# Medi-Cal Program Guide (MPG) Special Notice (SN) 13-09

September 27, 1013

<table>
<thead>
<tr>
<th>Subject</th>
<th>HEALTH CARE REFORM (HCR) MEDI-CAL AND LOW INCOME HEALTH PROGRAM (LIHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
<td>October 1, 2013</td>
</tr>
<tr>
<td>Reference</td>
<td>Medi-Cal Eligibility Division Information Letters (MEDIL) I 13-03, I 13-04, I 13-10 and I 13-12</td>
</tr>
</tbody>
</table>
| Purpose | To inform staff of the following:  
- HCR requirements that will affect our current application business process during the pre-enrollment period 10/01/2013 – 12/31/2013.  
- Low Income Health Program’s (LIHP) transition to Medi-Cal.  
This special notice (SN) provides initial guidance and will be followed by additional SN addendums to continue to provide instructions on changes related to HCR implementation. |
| Background | The Affordable Care Act was passed into law on March 10, 2010. The law puts into place comprehensive health insurance reforms through the expansion of Medi-Cal, creation of the Health Insurance Exchange, and new regulations for health insurance plans. LIHP was established as the bridge to health care reform. |
| Terms and Acronyms | HCR terms and acronyms are available in [Desk Aid 52 - HCR Terms and Acronyms](#). |
| Application Methods | HCR will expand the channels in which health insurance applications may be accepted. [Desk Aid 53 - Application Entry Channels](#) is available for staff to reference. |

*Continued on next page*
Covered California Call Center will screen applicants to see if they meet conditions identified in Desk Aid 54 - HCR Conditions of Eligibility. If they meet any of the conditions listed on the desk aid, these calls will undergo a quick sort transfer to the CalHEERS Call Center. The agents will screen applicants using their internal screening tool.

<table>
<thead>
<tr>
<th>If applicant is potentially eligible for ...</th>
<th>Then CALHEERS Call Center agent will complete entries in ...</th>
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</thead>
<tbody>
<tr>
<td>HCR</td>
<td>CalHEERS</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>CalWIN</td>
</tr>
<tr>
<td>LIHP</td>
<td>CalWIN/AuthMed</td>
</tr>
</tbody>
</table>

CALHEERS Call Center agents must complete the Medi-Cal application by phone and accept an electronic signature. Horizontal Integration is pending clarification from DHCS with regards to acceptable application signatures for other self-sufficiency programs.

During this pre-enrollment period, all Medi-Cal applications received must be processed following current order of evaluation. Additionally, if the Medi-Cal/LIHP application is denied, FRC staff must screen all individuals for potential eligibility to HCR.

**NOTE:** Refer to Processing Guide 10 – Health Care Reform (HCR) for detailed screening information and appropriate bank assignment.

The California Department of Social Services (CDSS) has revised the SAWS 2 to capture new data elements. The SAWS 2 Plus may be used for the following programs:
- Medi-Cal
- Expanded Medi-Cal programs
- CalWORKs
- CalFresh

Single Streamlined Applications (SSApp) may be used for HCR determinations. When applicants request to be evaluated for current Medi-Cal programs, staff must obtain supplemental form MC 210 ACA. Supplemental form MC 210 ACA includes additional income and deduction information which is not included on the SSApp.
New
Applications/ Supplemental Forms
(continued)

Current Medi-Cal applications do not include tax household and federal data hub consent information. The Request for Tax Household Information (RFTHI) supplemental form will be used to collect this information in order to determine eligibility for HCR. The RFTHI will be used in the following circumstances:

<table>
<thead>
<tr>
<th>If the applicant submits a ...</th>
<th>Then staff must request ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>MC210/SAWS 2/ BCW</td>
<td>RFTHI</td>
</tr>
<tr>
<td>MC 321/Health E App</td>
<td>MC 371 and RFTHI</td>
</tr>
<tr>
<td>SAWS 2 Plus</td>
<td>No additional forms</td>
</tr>
</tbody>
</table>

Staff may complete the supplemental forms by phone. If unable to contact the applicant by phone, the forms may be requested by mail. **NOTE:** Medi-Cal mail-in packets must include the RFTHI.

Although staff must request the supplemental forms concurrently with their initial application process, the forms are not required to complete a Medi-Cal/LIHP evaluation. Medi-Cal/LIHP benefits must not be denied if the applicant fails to return a completed supplemental form.

01/01/2014
Changes

The following changes take effect January 1, 2014:

- Medi-Cal eligibility will expand to individuals 19-64 with household income at or below 138% FPL
- Elimination of the following:
  - Mid-year Status Reports
  - 1931b
  - 100%, 133%, and 200% FPL programs
  - TLICP
- New administrative redetermination process
- CalWIN interface with CalHEERS
- LIHP transitions into Medi-Cal

Procedural guidelines and instructional material will be provided at a later date as future Federal guidance is made available.
Medi-Cal redeterminations scheduled between January 1 to March 31, 2014 will be postponed.

<table>
<thead>
<tr>
<th>If RV is due in ...</th>
<th>Then RV will be processed in ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>April</td>
</tr>
<tr>
<td>February</td>
<td>May</td>
</tr>
<tr>
<td>March</td>
<td>June</td>
</tr>
</tbody>
</table>

Additional instructional material will be provided at a later date as future Federal guidance is made available.

The Department of Health Care Services (DHCS) will transition the LIHP program into Medi-Cal January 1, 2014. A series of communication documents will be mailed to LIHP enrollees. On September 30, 2013, a General Notice will be the first communication mailed to LIHP beneficiaries. A sample of the General Notice (Attachment A), will be mailed by AuthMed and a case comment in the AuthMed system will be automatically entered. No scanning or other documentation is required.

