

Medi-Cal Program Guide (MPG) Letter #767

October 31, 2012

Subject ARTICLE A—ANNUAL RECERTIFICATION PROCESS FOR THE LOW INCOME HEALTH PROGRAM (LIHP)

Effective Date Upon receipt.

Reference County Policy

Purpose To provide updates to the existing policies outlined in CMSPG [Article A, Section 3.2](#) related to LIHP recertifications.

Background LIHP enrollees are advised of their certification end date on their LIHP approval Notice of Action (NOA). The LIHP enrollee wishing to recertify must initiate the recertification process and have their eligibility recertified. The California Department of Health Services (DHCS) clarified that a LIHP enrollee's benefits continue until it has been determined they are no longer eligible for LIHP.

Changes CMSPG [Special Notice 12-01](#) issued February 6, 2012, provided staff with instructions related to the LIHP recertification process. With this letter, those instructions are now obsolete.

LIHP Recertification

The LIHP Recertification Informing Notice (LIHP-17R) is sent to the LIHP enrollee a minimum of one month prior to their certification period end date, to advise them that their LIHP eligibility needs to be recertified.

Discontinuance for No Recertification

LIHP enrollment shall be discontinued with timely notice, if a LIHP enrollee:

- Has been determined ineligible, or
- Does not complete the LIHP recertification process, and good cause has not been established (refer to MPG [4.2.17C](#)).
 - Staff are to check the CMS IT System, CalWIN, Benefits CalWIN (BCW), and IDX for a LIHP or Medi-Cal application before determining that the LIHP enrollee has not started the LIHP recertification process.

The LIHP Discontinuance NOA (LIHP-14) is mailed to the enrollee when a new application has not been started.

Contracted Clinics

LIHP contracted clinics will provide support with the LIHP recertifications. These clinics receive a list of their LIHP enrollees, and each enrollee's LIHP certification period, from the Administrative Services Organization (ASO) on a monthly basis.

Worker Actions Upon receipt of an application to recertify LIHP, workers will process the recertification as stated in [A.03.02](#).

Forms Impact The following forms and NOAs have been revised with this letter.

Name	Attachment
Recertification Informing Notice (LIHP-17R) (Eng/Span)	A & B
Recertification Verification (LIHP-16R) Checklist (Eng/Span)	C & D
LIHP Discontinuance NOA (LIHP-14) (Eng/Span)	E & F
LIHP Recertification Reminder Request for Verifications (LIHP-22R) (Eng/Span)	G & H

The NOA and forms have been uploaded into the CMS IT System (AuthMed) and are available in Xerox Print Services for ordering.

Automation Impact A weekly report will be added to MR SharePoint regarding the pending approval LIHP cases which may require additional follow up actions.

Appeals Impact Appeals to follow the process for LIHP recertifications as stated in this letter.

ACCESS Impact None

Quality Assurance Impact Effective with the November 2012 review month, Quality Assurance staff will cite the appropriate error with any case that does not follow the

requirements of this letter.

Summary of changes

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

Article/Section	Changes
<u>A.03.02</u>	Added process for annual recertification.
<u>Appendix 03.02A</u>	Added LIHP Pending/Approved AuthMed screen shots and Follow Up instructions.
<u>Appendix 03.02B</u>	Added LIHP Discontinuance AuthMed screen shots.

Approval for Release

Pat Wynn, Dep. Director 10-31-12

SB



LOW INCOME HEALTH PROGRAM

RECERTIFICATION INFORMING NOTICE

DATE:		MEMBER ID:	
TO:			

You are receiving this letter because your Low Income Health Program (LIHP) coverage is about to expire. Regulations require that we re-evaluate your eligibility on a periodic basis.

If you would like your LIHP coverage to continue, you will need to complete a new application and may need to provide updated verifications.

Examples of verifications you will be asked to provide are listed below. This list does not represent all of the verifications that may be required to process your application, and you may be asked to provide additional items.

Identification

Proof of residency such as: rent receipt or utility bill

Proof of income such as: paystubs, award letter, self employment records...

