

Medi-Cal Program Guide Letter #678

June 03, 2009

Subject **ARTICLE A- UPDATE TO THE COUNTY MEDICAL SERVICES (CMS) MAIL-IN RECERTIFICATION PROCESS**

Effective Date Upon Receipt

Reference County Policy; MPG Special Notice (SN) 08-19

Purpose To provide staff with the following information:

- Form 20-46 HHSA Language Needs Determination will no longer be required for the CMS mail-in recertification process;
- Revision of form HHSA: CMS-101A/HHSA: CMS-101A (SP) CMS Recertification Cover Letter; and
- Update the MPG with the lien form requirement for the CMS mail-in recertification process specified in MPG SN 08-19.

Background All non-chronic CMS beneficiaries who meet the mail-in recertification criteria will be given the option of completing their next recertification by mail. Form 20-46 HHSA is one of the forms required for the mail-in recertification process.

MPG SN 08-19 informed workers that the lien form requirement may be waived for the mail-in recertification process only after verifying that the lien forms obtained previously during the application/reapplication process were signed and witnessed by either a Deputy County Clerk or Notary Public.

20-46 HHSA Requirement Upon receipt of this letter, form 20-46 HHSA will no longer be required as part of the CMS mail-in recertification process because the form was previously received at initial application and reapplication.

Revised Form Form CMS-101A/CMS-101A (SP) has been revised to remove form 20-46 HHSA from the list of forms noted on the CMS recertification cover letter.

Lien Form Requirement

The completion of CMS Lien Information (CMS-123/CMS-123(SP)), CMS Lien Acknowledge Statement (CMS-123A), and the CMS Grant of Lien (CMS-122/CMS-122(SP)) Information forms are not required as part of the mail-in recertification process as long as the CMS-122 obtained during the application/reapplication process was signed and witnessed by either a Deputy County Clerk or a Notary Public.

Required Action

Staff may remove form 20-46 HHSA and must replace the prior version of form CMS-101A/CMS-101A (SP) from all pre-assembled mail-in recertification packets with the new revision of form CMS-101A/CMS-101A (SP) (Attachment A & B).

The worker is not required to return any 20-46 HHSA form not signed by the beneficiary received prior to the receipt of this letter for a signature.

If the lien forms on file were not witnessed by either a Deputy Clerk or a Notary Public, the worker shall obtain new lien forms.

CMS IT System Impact

None

Forms Impact

Form CMS-101A/CMS-101A (SP) has been revised. The revised form has been uploaded into iWay and is available to be ordered.

QA Impact

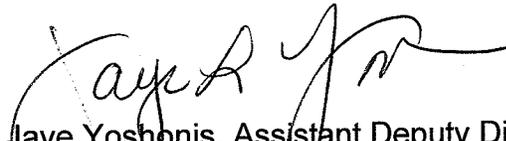
Effective with the August 2009 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

The table below shows the changes made to the Program Guide.

Article	Changes
Article A, Section 14	Infomapped.
Article A, Section 14, Item 3	Removed form 20-46 from the list of forms included in the mail-in packet.
Article A, Section 14, Item 9	Removed form 20-46 HHSA as one of the required forms and updated the lien forms requirement for the mail-in recertification evaluation process.

**Manager
Approval**



Jaye Yoshonis, Assistant Deputy Director
Self-Sufficiency Programs
Strategic Planning and Operational Support Division

JP



COUNTY MEDICAL SERVICES

CMS RECERTIFICATION COVER LETTER

Date: _____

To: _____

CMS Mail-In Recertification Unit
PO Box 85222 MS: O557E
San Diego CA 92186-5222

You are receiving this letter because you requested a recertification of your CMS eligibility. Enclosed with this letter are the following forms we need from you to process your recertification to CMS:

- HHS: CMS-101 County Medical Services (CMS) Mail-In Recertification Form
- HHS: CMS-107 County Medical Services (CMS) Image Verification Checklist
- HHS: CMS-99 County Medical Services (CMS) Credit Check Authorization
- HHS: CMS-106 County Medical Services (CMS) Reimbursement Agreement**
- HHS: CMS-01 County Medical Services (CMS) Hardship Application **
- HHS: HCPA 14-187 Authorization for Release of Information
- Postage-paid Return Envelope

** CMS Hardship Application (CMS-01) and the Reimbursement Agreement (CMS-106) forms will need to be completed and submitted to apply for CMS Hardship only in the event that your net countable monthly income is between 165% and 350% of Federal Poverty Income Level (effective July 1, 2008: \$1432 to \$3035 per month for one (1) person). Applying for a CMS Hardship evaluation is strictly voluntary. If you wish to apply, we may ask for more information from you at a later time to complete this evaluation. If you do not wish to apply for CMS Hardship, no further action is required.

