

NOTICE DATE:
CASE NAME:
CALHEERS CASE NUMBER:
SAWS CASE NUMBER:
WORKER NAME:
WORKER ID:
TELEPHONE NUMBER:
CUSTOMER ID:

**NOTICE OF ACTION
MEDI-CAL APPROVAL, CHANGE,
DENIAL, AND DISCONTINUANCE**

<To Address>

DRAFT

We have reviewed your eligibility for health coverage. We used the information you gave us and state and federal data to make this decision.

Member(s) of your family have been approved or had a change in benefits or have been denied or have been discontinued for Medi-Cal. This Notice of Action explains the county's action for each person.

As of <DATE>, Medi-Cal eligibility has been approved by the following member(s) of your family:

Name(s):
<LIST_OF_APPROVED_NONMAGI_MAGI_PERSONS>

As of <DATE>, Medi-Cal eligibility or share of cost or premium will change for the following member(s) of your family:

Name(s):
<LIST_OF_CHANGE_NONMAGI_MAGI_PERSONS>

Medi-Cal eligibility has been denied for the following member(s) of your family:

Name(s):
<LIST_OF_DENIED_NONMAGI_MAGI_PERSONS>

As of <DATE>, Medi-Cal eligibility has been discontinued for the following member(s) of your family:

Name(s):
<LIST_OF_DISC_NONMAGI_MAGI_PERSONS>

Rules: These rules apply; you may review them at your local welfare office: <REGULATIONS>

State Hearing: If you think this action is wrong, you can ask for a hearing. The back page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place. You have only 90 days to ask for a hearing. The 90 days started the day after the county sent you this notice.

As of <APP_MONTH>, your application for Medi-Cal benefits has been approved

The following persons are eligible to receive full Medi-Cal benefits:
<NON_MAGI_PERSONS>

The share of cost (if any) for family members listed above is listed below.

Report Month	<MONTH1>	<MONTH2>	<MONTH3>
Gross Income	\$0.00	\$0.00	\$0.00
Net Non-Exempt Income	\$0.00	\$0.00	\$0.00
Maintenance Need	-\$0.00	-\$0.00	-\$0.00
Share Of Cost	\$0.00	\$0.00	\$0.00

Benefits for your infant child may continue up to age one under Deemed Eligibility.

If your family's income, property, or circumstances change, you must report this to your worker within ten (10) days. The name and phone number of your worker is listed above on this notice.

Ineligible members of your family may get Benefits Identification Cards (BICs) if your family has a share of cost. Take your plastic BIC with you each time you

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COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

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receive medical care. Your plastic card will show your medical provider if you have a share of cost.

Ineligible members of your family should present their plastic BICs to their medical provider to help pay for your family's share of cost. Keep your plastic card with you at all times.

If you have never received a Benefits Identification Card (BIC), you will soon receive one in the mail. If you already have a BIC, you should keep using that card. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. You should bring this card to your medical provider whenever you need care. If you have family members who are eligible for Medi-Cal they will also receive cards.

DO NOT THROW AWAY YOUR BIC.

Always present your BIC to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal.

Pregnant women with a share of cost (SOC) may be eligible to the Medi-Cal Access Program (MCAP). If you are interested, please call 1(800) 433-2611 or visit <http://www.coveredca.com> information and/or an application.

Report this coverage to your Eligibility Worker because your health insurance premium can be used to reduce your SOC.

As of <BEG_DATE>, <PERSON_NAME> has a change in eligibility.

<NAME>

Good news! Your Medi-Cal is changing to full-scope on <MonthDayYear1> because your income and/or household size changed. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.

We counted your household size and income to make our

decision.

For Medi-Cal, your household size is <MagiSize> and your household income is <MagiIncome>. The Medi-Cal income limit for your household size is <MagiIncomeLimit>. Your income is below this limit, so you qualify for full-scope Medi-Cal.

<MagiRegulation> is the regulation or law we relied on for this decision.

Medi-Cal is being denied for:

<NON_MAGI_PERSONS>

The reason for this denial is because you have not provided us with proof of the following information:

<Verifications>

We asked you for the information, but we have not received it and it is essential in determining your Medi-Cal eligibility.

Keep your plastic Benefits Identification Card (BIC). Please do not throw it away. You can use it if you get Medi-Cal again.

<PERSON_NAME> will no longer receive Medi-Cal services under the MAGI program.

<NAME>

Your Medi-Cal will end the last day of <MonthYear1> because:

You told us you wanted your Medi-Cal benefits to end.

We used the information you gave us and our records to make our decision. If you have questions or think we made a mistake, or if you have more information to give us, call or write to your worker right away.

<MagiRegulation> is the regulation or law we relied on for this decision.

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Do you have any changes? Over the next year, you are obligated to report any changes that would affect your health insurance within 10 days of such a change. You are obligated to contact us if:

- You move.
- Your income changes; or
- Your household changes, for example, you marry/divorce, become pregnant, or have a child(ren)
- You become qualified for other health insurance

To report changes, please contact your county office using one of the following ways:

- Telephone:
- In person:
- Fax:
- Office Hours:

To report changes, please contact your county office using one of the following ways:

- County Worker:
- County Worker ID:

If you already have a Benefits Identification Card (BIC), do not throw it away.

You should keep using that card. If you have never received a BIC, one will be mailed to you soon. If you previously received a BIC but no longer have that BIC, contact your worker for a replacement. The BIC has the information your provider needs to check your Medi-Cal eligibility. You should bring the BIC to your medical provider whenever you need care.

Questions? If you have questions or need assistance please contact (989) 456-3221

This notice is required by the Affordable Care Act per regulation 42 C.