Medi-Cal Program Guide (MPG) Letter #768

November 19, 2012

Subject	**ARTICLE A - CALWIN EXPANSION PROCEDURES AND GUIDELINES FOR THE LOW INCOME HEALTH PROGRAM (LIHP)**
Effective Date	November 19, 2012
Reference	PPL: 12-003, County Policy
Purpose	To inform staff of the following: • Procedures for LIHP eligibility in CalWIN and the CMS IT System (AuthMed). • How to indicate where the LIHP evaluation was processed.
Background	LIHP eligibility determinations are processed using the AuthMed System. The California Department of Health Care Services (DHCS) requires that LIHP eligibility now be reported to the Medi-Cal Eligibility Data System (MEDS) in preparation for Health Care Reform in January 2014. AuthMed does not send eligibility information to MEDS; therefore, LIHP eligibility will need to be determined in CalWIN to meet DHCS MEDS Data reporting requirements. There are several LIHP application access points throughout HHSA. Staff will evaluate the application for either LIHP only, or LIHP and CMS concurrently.
Highlighted Change	<u>LIHP Eligibility</u> CalWIN will complete the LIHP eligibility determination and submit eligibility information to MEDS. Workers will enter the LIHP application in CalWIN as outlined in "How to 432", these entries will trigger CalWIN to evaluate the applicant for Medi-Cal first and if determined ineligible, continue the evaluation for LIHP eligibility. **Workers are still required to complete the full LIHP application in AuthMed**. AuthMed will send the Notices of Action (NOAs), the LIHP Member Card, and transmit eligibility information to IDX. **NOTE:** The County is working with NetChem to simplify the AuthMed

process, but until the process is complete, the full AuthMed LIHP application process must be completed.

<u>LIHP Retro Eligibility</u>

CalWIN will **not** determine LIHP retro eligibility. Retro eligibility will continue to be determined in AuthMed. The worker will need to submit a MEDS form (14-28) to transmit the retro LIHP approval eligibility to MEDS.

<u>CalWIN - LIHP Notices of Action (NOA)</u>

All CalWIN LIHP correspondence must be deleted in CalWIN. All NOAs/forms for LIHP will be issued from AuthMed.

<u>Health Care Coverage Initiative (HCCI)</u>

CalWIN will **not** automatically evaluate eligible LIHP enrollees for HCCI. These enrollees will need to be evaluated according to CalWIN BEnDS HCCI.

<u>LIHP Discontinuances</u>

Discontinuance actions for LIHP will need to be processed in CalWIN and AuthMed.

<u>FRC vs. POD</u>

When any LIHP disposition is taken, a NOA will be generated and retained in AuthMed. The NOA will indicate which location or worker took the last action.

Required Action

Upon receipt of a LIHP application, the worker shall:

Step	Action
1	Clear case comments in AuthMed to verify if the enrollee remains HCCI eligible. <table><tr><td>**If…**</td><td>**Then…**</td></tr><tr><td>yes,</td><td>process the HCCI LIHP application according to BEnDS HCCI</td></tr><tr><td>no,</td><td>go to Step 2.</td></tr></table>
2	Enter application in CalWIN as outlined in "How To 432".
3	Enter LIHP application in AuthMed following the steps below: <table><tr><td>**If the applicant is…**</td><td>**Then…**</td></tr></table>

	a new applicant,	process the full LIHP application.
	recertification,	process the application according to [MPG Letter #767]().

Note: For recertifications the application date in CalWIN may be different from the AuthMed recertification start date.

<u>Example:</u> LIHP certification end date is November 30th, the enrollee comes to recertify November 15th. The AuthMed recertification date is December 1st, but the CalWIN date would be the 1st of the month in which the application was entered into CalWIN; therefore it would be November 1st.

4	Delete all LIHP NOAs in CalWIN as outlined in "[How To 432]()".
5	Ensure all NOAs are mailed via AuthMed.

RETROACTIVE LIHP COVERAGE	
1	Review for retroactive LIHP eligibility and enter the application in AuthMed, if applicable.

If…	Then…
eligible,	submit 14-28 using the CalWIN case number to activate retroactive LIHP coverage in MEDS.
not eligible,	a 14-28 is **not** required.

