ... , Dep. ... 11-6-12

JP

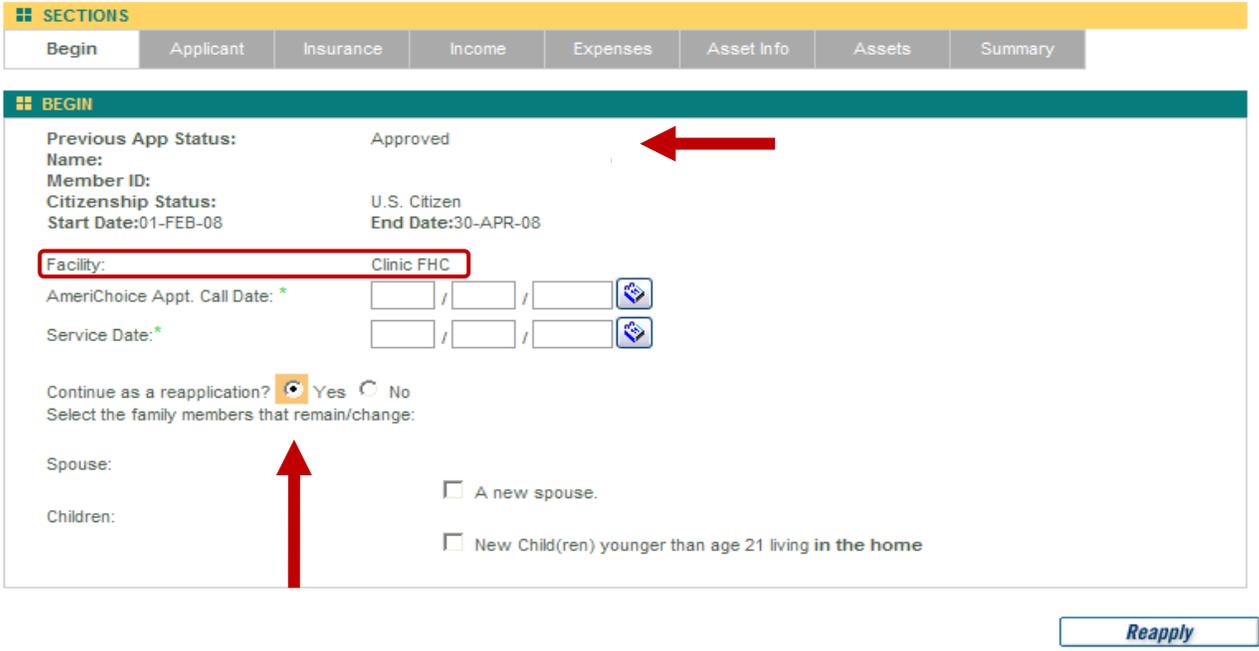
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Steps	
<p>Step 1.</p> <p>Getting Starting</p>	<p>Logon to AuthMed and click on New Application:</p> 
<p>Step 2.</p> <p>Verify SSN</p>	<p>Enter Social Security Number (SSN) click next.</p>  <p>When a SSN exists in AuthMed you will receive one of the following Errors:</p> <p>ERROR: Current Application ID with that SSN is already in process with</p> <ul style="list-style-type: none"> • Pending <u>Application</u> with <u>County Worker</u>. <p>ERROR: There is a pending interview with this SSN. It is being performed by</p> <ul style="list-style-type: none"> • Pending <u>Interview</u> with <u>County</u> or <u>Non-County</u> Intake staff. <p>ERROR: Current Application ID with that SSN has existing eligibility whose end date is more than 1 month away.</p> <ul style="list-style-type: none"> • Application already Active, renewal is not allowed until the last month of eligibility. <p>NOTE: If SSN is not known a Pseudo can be entered by clicking "Generate SSN" Button.</p>

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Step 3. Begin

Intake process will be a minimum of 8 sections.
Additional if married and/or children.