NOTE: The HHS: CMS-15 Rights and Responsibilities for Applicants, HHS: CMS-23 Coverage Information and HHS: CMS-007 CMS General Property Limitations do not have to be returned to CMS just signed off on the HHS: CMS-107 acknowledging these forms were received, reviewed and understood. The HHS: CMS-109 Informational Notice: The County's Legal Right and Limitations on Repayment and CMS Health Plan NPP-002 CMS Notice of Privacy Practices are being provided as information only and do not have to be returned to CMS.

You must complete and return the above forms along with any required verifications and/or documentation **within 15 days** of the date listed at the top of the Mail-in Recertification Form to be evaluated for ongoing CMS coverage. A postage-paid return envelope is enclosed for your convenience. If the Mail-in Recertification Form is not received by the 15-day deadline, you will need to call the CMS Eligibility Appointment Line at 1-800-587-8118 to schedule a face-to-face eligibility interview.

A Notice of Action informing you of your approval or denial for ongoing CMS coverage will be mailed to you.

If you have any questions, please call the CMS Mail-In Recertification Unit at (858) 492-2200.



COUNTY MEDICAL SERVICES

CARTA EXPLICATORIA PARA RENOVAREL PROGRAMA CMS

Fecha: _____

Para: _____

CMS Mail-In Recertification Unit
PO Box 85222 MS: O557E
San Diego CA 92186-5222

Usted recibe esta carta porque desea renovar su elegibilidad para el programa CMS. Junto con esta carta están las siguientes formas que necesitamos para procesar la nueva certificación al programa CMS:

- HHSA: CMS-101 Formulario Para Renovar Por Correo Los Beneficios County Medical Services (CMS)
- HHSA: CMS-107 County Medical Services (CMS) Lista de Verificación de Imagen
- HHSA: CMS-99 County Medical Services (CMS) Autorización Para Examinar Crédito
- HHSA: CMS-106 County Medical Services Acuerdo de Reembolsar el Condado de San Diego**
- HHSA: CMS-01 County Medical Services Solicitud por Circunstancia Extrema de CMS**
- HHSA :HCPA 14-187(SP) Autorización Para Proporcionar Información
- Sobre de Porte Pagado

**La solicitud por Circunstancia Extrema de CMS (CMS-01) y la forma del Acuerdo de Reembolsar el Condado de San Diego (CMS-106) tendrán que ser completadas y regresadas para solicitar la evaluación por Circunstancia Extrema del Programa CMS solamente en caso que su ingreso neto mensual es entre 165% y 350% del Nivel de Pobreza Federal (FPL) de ingreso (efectivo 1 de Julio 2008: \$1432 a \$3035 por mes para una (1) persona). La solicitud por Circunstancia Extrema del Programa CMS es estrictamente voluntaria. Si desea solicitarla, puede ser que después se le pida información adicional para completar esta evaluación. Si no desea solicitarla, no se requiere ninguna acción de su parte.

NOTA: Formas HHSA: CMS-15 Derechos y Responsabilidades del Solicitante, HHSA: CMS-23 Información de Cobertura y HHSA: CMS-007 Limitaciones Generales de Propiedad del Programa CMS no tienen que ser regresadas al programa CMS solo se pide que reconozca que las formas fueron recibidas, examinadas y entendidas firmando/iniciando forma CMS-107. Forma HHSA: CMS-109 Aviso Informativo: Derechos Legales del Condado y Limitaciones del Reembolso y CMS Health Plan NPP-002 Aviso Sobre Prácticas de Privacidad de CMS se proporcionan para información solamente y no tienen que regresarse al programa CMS.

Usted debe de completar y regresar las formas junto con cualquier verificación y/o documentación requerida **dentro de 15 días** de la fecha anotada arriba del Formulario Para Renovar Los Beneficios County Medical Services para evaluar su cobertura al programa CMS. Un sobre de porte pagado está incluido para su conveniencia. Si el Formulario Para Renovar Los Beneficios County Medical Services no se recibe dentro del plazo de 15 días, va a necesitar llamar a la Línea para Cita de Elegibilidad al 1-800-587-8118 para programar su cita.

Se le enviará por correo un Aviso de Acción donde se le informa que fue aprobado(a) o si se le negó su cobertura para continuar si elegibilidad al programa CMS.

Si usted tiene alguna pregunta, favor de comunicarse con la Unidad Para Renovar los Beneficios del Programa CMS al (858) 492-2200.

A.14.0

Mail-in Recertification Process

3. Mail-in Recertification Packet

HCA staff is responsible for assembling and providing ASO the assembled recertification packet upon request.