2	Ensure all AuthMed NOAs are mailed.

<u>LIHP Discontinuances</u>

Upon receipt of information that determines a case to be discontinued, the worker will follow the process stated in [MPG A.06.02]()

Note: Any action taken on a LIHP case in CalWIN must also be completed in AuthMed.

Forms Impact   The following Desk Aid has been created to show the new CalWIN LIHP fields.

Name	Attachment
[New LIHP Fields in CalWIN]()	A

This Desk Aid will be added to the MPG Article B.

Scanning Impact

Staff will follow the Medi-Cal forms and verifications scanning guidelines for LIHP. The appropriate forms and verifications will be retained in the CalWIN (DoReS) system. Workers and KOFAX staff will reference Document Capture BEnDS LIHP for scanning directions for all LIHP forms.

Automation Impact

With the implementation of CR5654 – LIHP Expansion in Release 30, CalWIN was modified to evaluate LIHP eligibility.

The documents have been published to the CalWIN intranet.

Names
How To # 432 Process LIHP for New Applicants and Existing Enrollees
BEnDS Processing Existing HCCI Enrollees in CalWIN
BEnDS Document capturing of LIHP forms

Reports

The Office of Eligibility Data Management will create a weekly report to monitor the CalWIN LIHP entries and the AuthMed LIHP entries. The report will reflect discrepancies between dispositions in CalWIN and AuthMed. Each FRC is to review and reconcile the discrepancies.

Appeals Impact

Appeals will follow the process for LIHP as stated in this letter.

- LIHP NOAs and Retro eligibility will be retained in AuthMed.
- All other LIHP forms/verifications will be retained in DoReS.
- Case comments will be entered in CalWIN, and may also be entered into AuthMed.

ACCESS Impact

None

Quality Control Impact

Effective the November 2012 sample month, Quality Control will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Article/Section	Changes
A.01.05	Added CalWIN and AuthMed to terms
A.02.01	Added NOA clarification
A.02.03	Update to case handling
A.06.02	Update to discontinuances
A.07.01	Update to applications/verifications

Approval for Release

Rob Werm, Dep. Director 11-20-12

SB

NEW LIHP FIELDS IN CALWIN

Collect Application Information

CalWIN will evaluate for LIHP when a LIHP application is registered.

Collect Case Individual Detail

- Requesting Assistance [Y/N]
- Reason
- Determine CMPS Eligibility [Y/N]

Collect Health Care Reference Detail

Path: Collect Individual Attributes > Health Care Information tab > HC Reference Details button > Collect Health Care Reference Details

The AuthMed Member ID number needs to be entered in this field to track individuals in both the CalWIN and AuthMed systems.

Perform Data Collection Wrap-Up

CMSP Information
- Signed Statement of Facts [Y/N]
- Date Signed

Article A Section 01.05 Definitions of Acronyms and Terms

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A.01.05 Definition of Acronyms and Terms

A.01.05A Acronyms

The following table lists definition of acronyms used throughout the program guide.

Acronym	Definition
ASO	Administrative Services Organization
CAS	Corrective Action Supervisor
COBRA	Consolidated Omnibus Budget Reconciliation Act
FBU	Family Budget Unit
GR	General Relief
HCA	Health Coverage Access
HCCI	Health Care Coverage Initiative
HOS	Hospital Outstation Services
LIHP	Low Income Health Program
LPR	Legal Permanent Resident
MCE	Medicaid Coverage Expansion
MNL	Maintenance Need Level
QA	Quality Assurance
STCs	Special Terms and Conditions between the State of California and the Centers for Medicare and Medicaid Services.
UMDAP	Uniform Method of Determining Ability to Pay

A.01.05B Terms

The following table lists definition of terms used throughout the program guide. They are intended to serve as a resource to staff, not to provide regulations.

