

## 250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION

There are two steps for coverage under the 250 Percent Working Disabled program. First, you must meet the eligibility requirements, such as California residency and the income and property tests. Second, after you are determined eligible, you must pay a monthly premium payment amount to be **enrolled** so that this program can cover services. This program requires the payment of premiums just like an insurance program, even if there are no services expected to be received in a month.

Eligible couples pay a combined monthly premium to be enrolled. If a couple is enrolled, all payments are applied to each one. The payment cannot be designated for one individual.

Payments received by the Department of Health Care Services are to be applied to the oldest month with an unpaid balance.

The County Department of Social Services (CDSS) determines eligibility and the amount of the premium. If you are eligible, the CDSS reports this information to the Department of Health Care Services (DHCS). DHCS will be the agency that sends the invoices (bills) to you.

Enrollment in the 250 Percent Working Disabled program does not preclude individuals from Personal Care Services program eligibility.

Here are the rules for enrolling and for staying enrolled.

### Enrollment

1. **New Coverage for Current Month:** When the county reports new eligibility and the premium amount for the current month to DHCS, DHCS will send the newly eligible individual an invoice listing the premium amount due, along with a color-coded, preaddressed, postage-paid envelope to return the premium and invoice to DHCS. A new applicant must pay the premium for the current month before he/she can be enrolled for current and future coverage. Eligible couples will have a combined premium which must be met in full before either individual is enrolled.

If a new applicant does not pay the current premium within two months, he/she will be discontinued from this program and no additional invoices will be sent to him/her. DHCS will send the individual a notice of action and will alert the county to the discontinuance.

2. **Retroactive Coverage:** An individual may request an eligibility determination from the county for any or all of the three months prior to the month of application. These months are called retroactive months. If an individual is determined eligible for any or all of those months, the county will report eligibility and premium amounts to DHCS. DHCS will send the eligible individual an invoice listing the premium amounts and a preaddressed, color-coded, postage-paid envelope.

When the individual receives the retroactive invoice, he/she can then decide whether to submit the premium(s). If the individual wants to be enrolled for coverage in any of those retroactive months, he/she first must pay the premium for each such month.

Nonpayment of these premiums does not affect enrollment for current or future months.

3. **History Months:** There will be instances where eligibility cannot be determined immediately by the county during the month of application, (e.g., when a disability determination is being conducted). The months between the month of application and the month in which the county approves the case are referred to as history months. Once the county completes the eligibility determination, the county will report to DHCS the history months in which there is eligibility and the amount of the premiums for these months. DHCS will send the individual an invoice with the premium amounts for the history months along with a preaddressed, color-coded, postage-paid envelope.

If the individual wants to be enrolled for coverage in any or all of those history months, he/she first must pay the premium for each such month. When the individual receives the net history months invoice, he/she can then decide whether to submit the premium(s). Nonpayment of these premiums does not affect enrollment for current or future months.

### **Payment Information**

4. When making a payment, it is very important that you:
  - Put your name, address, and Client Index number (which is found on the invoice) on your check or money order so DHCS can immediately credit it to your account; *and*
  - Attach the invoice to the payment and return BOTH the payment and the invoice in the color-coded envelope to DHCS.

This will ensure expedited processing of your premium payment.

### **Please do not send your payment in cash.**

5. Payments will be due by the fifth of the next month.
6. There will be a \$25 charge if a check is returned for such reasons as insufficient funds in the individual's checking account.
7. A beneficiary will be discontinued from this program for failure to pay full premiums for two months. If you are discontinued, your CDSS will evaluate you for other Medi-Cal programs.
8. If a beneficiary is discontinued for failure to pay full premiums for two months, the following occurs:
  - The individual will be treated as a new applicant if he/she wants to reenroll and must contact the county for this to occur. The county will have to redetermine/reestablish eligibility and report to DHCS.
  - He/she will have a six-month penalty period as follows:
    - If the individual wants to reenroll during the six-month penalty period, he/she will have to pay the premium for the first month of current coverage, the past due premiums for the two months when full premiums were not paid.
    - If the beneficiary wants to reenroll after the six-month penalty period, he/she will have to pay the premium for the first month of current coverage.

Individuals with questions about their eligibility or the amount of their premium should call their county eligibility worker. Questions about the payments that have been made should be directed to the DHCS Premium Collection Unit at (916) 650-0533.