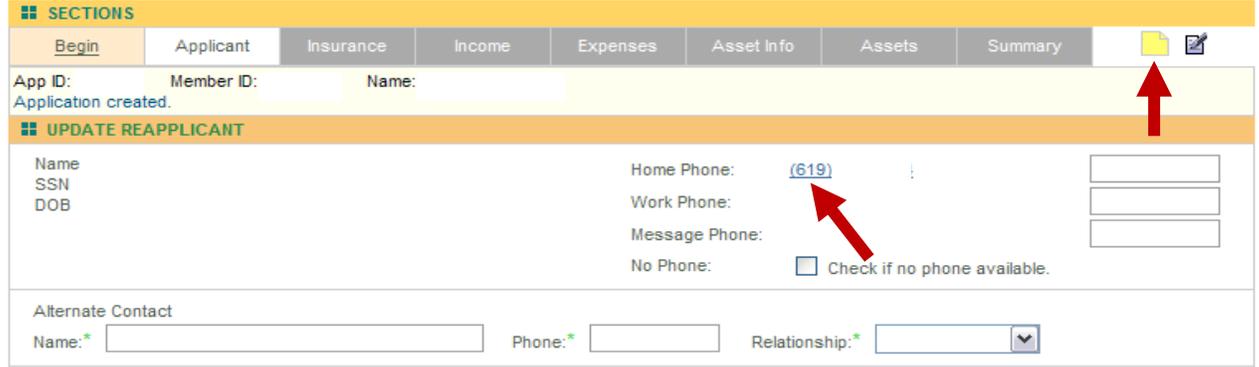
Prior History will appear and allow for a reapplication, always select YES.
Verify your facility, if you identify an error contact your supervisor.

NOTE: All questions with an * are optional:
Both dates on this window are not required.

Step 4. Applicant

As you move on the registration process your sections will begin to change colors.

- Tan: Complete and saved.
- White: current and not saved.
- Gray not started, cannot move on until white is complete and saved.
- You can add comments to each application by clicking on the post it  icon.



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When you started a reapplication you will be able to use prior history by clicking on links.
Remember: * is an optional question but may be helpful for eligibility process.
Some questions are mandatory but your client may not have all the information at that time, you may answer Unknown in these fields if absolutely necessary.

Marital Status:
Gender: Male Female
Pregnant: Yes No
Due Date: / /
 U.S. Citizen Naturalized Citizen
 Legal Resident Refugee/Entrant Undocumented
Alien Number:
US Entry Date: / /
Documentation Type:
Documentation Expiration Date: / /

Some questions are grayed out and will change depending on client's answers.

Marital Status:
Gender: Male Female
Pregnant: Yes No
Due Date: / /
 U.S. Citizen Naturalized Citizen
 Legal Resident Refugee/Entrant Undocumented
Alien Number:
US Entry Date: / /
Documentation Type:
Documentation Expiration Date: / /

When all questions have been answered in the Applicant Screen you click on Next to continue.

NOTE: If you don't have the dates required on these fields you will enter today's date.

Is the medical problem for which you need treatment a result of an injury or accident?
 Yes No
Do you own or are you buying a home outside California?
 Yes No
Current/past U.S. Military Service for adults, spouse or child's parents?
 None Self Spouse Parent
What language do you speak best?
What language do you read best?
Ethnicity (race):*

System will remind you if you missed any mandatory questions.

Step 5. Insurance	Two questions regarding other health insurance: when answer click on Next
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**Step 6.
Income**

Start adding income by selecting person who receives the income, Source of income dropdown has all possible income categories, if income reported is no on list use other and enter a Note.

When all information is entered you must click on *Add This Income*. When income is saved you will see it on top. You can add as many jobs as needed, when complete click on *No More Income*.

**Step 7.
Expenses**

Same logic used when entering Expenses:

Allowable Expenses are:

- Child Support or Alimony
- Medicare Premium
- Other Health Insurance
- Child Care

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SECTIONS

Begin Applicant Insurance Income Expenses Asset Info Assets Summary

App ID:
Income entry complete.

EXPENSES

Type Of Payment Your Family Makes:

Person Who Pays:

Monthly Amount Paid: \$

If there are no Expenses then click on *No More Expenses*.

Step 8.
Asset Info

Answer all questions and click Next
Assets must be added in the next screen if you answered YES to any of these questions.

SECTIONS

Begin Applicant Insurance Income Expenses Asset Info Assets Summary

App ID:
Expense entry complete.

ASSET INFO

Does anyone have cash or uncashed checks? Yes No
Cash Amount: \$

Does anyone have a checking, savings account, or life insurance? Yes No

Is there one car or more in the household? Yes No

Does anyone have a court ordered settlement or judgement? Yes No

Does anyone have Long-Term Care insurance? Yes No

Does anyone own any items such as stocks, bonds, retirement funds, etc.? Yes No

Has anyone on this form transferred, sold, traded, or given away items such as those listed above in the last 30 months? Yes No

Have any of the items listed in this section have been spent or used as security for medical costs? Yes No

Step 9.
Assets

When client reports property please add as much information as possible.