Term	Definition
Administrative Services Organization (ASO)	A firm that performs administrative management functions and provides day-

	to-day administration of specific services related to LIHP.
Adult	A person age 19 through 64. Adult status begins the month following the 19th birthday and ends the last day of the month before their 65th birthday.
Adverse Action	An action taken which discontinues LIHP eligibility.
Approval Of Eligibility	An applicant who has met several conditions of eligibility and their application is approved for LIHP based on an eligibility determination.
AuthMed	The computer system that processes County Medical Services and Low Income Health Program eligibility.
CalWIN	The computer system that processes Medi-Cal and Low Income Health Program eligibility.
Case Management	Services which assist LIHP eligible individuals in gaining access to needed medical services.
County Medical Services (CMS)	A county funded program for adults 21 to 64 years of age who do not meet the eligibility criteria for Medi-Cal or LIHP.
Disability	As determined by Social Security Administration or Medi-Cal/DDSD process.
Effective Date Of Eligibility	The first of the month when the person is eligible to LIHP benefits.
Eligibility Criteria	The criteria relating to the initial and continuing determination of a person's LIHP eligibility.
Enrollee	The individual who has been found eligible for LIHP.
Hospital Outstation Services (HOS)	Staff located in hospitals contracted with the Hospital Association of San Diego & Imperial Counties responsible for processing LIHP, Medi-Cal and CMS applications.
IDX	The computer corporation the County contracts with to provide software systems for the ASO to record LIHP eligibility, and process claims and treatment authorizations.
Medical Home (Clinic)	The County approved provider or facility where an enrollee receives all primary medical care.

Reapplication	An application submitted after a one (1) month break in certification.
Recertification	Redeterminations that an enrollee continues to meet the LIHP eligibility criteria without a one (1) month break in certification.

Article A Section 02.01 Eligibility

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A.02.01 Eligibility

**A.02.01A
General**

New MCE applicants who apply and current HCCI enrollees who recertify for LIHP are required to meet several conditions of eligibility and comply with all eligibility/verification requirements before their application can be approved.

Eligibility workers use the CalWIN System to determine LIHP eligibility (Refer to How To #432).   Once the CalWIN process is complete, the worker will process the LIHP application in AuthMed. Any application form accepted for Medi-Cal eligibility shall be an acceptable application form for LIHP.

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, NOA references FRC name and location.
HCA (HOS, CMS*, Mental Health) FRC CMS POD*	Concurrent LIHP/CMS, as appropriate. NOA references worker name.
*HCA CMS and FRC CMS POD locations are listed in the CMS Patient Handbook under CMS Eligibility locations.	

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 all programs. Refer to MPG 04.13.

When a LIHP case is established using the CalWIN system, the worker must ensure that all documents/verifications used in determining the enrollee's eligibility are housed in the CalWIN case file. Refer to MPG 04.07. There is no requirement to scan documents/verifications into AuthMed.

Note: Appeals will review both CalWIN and AuthMed to resolve disputes
.
MPG LTR 768 (11/12)

A.02.01B
Eligibility
Factors

The eligibility factors to be evaluated include:

- Medi-Cal linkage
- Residency
- Age
- Citizenship/Alien Status
- Identity
- Income
- Other Health Coverage (Applies only to HCCI)

CIPG LTR 11 (06/11)

**A.02.01C
Resources**

LIHP is an asset waiver program. Property information is **not** required.

A.02.01D
Cost Sharing

LIHP does **not** have a monthly Share of Cost (SOC) or require co-payments.

CIPG LTR 11 (06/11)

A.02.01E
Long Term Care

Individuals who reside in a Long Term Care (LTC) facility may be eligible to LIHP. Refer to A.02.02H

CMSPG LTR 17 (06/12)

A.02.01F
Presumptive Eligibility

LIHP does **not** offer presumptive eligibility.

A.02.01G
Retroactive Eligibility

MCE Program

The MCE program offers retroactive coverage for one (1) 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 request retroactive coverage only, the applicant completes the MC 210 for the retroactive month. The application is to be evaluated for Medi-Cal first as outlined in the Medi-Cal/LIHP Application Process Eligibility Desk Guide

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

Step	Action
1	Have the applicant complete form LIHP-210A Supplement to Statement of Facts, for the retroactive month and process the retro LIHP application in the CMS IT system, AuthMed.
2	Verify county residency and Legal Permanent Residency (LPR) status for the retroactive month, as appropriate.
3	<table><tr><td>**If…**</td><td>**Then…**</td></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</td><td>• Request income</td></tr></table>

		verification for the retroactive month.
	reported,	• The standard ten-ten (10/10) timeline for providing the verification will apply.
		• Proceed to Step 4
4	Approve or deny MCE benefits and issue NOA, as appropriate.	
	If…	**Then…**
	eligible,	Go to Step 5.
	not eligible,	No action required.
5	Submit a 14-28 using the CalWIN case number to activate retroactive LIHP coverage in MEDS.	

