

# Medi-Cal Program Guide (MPG) Letter #800

August 19, 2013

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**Subject**            **ARTICLE A – NEW DISCONTINUANCE REASON FOR THE LOW INCOME HEALTH PROGRAM (LIHP)**

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**Effective Date**    Upon receipt

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**Reference**        County Policy

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**Purpose**            To inform staff of the new discontinuance reason for LIHP enrollees who are in receipt of Medi-Cal benefits.

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**Background**      Previously, when a LIHP enrollee was discontinued benefits due to active Medi-Cal eligibility, staff would use the “Medi-Cal Linkage” discontinuance reason. This discontinuance reason is used when linkage to Medi-Cal has been established; however, the LIHP enrollee may not actually be in receipt of Medi-Cal benefits.

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**Highlighted Changes**    A new discontinuance reason has been created for discontinuing LIHP benefits when the LIHP enrollee has been approved and is in receipt of Medi-Cal benefits.

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**Required Action**        Staff will select “*You are in receipt of Medi-Cal benefits*” button in AuthMed as the discontinuance reason when discontinuing a LIHP enrollee who has been approved and is in receipt of Medi-Cal benefits.

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**Forms Impact**        The LIHP Discontinuance Notice of Action (LIHP-14) (Eng/Span) has been revised to replace discontinuance reason “Medi-Cal Linkage” with “You are in receipt of Medi-Cal benefits” (Attachments A & B).

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**Automation Impact**    The AuthMed system has been modified to include the new discontinuance reason.

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## Medi-Cal Program Guide (MPG) Letter #800, Continued

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**Automation Impact**  
(continued)

The revised LIHP-14 has been uploaded into AuthMed.

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**ACCESS Impact**

No Impact

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**Imaging Impact**

No Impact

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**PA (CalFresh or CalWORKs) Program Impact**

No Impact

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**Quality Control (QC) Impact**

Effective with the September 2013 review month. QC will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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**Summary of Changes**

The table below shows the change made to the MPG.

<b>Section</b>	<b>Summary of Change</b>
Article <a href="#">A.06.01B</a>	Removed Medi-Cal linkage as a discontinuance reason.

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**Approval for Release**

*Pat Whinn, 8-19-13*

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SB



# LOW INCOME HEALTH PROGRAM NOTICE OF ACTION

Date: \_\_\_\_\_ Member #: \_\_\_\_\_

To: \_\_\_\_\_ Representative: \_\_\_\_\_

\_\_\_\_\_ 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"/>	You are in receipt of Medi-Cal benefits
<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"/>	Enrollee listed above has been confirmed as 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) 237-8534

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:

Attachment A



# 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 recibiendo beneficios del programa 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"/>	Se ha reportado que el beneficiario anotado arriba 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  
 Teléfono: (619) 237-8534

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:

Attachment B

## A.06.01 Discontinuance Requirements

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### A.06.01B Reasons for Discontinuance

LIHP benefits will be discontinued if:

- The enrollee voluntarily requests to disenroll from the program;
- The enrollee has income that exceeds the program limit;
- The enrollee no longer resides in San Diego County;
- The enrollee has attained the age of 65;
- The enrollee is in receipt of Medi-Cal benefits;
- The enrollee becomes incarcerated or is institutionalized in an Institution of Mental Disease (IMD);
- The enrollee is no longer living;
- The enrollee obtains other health care coverage (applies to HCCI only); or
- Upon receipt of any other information by County staff causes the enrollee to become ineligible to LIHP.

MPG LTR 800 (08/13)

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