SECTIONS

Begin Applicant Insurance Income Expenses Asset Info Assets Summary

App ID: :
Application updated.

ASSETS

Asset Type:

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Depending on the asset being added the questions will vary:

ASSETS

Asset Type:

Vehicle Owner: Co-Owner*: Vehicle Type:

Make: Model: Year:

Current Value:* \$ Amount Owed: \$ Class:*

(Registration)

Is this vehicle used for business? Yes No Listed for sale? Yes No

Notes:*

[Add This Asset](#) [No More Assets](#)

Step 10. Summary

In the Summary Screen you can review the answers with your client to verify accuracy.

SECTIONS

[Begin](#) [Applicant](#) [Insurance](#) [Income](#) [Expenses](#) [Asset Info](#) [Assets](#) [Summary](#)

App ID:
 Asset entry complete.

APPLICATION

Application Number: Entered By: Phone:
 Submitted Date: 08/03/2012 Pending Date: Status:

FACILITY

Facility: Clinic FHC (FHC)
 Appointment Call Date:
 Service Date:
 PCC Name: NBH - East County Comm Clinic Patient is Competent:

APPLICANT

Applicant: SSN: DOB: GENDER: M Member ...

Phone: Cit: Message Phone: Language:
 Address: Mail Address:
 Suite: Suite:

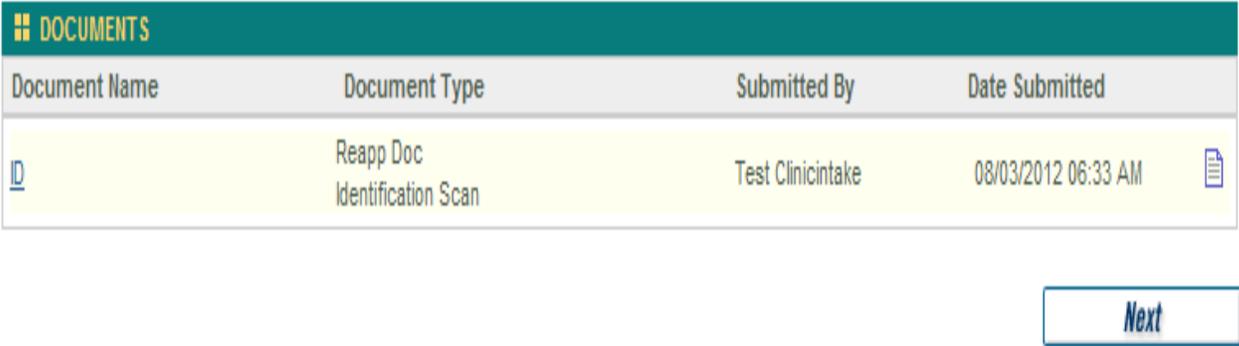
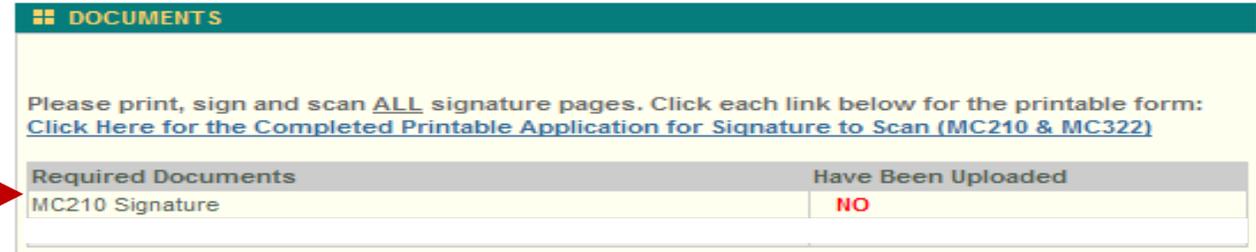
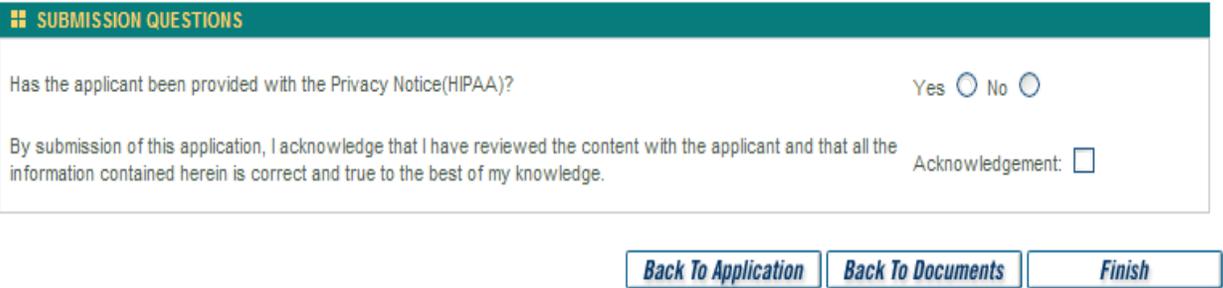
INCOME