The table below lists all of the forms included in the mail-in recertification packet:

Form #	Title
CMS-101A/CMS-101A(SP)	CMS Recertification Cover Letter
CMS-101/CMS-101(SP)	CMS Mail-in Recertification Form
CMS-15/CMS-15(SP)	CMS Rights and Responsibilities of Applicants
CMS-23/CMS-23(SP)	CMS Coverage Information
CMS-007/CMS-007(SP)	CMS General Property Limitations
CMS-99/CMS-99(SP)	CMS Credit Check Authorization
CMS-01/CMS-01(SP)	CMS Hardship Application
CMS-106/CMS-106(SP)	CMS Reimbursement Agreement
CMS-107/CMS-107(SP)	CMS Image Verification Checklist
CMS-109/CMS-109(SP)	Informational Notice: The County's Legal Right and Limitations on Repayment
HCPA 14-187/HCPA 14-187(SP)	Authorization for Release of Information
CMS Health Plan NPP-002/CMS Health Plan NPP-002(SP)	CMS Notice of Privacy Practices
6.5" x 9.5" self-addressed postage-paid return envelope	

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9. Mail-in Recertification Evaluation Process

Eligibility and/or all form requirements to CMS or CMS Hardship have not changed with the mail-in certification process. The case file must contain adequate information with supportive documentation to verify an individual's eligibility.

A. Recertification Mail-in Form

The CMS Recertification Mail-in Form (CMS-101) is the application for a CMS recertification.

B. Application Date

The application date is the date the recertification packet is received by the County.

C. Rights and Responsibilities (CMS-15)

Beneficiaries must return the signed original. Refer to A-2-D(4).

D. CMS Coverage Information (CMS-23)

Beneficiaries must return the signed original. Refer to A-2-K.

E. Credit Check Authorization (CMS-99)

Beneficiaries must return the signed original. Refer to A-2-9A.

F. CMS General Property Limitations (CMS-007)

Beneficiaries must return the signed original. Refer to A-5-3.

G. Reimbursement Agreement (CMS-106)

Beneficiaries must return the signed original. Refer to A-2-9B.

H. Case Handling

1) Case Record

HCA staff will initiate the applicant information directly into the CMS IT System. Refer to A-2-2E(1a), A-2-2E(1c) and A-2-2E(1e).

2) Verification Requests

Refer to A-2-E(2).

3) CMS Approved-No Medical Disability Evaluation (DDSD)
Pending

Refer to A-2-E(4).

4) CMS Approved-Potential Linkage to Medi-Cal Disability

- A. If beneficiary was referred to apply for disability linked Medi-Cal (DDSD) at initial certification, CMS cannot be approved at recertification until the worker has verified that the beneficiary has fully complied in completing the Medi-Cal DDSD process for full scope Medi-Cal, has met all Medi-Cal eligibility and verification requirements, and the Medi-Cal application is pending in Cal WIN with the date the DDSD packet was sent. Refer to A-2-D(4) and A-2-5A .
- B. If beneficiary was not previously referred to apply for Medi-Cal and now appears to be potentially linked to Medi-Cal DDSD at recertification, worker will:
 - 1) Approve CMS for 3 months;
 - 2) Check the A-R Enrollment Status ;
 - 3) Print the MC210 and CMS-5; Specify retro months are needed on the MC210 and CMS-5;
 - 4) Scan CMS-34F, CMS-5 and SAWS-1 into the CMS IT system and narrate action in case comments; and
 - 5) Mail CMS-34F, CMS-5, SAWS-1 and MC210 to the beneficiary.

5) CMS Denied-Medi-Cal Linkage Established

CMS beneficiaries determined disabled by SSA or State DDSD are ineligible to CMS. Refer to A-2-5B.

6) CMS Denied-Excess Income

Refer to A-2-2.E(3).

7) CMS Denied-Failure to Provide

Refer to A-2-2.D(2).

I. Notification

Refer to A-2-2.E.

J. Clinic assignment

Upon approval, the CMS IT system will automatically transfer over the PCC site previously selected by the beneficiary on to the CMS card which will be mailed to the beneficiary.

K. CMS Identification Card

Refer to A-2-2H.

L. Patient Handbook

Refer to A-2-2I.

M. CMS Lien Information (CMS-123A/CMS-123)/CMS Grant of Lien (CMS-122)

The applicant is not required to complete and sign the lien forms as long as the forms obtained during the application/reapplication process were signed and witnessed by either a Deputy County Clerk or Notary Public. If the forms were not witnessed by either a Deputy County Clerk or a Notary Public, the worker shall obtain new lien forms.

N. Share of Cost

Refer to A-2-2J.