

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

**NOTICE OF ACTION
MEDI-CAL 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 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 denied for the following member(s) of your family:

Name(s):
<LIST_OF_DENIAL_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>

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.

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.

<PERSON_NAME> has been denied Medi-Cal services under the MAGI program.

<NAME>

Your application for Medi-Cal dated <DATE> is denied.

You do not qualify for Medi-Cal because:

You withdrew your application for Medi-Cal and requested that we do not evaluate you for eligibility.

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.

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

Your eligibility to receive Medi-Cal will be discontinued effective <EffectiveDiscontinuanceDate>.

Medi-Cal benefits will be discontinued for:
<NON_MAGI_PERSONS>

Continuation Page

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CASE NAME:
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Here's why:

You requested that Medi-Cal benefits be stopped.

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.