To reapply, you may use one of the three options listed below:

- Apply online at www.benefitscalwin.org (select the Medi-Cal option)
- Mail a Medi-Cal application to the County. You can request a Medi-Cal mail-in application by calling 211.
- Apply at your nearest Family Resource Center location (listed below) no more than 30 days before your expiration date. You can get a same day or next day appointment at the Family Resource Centers.
 - Centre City, 1255 Imperial Avenue, 5th Floor, San Diego, CA 92101
 - El Cajon, 220 S. First Street, El Cajon, CA 92019
 - Fallbrook, 130 East Alvarado, Fallbrook, CA 92028
 - Lemon Grove, 7065 Broadway, Lemon Grove, CA 91945
 - North Central, 5055 Ruffin Road, San Diego, CA 92123
 - North Coastal, 1315 Union Plaza Ct., Oceanside, CA 92054
 - North Inland, 620 E. Valley Parkway, Escondido, CA 92025
 - Northeast, 5001 73rd Street, San Diego, CA 92115
 - Ramona, 1521 Main Street Ramona, CA 92065
 - South, 690 Oxford Street, #E, Chula Vista, CA 91911
 - Southeast, 4588 Market Street, San Diego, CA 92102

If you do not want your LIHP coverage to continue, no further action is needed. You LIHP coverage will continue through the expiration date listed on your original LIHP approval Notice of Action.

If you have any questions, please call 1-866-262-9881 for assistance.



LOW INCOME HEALTH PROGRAM

AVISO INFORMATIVO PARA LA RECERTIFICACIÓN

FECHA:		NO. DE MIEMBRO:	
PARA:			

Usted ha recibido esta carta porque su cobertura para el programa Low Income Health Program (LIHP, por sus siglas en inglés) está a punto de vencer. Los reglamentos requieren que re-evaluemos su elegibilidad periódicamente.

Si desea que su cobertura de LIHP continúe, usted tendrá que completar una nueva solicitud y es posible que necesite presentar verificaciones actualizadas.

Ejemplos de las verificaciones que se le pedirá que presente están anotados abajo. Esta lista no representa todas las verificaciones que se pueden requerir para procesar su solicitud y es posible que se le pida presentar información adicional.

Identificación

Comprobante de residencia, tal como: recibo de renta o de utilidades

Comprobante de ingresos, tal como: comprobante de pago, carta de notificación de beneficios, registros de empleo autónomo...

Para volver a solicitar, puede usar una de las tres opciones indicadas abajo:

- Solicite en línea en el sitio web: www.benefitscalwin.org (seleccione la opción Medi-Cal)
- Envíe una solicitud para el programa Medi-Cal al Condado. Puede pedir la solicitud para Medi-Cal por correo, llamando al 211.
- Vaya en persona al Centro de Recursos Para La Familia más cercano (anotados abajo) no más de 30 días antes de su fecha de vencimiento. Puede conseguir cita el mismo día o al día siguiente en los Centro de Recursos Para La Familia.
 - Centre City, 1255 Imperial Avenue, 5th Floor, San Diego, CA 92101
 - El Cajon, 220 S. First Street, El Cajon, CA 92019
 - Fallbrook, 130 East Alvarado, Fallbrook, CA 92028
 - Lemon Grove, 7065 Broadway, Lemon Grove, CA 91945
 - North Central, 5055 Ruffin Road, San Diego, CA 92123
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 - South, 690 Oxford Street, #E, Chula Vista, CA 91911
 - Southeast, 4588 Market Street, San Diego, CA 92102

Si no desea continuar su cobertura de LIHP, no se necesita acción de su parte. Su cobertura continuará hasta la fecha de vencimiento anotada en su Aviso de Acción de aprobación original de LIHP.

Si tiene cualquier pregunta, por favor llame al 1-866-262-9881 para asistencia.



LOW INCOME HEALTH PROGRAM RECERTIFICATION VERIFICATION CHECKLIST

DATE: _____	COUNTY REPRESENTATIVE: _____
MEMBER ID: _____	PHONE: _____
TO: _____	LOCATION: _____
ADDRESS: _____	ADDRESS: _____

IMPORTANT INFORMATION: We need the following documents to recertify your Low Income Health Program (LIHP) eligibility. Please mail or bring all items checked below to the County Representative identified above. If you need help or more time getting them, call the County Representative before the due date listed below.