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A.02.01H Notification

The CMS IT System will generate and mail to the applicant the appropriate Notice of Action when denying, certifying, recertifying or discontinuing LIHP eligibility. Exceptions to the automatic mailing are listed in A.07.01.

The CMS IT System will upload to the ASO at the end of the business day, notifying the IDX System when LIHP eligibility is approved or denied. Providers are able to view the status of an applicant's/enrollee's eligibility using the CMS IT Systems Provider Online Verification (POV) site (https://www.sdcmspov.com).

Workers must also send form HHSA: CMS-4 to the ASO at 0557B to record in IDX COMMENTS any information that needs an explanation or clarification or changes that impact the applicant's/enrollee's eligibility.

A.02.01I Notice of Privacy Practices

Workers shall give the "Notice of Privacy Practices" to all enrollees who are certified or re-certified for LIHP. This is a federal requirement under the Health Insurance Portability and Accountability Act (HIPAA).

All enrollees shall sign the "Notice of Privacy Practices" notice or the CMS-107 in lieu of the receipt acknowledging that they have received the notice. The County will make a good faith effort to obtain the

signed acknowledgement that the enrollee received the notice. If the signed acknowledgement is not received from the enrollee, County staff will sign the acknowledgement and document in the case record the efforts taken and the reason why the acknowledgement was not obtained.

NOTE: The enrollee is not required to sign the acknowledgement of receipt as condition of eligibility; therefore, the worker will not deny case if the signed acknowledgement is not received.

A.02.01J Member Card and Enrollee Handbook

Upon approval of LIHP benefits, the CMS IT System will generate and mail the enrollee the LIHP Enrollee Handbook along with the Approval NOA and LIHP card within three (3) working days.

CIPG LTR 11 (06/11)

A.02.01K Rights and Responsibilities

As part of the application for or receipt of LIHP benefits, all applicants/enrollees who meet the eligibility criteria for LIHP must be informed of their rights and responsibilities. The worker must give the applicant the LIHP-15, "Rights and Responsibilities of Applicants", at initial application, reapplication and recertification.

Applicants/enrollees shall sign the Rights and Responsibilities form (LIHP-15) acknowledging that they have reviewed the information and they understand their rights and responsibilities. The applicant may sign the CMS-107 in lieu of the LIHP-15.

A.02.01L Coverage Information

Applicants/enrollees must sign the Coverage Information form (LIHP-23) acknowledging that they have reviewed the information and they understand the limitations of LIHP coverage.

A.02.01M Image Verification Checklist

The Image Verification Checklist form (CMS-107) eliminates the scanning need of specific forms. Workers scan limited forms into the CMS IT System when using the Image Verification Checklist. The checklist must list the correct effective/revision date for each form given.

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A.02.03 Application Process

A.02.03A Good Cause

Refer to MPG 04.02.

CMSPG LTR 18 (06/12)

A.02.03B Statement of Facts

The MC-210 Statement of Facts (SOF) is used to determine LIHP eligibility. Refer to MPG 04.02 for instructions on who may complete and sign the SOF.

A.02.03C Application Date

Once the applicant has met all of the eligibility requirements, the effective date of enrollment for LIHP is the first day of the month in which the application was received by the county.

Should an applicant submit any forms as part of the application process signed and dated prior to their interview, the applicant must sign and date the forms again with the date of the intake interview to establish the date of application.

CMSPG LTR 01 (08/11)

A.02.03D Failed to Attend Appointment

Referrals decentralized from HOS which do not meet the HOS Policy and Procedures Manual (PPM) criteria are scheduled an eligibility appointment with a Non-HOS worker. If the applicant fails to show to

their scheduled Intake appointment, the worker will deny the application for failure to attend appointment, if good cause is not determined.

