



State of California—Health and Human Services Agency  
**Department of Health Care Services**



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*Director*

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DATE: March 16, 2009

MMCD All-Plan Letter 09-004

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: AID CODE 6G

This All-Plan Letter serves to provide information to Medi-Cal managed care health plans regarding a new aid code, 6G, which will become effective July 1, 2009. This letter is for informational purposes only and no action is required by the health plans at this time.

Aid code 6G was created for the implementation of the 250% Medi-Cal Working Disabled Program (250% WD Program). Aid code 6G is a full scope, no share of cost aid code with a monthly premium paid directly to the Third Party Liability Division of the Department of Health Care Services (DHCS). Aid code 6G will be mandatory in the County Organized Health System counties and voluntary in the Geographic Managed Care and Two-Plan Model counties. There are approximately 2,915 beneficiaries in aid code 6G in Medi-Cal managed care counties.

For contract payment purposes, aid code 6G will be included in the Disabled rate group.

The 250% WD Program provides full-scope, no share of cost Medi-Cal to disabled working individuals with countable income below 250% of the federal poverty level. Individuals buy-in to Medi-Cal by paying a monthly premium based on their net countable income. Premiums range from \$20 to \$250 for an individual and \$30 to \$375 for a couple. The premium amounts are listed in the share of cost field in the Medi-Cal eligibility data system. Individuals are discontinued from the 250% WD Program if the monthly premium is not paid for two consecutive months.

DHCS and the California Medical Assistance Commission will be providing all Medi-Cal managed care health plans with contract amendments that include this new aid code.

If you have any questions, please contact your Contract Manager.

Sincerely,

Cathy Halverson, Deputy Director  
Health Care Operations