These items are due by: _____.

Your LIHP benefits will continue while your eligibility is being redetermined. You will receive a Notice of Action sent to you regarding the new eligibility determination.

- | | |
|--|--|
| <input type="checkbox"/> Pay stubs for _____
<input type="checkbox"/> Award letter or copy of current check for:
<input type="checkbox"/> Social Security
<input type="checkbox"/> VA Benefits
<input type="checkbox"/> State Disability or unemployment | <input type="checkbox"/> Immigration status documentation
<input type="checkbox"/> Health insurance information
<input type="checkbox"/> Other: _____

_____ |
|--|--|

Comments _____

If you need help, the Consumer Center for Health Education and Advocacy may be able to give you free assistance throughout the LIHP recertification process. Their toll free telephone number is 1-877-734-3258.



LOW INCOME HEALTH PROGRAM

LISTA DE VERIFICACIONES PARA LA RECERTIFICACIÓN

FECHA: _____

REPRESENTANTE
DEL CONDADO: _____

NO.DE
MIEMBRO: _____

TELÉFONO: _____

PARA: _____

UBICACIÓN: _____

DOMICILIO: _____

DOMICILIO: _____

INFORMACIÓN IMPORTANTE: Necesitamos los siguientes documentos para poder renovar su elegibilidad para el programa Low Income Health Program (LIHP, por sus siglas en inglés). Por favor envíe por correo o traiga en persona los documentos mencionados abajo al representante del Condado identificado arriba. Si necesita ayuda o más tiempo para obtenerlos, llame al representante del Condado antes de la fecha límite mencionada a continuación.

Estos documentos se deben entregar antes del: _____.

Sus beneficios de LIHP continuarán mientras se redetermina su elegibilidad. Recibirá un Aviso de Acción acerca de la nueva determinación de elegibilidad.

Talón(es) de sueldo para _____

Documentación sobre estado migratorio

Carta de notificación de beneficios o copia del último cheque de:

Información sobre seguro de salud

Seguro Social

Otro: _____

Administración de beneficios para veteranos

Discapacidad/incapacidad del estado o desempleo

Comprobante(s) de mantenimiento de hijos y/o de pensión por separación/divorcio

Declaración de impuestos

Recibo de renta

Recibos de servicios públicos

Comentarios _____

Si necesita ayuda, el Centro del Consumidor Para Educación Sobre La Salud y Defensa de Sus Derechos puede proporcionarle asistencia gratuita durante el proceso de la recertificación para el programa LIHP. El número sin costo es 1-877-734-3258.



LOW INCOME HEALTH PROGRAM NOTICE OF ACTION

Date: _____

Member #: _____

Representative: _____

To: _____

Phone: _____

Location: _____

Address: _____

Your Low Income Health Program (LIHP) coverage will be discontinued effective ___/___/___ for the following reason(s):

<input type="checkbox"/>	Not a Citizen/Eligible Alien	<input type="checkbox"/>	You Requested to Disenroll from the Program
<input type="checkbox"/>	Not a County Resident	<input type="checkbox"/>	Failed to Complete the Medi-Cal Process
<input type="checkbox"/>	Whereabouts Unknown	<input type="checkbox"/>	Medi-Cal Linkage
<input type="checkbox"/>	You are Now Incarcerated	<input type="checkbox"/>	Excess income
<input type="checkbox"/>	You have obtained other health insurance (applies to LIHP/HCCI only)	<input type="checkbox"/>	You are Deceased
<input type="checkbox"/>	You did not complete the recertification process		
<input type="checkbox"/>	You failed to provide _____		

Comments: _____

IF YOUR SITUATION CHANGES, YOU MAY REAPPLY FOR LIHP AT ANY TIME

If you disagree with this action, you have the right to request a Grievance or Appeal. Refer to your LIHP Enrollee Handbook for an explanation of grievances and appeals. You must request your grievance within sixty (60) calendar days of the incident giving rise to the grievance. You must request your appeal within sixty (60) calendar days of date of this notice. You may request a grievance or appeal by writing to or calling (collect calls accepted):

San Diego County Health and Human Services Agency
Appeals Section - GR/CMS Calendar Clerk
1255 Imperial Avenue, Suite 300
San Diego, CA 92101
Phone: (619) 237-8500

Your LIHP benefits may continue during the appeals process if:

- Your eligibility is terminated;
- The original period covered by the original authorization has not expired;
- You timely file the appeal (within 10 calendar days of this notice, or the effective date of this notice, whichever is later); **and**
- You request an extension of benefits before the effective discontinuance date of this notice.