A.02.03E Applicant Responsibility

LIHP applicants or authorized representatives are responsible for providing essential verifications and reporting certain changes in a timely manner. They are required to:

- Complete all forms required in the application and recertification process.
- Provide all necessary verifications requested by the eligibility worker to determine eligibility.
- Report any changes in income and living situations within 10 calendar days.

A.02.03F Case Handling

Workers enter applicant information directly into the CalWIN System (Refer to How To #432).

When the CalWIN process is complete, the worker will enter the information into the CMS IT System, AuthMed using the normal LIHP application process. AuthMed assigns case numbers to each applicant. The applicant retains this case number throughout the lifetime of their LIHP case.

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A.02.03G Clinic Assignment

Enrollee Selection
Upon approval, the worker asks the enrollee to pick one of the primary care clinics (PCC) that contract with LIHP as their medical home. The worker enters the PCC site in the CMS IT System which will be transferred to the LIHP card and mailed to the enrollee.

Patient Unable/Unavailable to Select
If the enrollee is not able or available to select a PCC site, the worker will designate the PCC site based on the following factors:

1. PCC site closest to beneficiary's address;
2. PCC site previously designated in IDX, or
3. Select the site based on information known to the worker as to where follow-up care would be given.

Native Americans
When the worker is aware that the enrollee is a Native American, the worker enters the information into the CMS IT System and gives the beneficiary the "Health Services Information for Native Americans"

form (CMS-120). The CMS-120 informs Native Americans that they may choose to receive their primary health care through the LIHP Primary Care Clinic they selected as part of the LIHP enrollment process and/or a participating Indian Health Clinic.

Changing Clinics
When enrollees want to change their primary care clinic because they have moved or prefer a clinic closer to their home or work, they must call the ASO at (800) 587-8118. The ASO will evaluate what is causing the dissatisfaction and will change the clinic, if appropriate.

Discharged From a Clinic
When an enrollee has been discharged from a clinic because of problems or conflicts with the clinic staff that cannot be resolved, the worker will:
- direct the enrollee to select another clinic;
- write in the comment section of the CMS IT System   "discharged from (clinic name and date)"; and
- sends a CMS 4 to the ASO.

This information will become an alert in IDX that this enrollee cannot select this particular clinic as their medical home. The enrollee will receive written notification from the clinic stating that he or she can no longer get services there.

**A.02.03H
Authorized
Representative
(AR)**

Refer to MPG 04.02.

CMSPG LTR 18 (06/12

Article A Section 06.02 Discontinuance Process

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A.06.02 Discontinuance Process

A.06.02A General

Refer to MPG 04.13 for the procedures whenever an enrollee requests discontinuance of LIHP benefits.

CMSPG LTR# 18 (06/12)

A.06.02B Processing Request

Refer to MPG 04.13.

CMSPG LTR# 18 (06/12)

A.06.02C Timely Notice Requirement

Refer to MPG 04.13.

CMSPG LTR# 18 (06/12)

A.06.02D Timely and Adequate Notification Requirement

The LIHP Discontinuance Notice of Action (NOA) (LIHP-14) will be sent to the enrollee when discontinuing LIHP benefits. The notice must inform the enrollee of the specific reason(s) for the discontinuance and include the appropriate program guide citations. For most discontinuances, enrollees must be given at minimum a 10 day notice prior to the end of the month in which their LIHP certification is to end.

Exceptions to the timely notice requirement are as follows:
- The enrollee has provided written request to discontinue their benefits.
- The enrollee is already in receipt of Medi-Cal benefits.
- The enrollee's death has been confirmed.

**A.06.02E
Discontinuance
Effective Date**

The LIHP Discontinuance NOA is effective at the end of the month in which the timely NOA is issued. The effective date for notices sent after the NOA deadline is the last date of the following month.

The worker will:
- Designate the discontinuance date, reason(s) for the discontinuance on the NOA,
- Enter case comments,
- Ensure that the verifications/documentations related to the discontinuance are documented in the case file. Refer to MPG 04.07,
- Take discontinuance actions in both CalWIN and AuthMed; and
- Suppress all LIHP CalWIN correspondence.