Income Type	Name	Amount	Frequency	Monthly Equivalent	
SSA-R		1100	Monthly	1100	

You can correct information on any of the sections by clicking on the menu on top or the edit icon next to the section. Red **X** will delete that information reported.

NOTE: if you started a reapplication all required verifications from prior application will be transferred to current application.

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	 <p>When everything is verified then you can continue by clicking Next.</p>
<p>Step 11. Scanning required forms</p>	<p>From here you will print a completed MC210, have client sign and you will sign. NOTE: When manual MC210 is completed all 4 pages will be required to be scanned.</p> 
<p>Step 12. Finish</p>	<p>Last screen is the acknowledgement click YES, check box to acknowledge and click Finish.</p> 

02.07.01 Low Income Health Program (LIHP)

02.07.01B Case Processing

Until it has been determined that the applicant/beneficiary meets the LIHP criteria, the worker will process the LIHP and the CMS applications concurrently and provide separate notices of action (NOAs) for each program as described in [A.02.01B](#). If all the required information needed to determine LIHP eligibility is received, the worker will approve LIHP even if the documents needed for CMS are pending.

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Article A Section 02.01 Eligibility

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Cost Sharing	A.02.01E
Board and Care or Long Term Care	A.02.01F
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Retroactive Eligibility	A.02.01H
Notification	A.02.01I
Notice of Privacy Practices	A.02.01J
Member Card and Enrollee Handbook	A.02.01K
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Image Verification Checklist	A.02.01N

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A.02.01 Eligibility

A.02.01B Eligibility Evaluation

Eligibility Access Points

There are several LIHP application access points throughout HHSA. Staff will evaluate the application for either LIHP only, or LIHP and CMS

concurrently, as described below:

All LIHP applications are to be evaluated for Medi-Cal first, as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#).

Eligibility Setting	Eligibility Evaluation Requirement
FRC LIHP	LIHP only.
HCA (HOS, CMS*, Mental Health) FRC CMS POD*	Concurrent LIHP/CMS, as appropriate.
* HCA CMS and FRC CMS POD locations are listed in the CMS Patient Handbook under CMS Eligibility Locations.	

Concurrent Evaluation

For those staff who are required to evaluate LIHP and CMS concurrently, until it has been determined that the applicant/enrollee meets the LIHP eligibility criteria, the worker will request all verifications needed for Medi-Cal, LIHP and CMS. The worker may refer the applicant to a LIHP primary care clinic for assistance with getting verifications needed for LIHP. The 10/10 process will apply for all pending verifications for both programs. Refer to [MPG 04.13](#).

When evaluating LIHP and CMS applications concurrently, HCA CMS and FRC CMS POD workers will:

- Evaluate for Medi-Cal first, as outlined in the [Medi-Cal/LIHP Application Process Eligibility Desk Guide](#).
- Determine if the applicant meets the LIHP eligibility criteria.

If...	Then...
yes,	<ul style="list-style-type: none">• approve LIHP benefits; and• issue the LIHP Approval NOA.
no,	<ul style="list-style-type: none">• deny LIHP benefits;• issue the LIHP Denial NOA;• “APP/REG” a new application in AuthMed the next business day as described in How To #1000 to process the CMS application;• approve or deny CMS, as appropriate; and• issue the appropriate CMS NOA.

Note: NOAs for the homeless require manual mailing.