The Consumer Center for Health Education and Advocacy may be able to offer you free advice on how to handle your request for a review. For more information, call 1 (877) 734-3258 (toll free).

LIHP Regulations:



LOW INCOME HEALTH PROGRAM

AVISO DE ACCION

Fecha: _____	No. de Miembro: _____
	Representante: _____
Para: _____	Teléfono: _____
_____	Ubicación: _____
_____	Domicilio: _____

Su cobertura al programa Low Income Health Program (LIHP, por sus siglas en inglés) se discontinuarán el día ____/____/____ por la(s) siguiente(s) razón(es):

<input type="checkbox"/>	No es Ciudadano/Extranjero Elegible	<input type="checkbox"/>	Usted Solicito No Continuar el Programa
<input type="checkbox"/>	No es Residente del Condado	<input type="checkbox"/>	No Completó el Proceso de Medi-Cal
<input type="checkbox"/>	Se Desconoce Dónde se Encuentra	<input type="checkbox"/>	Está Unido a Medi-Cal
<input type="checkbox"/>	Ahora Usted Está Encarcelado(a)	<input type="checkbox"/>	Exceso de Ingreso
<input type="checkbox"/>	Usted Obtuvo Otro Seguro Médico (sólo aplica a LIHP/HCCI)	<input type="checkbox"/>	Ha Fallecido
<input type="checkbox"/>	No Completó el Proceso de Recertificación		
<input type="checkbox"/>	Faltó de Proporcionar: _____		

Comentario: _____

SI SU SITUACIÓN CAMBIA, PUEDE VOLVER A SOLICITAR EL PROGRAMA LIHP EN CUALQUIER MOMENTO

Si usted no está de acuerdo con esta decisión, tiene el derecho de solicitar una Queja o una Audiencia. Consulte su manual de LIHP Para Miembros para una explicación de quejas y audiencias. Debe solicitar la audiencia dentro de sesenta (60) días consecutivos de la fecha del incidente que causo el motivo de su queja. Debe solicitar la audiencia dentro de sesenta (60) días consecutivos de la fecha de este aviso. Puede solicitar dicha queja o audiencia por escrito o llamando a (se acepta llamadas por cobrar):

San Diego County Health and Human Services Agency
 Appeals Section - GR/CMS Calendar Clerk
 1255 Imperial Avenue, Suite 300
 San Diego, CA 92101
 Phone: (619) 237-8500

Sus beneficios de LIHP pueden continuar durante el proceso de apelación si:

- Su elegibilidad es terminada;
- El periodo original cubierto por la autorización original no ha vencido;
- Usted solicita la apelación de manera oportuna (dentro de 10 días consecutivos de la fecha de este aviso, o antes de la fecha prevista de la acción de este aviso, lo que ocurra más tarde); **y**
- Pide una extensión de beneficios antes de la fecha efectiva de discontinuación de este aviso.

El Centro del Consumidor Para Educación Sobre La Salud y Defensa de Sus Derechos puede proporcionarle información gratuita de cómo llevar a cabo su apelación. Para más información, llame al 1-877-734-3258.

LIHP Regulations:



**LOW INCOME HEALTH PROGRAM
RECERTIFICATION REMINDER REQUEST FOR VERIFICATIONS**

DATE:	COUNTY REPRESENTATIVE:
MEMBER ID #:	PHONE:
TO:	LOCATION:
ADDRESS:	ADDRESS:

This letter is a reminder that information is needed from you to recertify your eligibility to the Low Income Health Program (LIHP). These verifications were previously requested on ___/___/___.

Please mail or bring the following items to the County Representative listed above.

These verifications must be received by the County no later than ___/___/___ . Your LIHP benefits will continue while your LIHP eligibility is being recertified. A Notice of Action will be sent to you regarding the new eligibility determination.