MPG LTR 767 (11/12)

Article A Section 07.01 CMS IT System

A.07.01 CMS IT System

**A.07.01A
General**

The CMS IT System is a web-based eligibility system (sdcmsapps.com). This system affords contracted providers the ability to access the Provider Online Verification (POV) website (www.sdcmspov.com) to view case status.

Workers must clear all LIHP applications on the CMS IT System, CalWIN, MEDS, and IDX System **before** approving LIHP benefits.

**A.07.01B
Applications
and
Verifications**

LIHP applications are processed and maintained in the CalWIN system. Case documentation and verifications will be stored in the CalWIN system (Refer to MPG 04.07).

MPG LTR #768 (11/12)

**A.07.01C
Notices of
Action (NOAs)**

A. NOAs Requiring Manual Mailing

Homeless
The CMS IT System will create various NOAs and Informing Notices for homeless applicants/enrollees but will not automatically mail the notices. The notices will be stored in the applicant's/ enrollee's record in the CMS IT system.

If the applicant/enrollee requests a copy of their NOA or Informing Notice, the worker will be able to access the notice and print it onsite for the applicant/enrollee. The worker shall make a narrative

entry indicating the date the notice was provided and shall specify which notice was provided.

B. NOAs which will be automatically mailed
1) Approval NOAs
The certification period will be automatically filled-in prior to the NOA being mailed.

2) Denial NOAs
Workers shall enter all case specific information applicable to the denial into the CMS IT system at the time the denial action is taken (i.e. what specific items the applicant/enrollee failed to provide). The case specific information will be automatically filled-in prior to the NOA being mailed.

A.07.01D Approvals

Based on the applicant's/enrollee's information entered, the CMS IT System will recommend if the individual is approved for LIHP benefits. The worker makes the final determination of eligibility.

All approval actions taken by the worker will remain in a "pending approval" status for a minimum of one (1) night. Each night, the CMS IT System randomly selects from the pending approvals which approvals are to be review by a supervisor and which pending approvals can be approved without a supervisor review.

A.07.01E Denials

Based on the applicant's/enrollees information entered, the worker will determine the appropriate denial action, and the CMS IT System will generate a denial NOA and automatically mail it to applicant, as appropriate. Some denial actions require manual NOA mailing.

A.07.01F CalWIN Interface

The CMS IT system can communicate with CalWIN to:
- Send a Medi-Cal application referral to CalWIN via the External Referral Data window to initiate a Medi-Cal application (Refer to "How to #429);
- Send a Citizenship Only Verification (COV) application referral to CalWIN via the External Referral Data window to initiate citizenship verification through a MEDS SSA match; and
- Add the applicant's demographics to MEDS.

The worker must identify which type of application is to be referred to CalWIN.

If the application is for…	Then follow the steps below

	selecting the…
Medi-Cal,	Medi-Cal Application button in Step 2.
COV and no citizenship or identity codes are present,	Citizenship Verification button in Step 2.

Step	Action
1	Select the "*CalWIN Interface*" button in the CMS IT system on the main status screen.
2	Select the Medi-Cal or COV application button, then choose "Create" and confirm that you wish to create the request.
3	To register the: • Medi-Cal application in CalWIN (Refer to "How To # 429), CMS IT system process complete, skip Step 4. • Citizenship Only Verification (COV) application in CalWIN. (Refer to "How To #428")
4	<table><tr><td>**If citizenship is …**</td><td>**Then…**</td></tr><tr><td>verified,</td><td>input the verification type on the document source screen in the CalWIN IT system.</td></tr><tr><td>not verified,</td><td>request verification documents and cancel COV application in CalWIN.</td></tr></table>

The worker can view CalWIN or MEDS for the response within five to seven business days.

CMSPG LTR #7 (07/12)

A.07.01G Citizenship Codes Available in MEDS

When viewing MEDS and citizenship/identity codes are verified process case using the appropriate codes. Refer to MPG 07.02 for appropriate codes.

CMSPG LTR #12 (03/12)