

## Low Income Health Program (LIHP) Frequently Asked Questions (FAQs) Additional 2/11/11

Topic	No.	Question	Answer
DHCS Administrative Cost	1	Is it true that the non-federal share of DHCS' staffing/administrative costs attributable to the cost of administering the LIHP will be reimbursed by the local LIHP?	Yes, these costs will be apportioned out through a billing or withholding mechanism to the local LIHPs.
	2	Are the administrative costs for processing the invoice for paying the non-federal share of State administrative cost a reimbursable administrative cost?	Yes.
Eligibility	3	Is the eligibility criteria that an individual eligible for MCE can have medical insurance a county option for MCE?	No. Individuals eligible for MCE are allowed to have insurance. The LIHP is the payer of last resort. Individuals eligible for HCCI must be uninsured.
	4	Does the final eligibility determination have to be made by a government employee who is employed under merit system principles?	Yes. Non-governmental employees who are not under the merit system can prepare documents, develop eligibility packages and make recommendations on eligibility but the final eligibility determination must be made by a government employee under the merit system.
	5	If an existing enrollee's redetermination is due after November 1, 2010 and prior to the county with existing HCCI enrollees implementation of the new LIHP, can they be redetermined eligible and continue to be existing enrollees before the LIHP is implemented?	Yes.
Enrollment	6	Can you clarify when enrollment for the LIHP could be started in counties that do not currently have coverage initiative programs?	Enrollment for LIHP without existing HCCI enrollees can begin when the LIHP is authorized to be implemented and a contract with DHCS has been executed.
	7	Can new applicants be enrolled in the current ten HCCI counties after November 1, 2010 at family incomes above 133 percent of the FPL if the county is only implementing the MCE program?	Once the county has indicated in its LIHP application that they will not implement an HCCI, new applicants above 133 percent can not be enrolled.
FQHC	8	How will counties know the PPS rates for FQHCs and FQHC Look-Alikes?	The counties should contact the FQHCs in their areas to ascertain the PPS rates for those clinics.
	9	Does the PPS rate apply only to government owned and operated non-hospital clinics?	No, it applies to all FQHCs.
IGT's	10	If intergovernmental transfers (IGTs) are used as the reimbursement mechanism is the transfer of funds on a quarterly basis?	Yes.
	11	Is expedited processing available for the IGTs?	Expedited processing within seven business days of the transfer, as made available by the State Controller's Office, can be requested as long as the participating entity prepays DHCS for the additional administrative costs associated with the expedited processing.

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Implementation	12	What is the implementation date?	The implementation date is the date the authorized applicants start their LIHP. The LIHP can not be implemented until the approved applicant is authorized and a contract with DHCS has been executed for LIHP.
	13	When can a county with existing HCCI enrollees claim for services from November 1, 2010, until their new LIHP is implemented?	These counties can begin claiming for these health care expenditures as soon as their contract amendment has been fully executed.
Income Requirements	14	Do we have some flexibility in terms of income deductions?	Income deductions should be consistent with federal Medicaid requirements, the Patient Protection and Affordable Care Act, and Medi-Cal.
	15	Does the upper income limit apply to all eligibles including inmates?	Yes.
	16	Is the income range the only eligibility criteria that can be modified or restricted by the authorized applicant?	Yes.
Inmates	17	Does the California Department of Corrections and Rehabilitation (CDCR) reimbursement include overhead? Will the reimbursement percentage be a state standard?	Yes, it will include overhead. The reimbursement percentage will be negotiated between CDCR and the local LIHP.
	18	Will the counties be at risk for the coverage of inpatient hospital services for state inmates because there is no explicit CMS approval for this process?	No.
	19	What is the exposure to the county of residence if CMS defers or disallows claims for LIHP State inmates, which are the only population mandated by State law?	There is no exposure to the county of residence for federal deferrals or disallowances of claims for LIHP State inmates.
	20	Where can the provisions regarding enrollment of inmates into the LIHP program be found?	W&I Code Section 14053.7 and Section 5072 of the Penal Code.
Medical Home	21	Should enrollees be assigned a medical home?	Yes.
Mental Health	22	If a county opted to provide more than the mental health minimum benefit, will those services be eligible for reimbursement?	Yes, if approved by CMS as an additional service.
	23	Would providing mental health benefits to the HCCI population be considered providing additional services above the minimum benefits?	Yes.
Network Adequacy	24	With the specific requirements to be seen by a specialist within a set amount of time, will the State allow time to develop the network?	The approved LIHP applicant will work with DHCS during the authorization process to ensure all network adequacy requirements are met prior to implementation.

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Open Network	25	What does a county based delivery system with an open network mean?	An open network does not limit providers that provide allowable health care services to enrollees. The LIHP with an open network would reimburse any provider who provided allowable health care services to an enrollee.
Out-of-Network	26	What do required out-of-network services for MCE include?	Out of network services include emergency medical conditions, emergency services, and post stabilization care services.
Reimbursement	27	Under the prior Medi-Cal Hospital/Uninsured Care Section 1115 Demonstration the State kept the increased amount of Federal Medical Assistance Percentage under the American Recovery and Reinvestment Act, will this continue under the new Demonstration?	No.
Retroactive Eligibility	28	Is retroactive eligibility available for both MCE and HCCI?	Yes.
Service Provider	29	What suggestions do you have for <i>a service provider</i> to make entry in the LIHP?	As a services provider, please contact your county health department and confirm that they are participating in LIHP and what opportunities you may be able to establish under their LIHP.