If you cannot get the verifications, call the County Representative immediately for assistance. You must explain why you cannot provide the verifications.

You have already been given 10 days to provide the requested items. You now have an additional 10 days, for a total of 20 days to provide the verifications. If you are not able to provide the requested information within this additional 10 day period, and can show good cause, you may be granted additional time to provide the information.

If you do not call, the County Representative will consider this a refusal to cooperate with the County in providing verifications needed to recertify your LIHP eligibility and your LIHP benefits will be discontinued.

If you need help, the Consumer Center for Health Education and Advocacy may be able to give you free assistance throughout the LIHP recertification process. Their toll free telephone number is 1-877-734-3258.



LOW INCOME HEALTH PROGRAM

RECORDATORIO DE VERIFICACIONES PARA LA RECERTIFICACIÓN

FECHA:	REPRESENTANTE DEL CONDADO:
NO.DE MIEMBRO:	TELÉFONO:
PARA:	UBICACIÓN:
DOMICILIO:	DOMICILIO:

Esta carta es para recordarle que se necesita información suya para poder renovar su elegibilidad para el programa Low Income Health Program (LIHP, por sus siglas en inglés). Estas verificaciones se pidieron anteriormente el día ___/___/___.

Por favor envíe por correo o traiga en persona los siguientes artículos al representante del Condado mencionado arriba.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Estas verificaciones se deben recibir por el Condado antes del ___/___/___ . Sus beneficios de LIHP continuarán mientras se redetermina su elegibilidad para el programa LIHP. Recibirá un Aviso de Acción acerca de la nueva determinación de elegibilidad.

Si no puede obtener las verificaciones, llame al Representante del Condado inmediatamente para asistencia. Debe explicar el motivo por el cual no puede proporcionar las verificaciones.

Ya se le han dado 10 días para proporcionar los artículos solicitados. Ahora tiene 10 días adicionales, para un total de 20 días para proporcionar las verificaciones. Si no puede proporcionar la información pedida dentro de este periodo adicional de 10 días, y muestra buena causa, se le puede dar tiempo adicional para proporcionar la información.

Si no llama, el representante del Condado lo considerará como negarse a cooperar con el Condado en proporcionar las verificaciones necesarias para redeterminar su elegibilidad para el programa LIHP y sus beneficios de LIHP serán descontinuados.

Si necesita ayuda, el Centro del Consumidor Para Educación Sobre La Salud y Defensa de Sus Derechos puede proporcionarle asistencia gratuita durante el proceso de la recertificación de programa LIHP. El número sin costo es 1-877-734-3258.

Article A Section 03.02 Recertification

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MPG LTR 767 (10/12)

A.03.02 Recertification

A.03.02A General

All LIHP enrollees must have their eligibility for LIHP recertified every twelve (12) months.

Recertification is a determination that an enrollee continues to meet the LIHP eligibility criteria and has not had a break in aid for more than one (1) month.

Annual recertifications cannot be more restrictive during the recertification period than those that were in effect during the period of the enrollee's initial eligibility determination.

CIPG LTR 11 (06/11)

A.03.02B Certification Period

LIHP enrollees who recertify may be certified for up to 12 months, if they continue to meet all eligibility criteria and requirements and there are no foreseeable changes in circumstances that affect eligibility during the certification period.

CIPG LTR 11 (06/11)

A.03.02C Annual Recertification

As part of the recertification process, the enrollee will be required to complete a new MC210, or any application approved by Medi-Cal.

Exception: Once U.S. CIT/ID has been verified, it does not have to be

verified again.