In preparation for LIHP transition to Medi-Cal, the October, November, and December 2013 LIHP redeterminations will be automatically renewed through December 31, 2013. No action is required by staff for cases that are automatically renewed. Beneficiaries will be mailed a Redetermination Extension Informing Notice (LIHP 07) (Attachment B) explaining that their LIHP benefits will continue without the annual redetermination. CalWIN and AuthMed have been programmed to automatically extend the redetermination on these LIHP cases.

Mixed households (Medi-Cal/LIHP) and DDSD/LIHP will not be auto-extended and will require a manual review.

These cases will be determined as follows:

<table>
<thead>
<tr>
<th>If the case is ...</th>
<th>Then the RV due date will follow ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDSD prior to the LIHP application</td>
<td>the DDSD application</td>
</tr>
<tr>
<td>DDSD after the LIHP application</td>
<td>The LIHP application</td>
</tr>
<tr>
<td>Mixed households</td>
<td>the Medi-Cal application</td>
</tr>
</tbody>
</table>

Instructions on how to process these mixed households will follow.
CalHEERS is scheduled to go-live on October 1, 2013. CalWIN will be programmed to interface with the CalHEERS system effective January 1, 2014.

ACCESS calls from customers requesting information on Health Care Reform will be handled according to ACCESS business process.

Follow current business process for applications received, including the new SAWS 2 Plus and SSApp.

The following forms are available beginning 10/01/2013 and will be uploaded to Xerox.
- RFTHI
- MC 210 ACA
- SAWS 2 Plus (English and Spanish)
- SSApp

Due to CERMS transition, during 10/01/2013 – 10/27/2013, staff must image the new HCR forms as follows:

<table>
<thead>
<tr>
<th>Form</th>
<th>Template</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFTHI</td>
<td>16-125 Income Verification</td>
</tr>
<tr>
<td>MC 210 ACA</td>
<td>16-125 Income Verification</td>
</tr>
<tr>
<td>SSApp</td>
<td>16-141 Statement of Facts</td>
</tr>
<tr>
<td>SAWS 2 Plus</td>
<td>16-141 Statement of Facts</td>
</tr>
</tbody>
</table>

With CERMS implementation effective 10/28/2013, supplemental forms will be recognized in CERMS. Staff will scan received forms into CERMS.

Referrals for self-sufficiency programs, also known as Horizontal Integration, may be received from Covered California. Horizontal Integration is pending clarification from DHCS with regards to acceptable application signatures for other self-sufficiency programs.
Medi-Cal Program Guide (MPG) Special Notice (SN) 13-09, Continued

Quality Control (QC) Impact

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

Approval for Release

EE/EM/SB
Dear Member:

You are receiving this letter because you are currently enrolled in San Diego Low Income Health Program (LIHP). New state and federal health care laws add a new program to Medi-Cal. If you are in San Diego Low Income Health Program (LIHP) in December 2013, your health benefits coverage will move automatically to the Medi-Cal Program on January 1, 2014.

**You do not have to do anything now.** Your benefits won’t be changed. You will get all of the same services you get now until December 31, 2013 as long as you stay enrolled.

You will be getting a packet from the State in early November with more information about the move to Medi-Cal, the Medi-Cal health plans in your county and who to call if you have questions. If you want to stay with your current doctor or clinic, you do not need to send in any information. You will be automatically enrolled in a Medi-Cal health plan that works with your doctor/clinic. If your doctor/clinic doesn’t work with a Medi-Cal health plan in your county, you will be assigned to a doctor/clinic that works with a plan in your county on January 1, 2014. If you want to change plans or doctors, information in the packet will help you find the plan or doctor that is best for you.
Please visit the Department of Health Care Services website, at www.dhcs.ca.gov, to learn more about the Medi-Cal program. If you have questions about your move to Medi-Cal, please visit:

San Diego Low Income Health Program (LIHP) at www.sdlihp.org

Questions about the move to Medi-Cal

Q. Is the San Diego Low Income Health Program (LIHP) still my health coverage program?

Q: Will my benefits change?
A: Your health benefits will not be changed. You will continue to have all the same services prior to December 31, 2013. Some of the services you get now, such as dental and vision may change. Watch your mail for more information.

Q: What do I need to do to stay enrolled?
A: Be sure to read and answer all letters about your eligibility or status. Call the San Diego Low Income Health Program (LIHP) to let them know if your income, address or phone number changes.

Q. Will I be able to go to the same doctor or clinic when I have Medi-Cal?
A: Probably. You will be enrolled in a Medi-Cal health plan that works with your current doctor or clinic, if there is one in your county. You can choose to change plans and doctors/clinics if you like.

Q. How will I be notified about my change to Medi-Cal?
A: You may receive information by mail, phone or email.

Attachment A

Continued on next page
This letter is to inform you that no action is needed from you to recertify your eligibility to the Low Income Health Program (LIHP). Your eligibility will automatically be extended through December 31, 2013. You will receive more information from the Department of Health Care Services (DHCS) informing you of the LIHP transition to the Medi-Cal program.

Continue to use your current card, a new one will not be mailed.

LIHP provides medical services coverage including coverage for some mental health services. Please remember to go to the clinic/medical home listed on the front of your card. Your clinic/medical home manages your medical care. Except for emergencies, always contact your primary care provider for your care.

If you have any questions about this redetermination extension, please visit the San Diego Low Income Health Program website at [www.sdlihp.org](http://www.sdlihp.org)

HHSA: LIHP-07 Redetermination Extension Informing Notice

Attachment B