

Medi-Cal Program Guide (MPG) Letter #785

April 22, 2013

Subject **ARTICLE A - INTRODUCTION OF THE HNSA: LIHP-02 LIHP RECERTIFICATION PACKET COVER SHEET**

Effective Date April 22, 2013

Purpose To inform staff of the new form HNSA: LIHP-02 LIHP Recertification Cover Sheet.

Background All LIHP enrollees must have their eligibility for LIHP redetermined every 12 months.

LIHP-02 The LIHP Recertification Packet Cover Sheet (Attachments A&B) has been created to accompany the LIHP recertification packet. This cover sheet gives applicants basic information regarding the MC 210 and the date the application is to be returned.

Required Actions As part of the recertification process, the worker will include the LIHP-02 form in the LIHP recertification packet.

Scanning Impact None

Automation Impact None

Forms Impact The table below shows the new form developed that is available in Xerox Print Services:

Form Title	Form Number	Attachments
LIHP Recertification Cover Sheet	LIHP-02 (Eng/Span)	A & B

**ACCESS
Impact**

None

**Quality
Control (QC)
Impact**

None

**Summary of
Changes**

The table below shows the changes made to the MPG.

Article	Changes
<u>A.03.02</u>	Added Recertification forms

**Approval for
Release**

Pat Wynn, Dep. Dir. 4-22-13

SB



**DON'T LOSE YOUR LOW INCOME HEALTH PROGRAM (LIHP) COVERAGE!
Fill out and turn in the enclosed Annual Redetermination form.**

In order to keep your LIHP coverage you have to give us information at least once a year. We use the information you give us to see if you are still eligible to LIHP. This is called an Annual Redetermination.

Fill out the enclosed Medi-Cal application form MC 210 and send it back to us by _____.

Your LIHP is still active for now. If you do not fill out and return the Medi-Cal application form MC 210, we will take steps to stop your LIHP benefits.

Fill out and return the form even if you think you may not be eligible. We need the form to find out if you or your family are eligible and which program (Medi-Cal/LIHP) is best for you or your family. If you have questions or need help with the form, call ACCESS at 1-866-262-9881.

Remember, if we do not get your completed form, your LIHP benefits may be stopped. If you missed the due date and still want LIHP, call ACCESS NOW!





NO PIERDA SU COBERTURA DEL PROGRAMA DE LOW INCOME HEALTH PROGRAM (LIHP, por sus siglas en Ingles)!

Complete y regrese las formas incluidas de Re-determinación Anual.

Para mantener su cobertura de LIHP usted nos debe de dar información una vez al año. Nosotros utilizamos la información para determinar si usted continua elegible a LIHP. Este proceso es una Re-determinación Anual.

Complete la aplicación de Medi-Cal forma MC 210 y regrésela a nosotros antes de _____.

Su LIHP está activo por ahora. Si usted no completa y regresa la aplicación de Medi-Cal forma MC 210, nosotros tomaremos los pasos para discontinuar sus beneficios de LIHP.

Complete y regrese la forma aunque usted piense que no es elegible. Necesitamos la forma para determinar si usted y su familia es elegible y cual programa (Medi-Cal/LIHP) es mejor para usted y su familia. Si usted tiene una pregunta o necesita ayuda con la forma, llame al departamento de ACCESS al 1-866-262-9881.

Recuerde, si no recibimos sus formas completas, sus beneficios de LIHP se pueden discontinuar. Si ya paso su fecha de vencimiento y usted desea continuar el programa de LIHP, llame al departamento de ACCESS HOY!



Article A Section 03.02 Recertification

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A.03.02C Annual Recertification Packet

As part of the recertification process, the enrollee will be required to complete a new Statement of Facts (SOF). The LIHP Recertification Cover Sheet is to accompany the Medi-Cal RV packet along with the LIHP recertification forms. (Refer to [MPG 04.15.03](#) for Medi-Cal RV packet forms) The table below identifies forms that must be included in the LIHP annual recertification packet.

Form #	Title
LIHP 02	LIHP Recertification Packet Cover Sheet
LIHP 15	Rights and Responsibilities
LIHP 23	Coverage Information
LIHP NPP	LIHP Notice of Privacy Practices
16-64 HHSA	NVRA Voter Preference Form and Voter Registration Card (VCR) - Refer to NVRA EDG for instructions

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