**A.03.02D
Evaluation
Process**

Upon receipt of the application to recertify LIHP, workers will take the following actions:

Step	Action
1	Process application as outlined in the Medi-Cal/LIHP Application Process Eligibility Desk Guide and in accordance with Medi-Cal and LIHP eligibility policies.
2	If upon initial receipt of the recertification application/verifications it is determined that the enrollee is not eligible for LIHP (i.e. moved out of the county), discontinue the existing LIHP case with timely notice.
3	If upon initial receipt of the recertification application/verifications it appears the enrollee is eligible, pend a new LIHP case in AuthMed. This case will need to be approved the same day, even if verifications are pending (See Step 6).
4	If any verifications are provided, scan them into AuthMed and update case information.
5	If additional verifications are needed, request from the enrollee the appropriate verifications using the Recertification Verification Checklist (LIHP-16R) or any Medi-Cal approved verification checklist, allowing 10 days to provide. Note: If the enrollee now claims a disability, continue to process the LIHP recertification and list the Medi-Cal DDSD application requirement as a pending verification on the LIHP-16R or any Medi-Cal approved verification checklist.
6	Approve pending case for the allowable certification period beginning the first of the month following the current certification end date by selecting " LIHP Pending " from the Program Type dropdown window located on the tracking tab. This process requires a manual follow up. Refer to Appendix A.03A .
7	If all verifications are not received within the first 10 days, request the missing verifications allowing the additional 10 day using the Recertification Reminder Request for Verifications (LIHP-22R) or any Medi-Cal approved verification checklist.

8	Upon receipt of all verifications, determine the enrollee's continued eligibility for LIHP.	
	If the enrollee is determined...	Then...
	eligible,	select " LIHP Approved " from the Program Type Drop Down window. Refer to Appendix A.03A .
ineligible,	discontinue the LIHP case with timely notice. Refer to Appendix A.03.B .	

MPG LTR 767 (10/12)

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Appendix 03A - LIHP Recertification's with Pending Verifications—AuthMed Screens and Follow Up

Prior to approving the renewal, select the **LIHP Pending** Program Type from the Tracking Tab and save.

APPLICATION WORKLIST

Dates | **Tracking** | Verifications | PCC | Budgets | Notifications | Docs | Comments

Hospital Staff Release: True False

Program Type: CMS

HSS Notes:

MEDI/CalWin/IDX:

CMS16 Due Date: mm/dd/yyyy

CMS22 Due Date: mm/dd/yyyy

ROP Due Date: mm/dd/yyyy

Medi-Cal Case #:

Initial Complaint:

Save Worklist

Then approve via normal process.

When all pending verifications are received, return to this screen and select **LIHP Approved and Save**.

APPLICATION WORKLIST

Dates | **Tracking** | Verifications | PCC | Budgets | Notifications | Docs | Comments

Hospital Staff Release: True False

Program Type: CMS

HSS Notes:

MEDS/CalWin/IDX:

CMS16 Due Date: mm/dd/yyyy

CMS22 Due Date: mm/dd/yyyy

ROP Due Date: mm/dd/yyyy

Medi-Cal Case #:

Initial Complaint:

Save Worklist

MPG LTR 767 (10/12)

Follow Up

The LIHP Pending and LIHP Approved have been added to the *Program Type* in AuthMed. These Program Types continue enrollee LIHP benefits without a break in aid when the enrollee has started the recertification process. In the above case example, the enrollee has started the recertification process before LIHP benefits have been discontinued and there are pending verifications needed. Once the worker has selected the LIHP Pending *Program Type*, follow-up actions are required.

Each FRC shall set up a tickler system corresponding to the 10 day verification due date to verify if verifications requested have been received. This process may need to be repeated based on if all requested verifications have been received.

MPG LTR 767 (10/12)

Appendix 03B - LIHP Discontinuance – AuthMed Screens

If verifications are not received and all due process has been exhausted you will discontinue.

Do not change the Program Type.

Discontinue LIHP, select reason and Save.

Repend Application Modify MCE **Discontinue MCE** Reasons

Discontinue Date:

Available Income Budgets						
Name	Budget Date	Net Inc.	Deduction	FPL Limit	Excess Inc.	Recomm
No records found.						

Select one or more discontinuance codes

- Excess Income (CN2)
- You are now Incarcerated. (CN64)
- You did not complete the redetermination process. (CN69)
- Failed to Complete Medi-Cal Process (CN51)
- Whereabouts Unknown (CN49)
- You requested to disenroll from LHP. (CN70)
- You have obtained other health insurance. (CN63)
- Not a County Resident (CN3)
- Not a Citizen/Eligible Alien (CN4)
- Medi-Cal Linkage (CN6)
- You are Deceased (CN55)

Failed to Provide (CN5)

Suppress NOA

Save Changes