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MAGI Medi-Cal NOA Snippet Draft 4-12-13.xlsx

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1	Snippet ID	Action	Reason	Business Rules	Message	Comment / Problem	Special Trigger/Aid Code	Regulation	Reason Message	Message Snippet	Order
2		Intake Initial Application			We have looked at all information available to us regarding your circumstances and evaluated you for health care coverage. Your application for health benefits dated <application date> has been reviewed and we have determined the following:	Intro paragraph	At initial intake-application				
3		Annual Renewal			We have looked at all information available to us regarding your circumstances and re-evaluated you for health care coverage. We have determined the following:	Intro paragraph	At annual renewal				
4		Periodic Verification			We have looked at all information available to us regarding your circumstances and evaluated you for health care coverage. We have determined the following:	Intro paragraph	At periodic verification				
5		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Parent/Caretaker Relative	M3	42 CFR 435.110			

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6		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Adults 19-64 Years Old	M1	42 CFR 435.119			
7		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Pregnant Women	M7	42 CFR 435.116			

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1		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - 6-19 years old, 101-133% FPL	M5	42 CFR 435.118			
8		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - 6-19 years old, 0-100% FPL	7A	42 CFR 435.118			
9		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>						

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1		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - 1-6 years old, 0-133% FPL	72	42 CFR 435.118			
10		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Infant - up to 1 year old, 0-200% FPL	47	42 CFR 435.118			
11		Eligible	Full Scope	Individual determined eligible for full scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive full scope Medi-Cal benefits beginning the first day of <application month>. Because you are approved for Medi-Cal, you are not eligible to receive tax credits to purchase health care coverage from Covered California, the state's health insurance exchange.</p> <p>You qualify for Medi-Cal health coverage because your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>						

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12		Eligible	Limited Scope	Individual determined eligible for limited scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive limited scope Medi-Cal benefits beginning the first day of <application month>. You qualify for limited-scope Medi-Cal health coverage because you are pregnant and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive only pregnancy-related services, which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Pregnant Women - 126-200% FPL, citizen/lawfully present	M9	42 CFR 435.116 California Code of Regulations, Title 22, Section 50262			
13		Eligible	Limited Restricted Scope	Individual determined eligible for limited restricted scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive limited scope Medi-Cal benefits beginning the first day of <application month>. You can only receive only pregnancy related services, which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning. You qualify for restricted-scope Medi-Cal health coverage because you are pregnant and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Pregnant Women - 126-200% FPL, undocumented	M0	42 CFR 435.116 California Code of Regulations, Title 22, Section 50262			

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1		Eligible	Restricted Scope	Individual determined eligible for restricted scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive limited scope Medi-Cal benefits beginning the first day of <application month>. You can only receive pregnancy-related care and emergency services.</p> <p>You qualify for restricted-scope Medi-Cal health coverage because you are pregnant and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You were determined eligible for the following reason:-</p> <p><Basis of determination></p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Pregnant Women - 0-125% FPL, undocumented	M8	42 CFR 435.116			
14		Eligible	Restricted Scope	Individual determined eligible for restricted scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive restricted scope Medi-Cal benefits beginning the first day of <application month>.</p> <p>You qualify for restricted-scope Medi-Cal health coverage because you a child aged 6-19 and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - 6-19 years old, 101-133% FPL, undocumented	M6	42 CFR 435.118			
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1		Eligible	Restricted Scope	Individual determined eligible for restricted scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive restricted scope Medi-Cal benefits beginning the first day of <application month>. You qualify for restricted-scope Medi-Cal health coverage because you a child aged 6-19 and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - 6-19 years old, 0-100% FPL, undocumented	7C	42 CFR 435.118			
16		Eligible	Restricted Scope	Individual determined eligible for restricted scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive restricted scope Medi-Cal benefits beginning the first day of <application month>. You qualify for restricted-scope Medi-Cal health coverage because you a child aged 1-6 and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - 1-6 years old, 0-133% FPL, undocumented	74	42 CFR 435.118		You are a child who is 1-6 years old, have a household modified adjusted gross income of 0-133% of the Federal Poverty Line, and lack satisfactory immigration status.	
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1		Eligible	Restricted Scope	Individual determined eligible for restricted scope MAGI Medi-Cal	<p>You are eligible to enroll in health insurance. Based on the information you provided to us and our records, you are eligible to receive restricted scope Medi-Cal benefits beginning the first day of <application month>. You qualify for restricted-scope Medi-Cal health coverage because you an infant up to 1 year old and your household income is below the Medi-Cal income limit. Your Medi-Cal coverage begins the first day of <application month>. You can only receive emergency, pregnancy-related, and long-term care services with these restricted Medi-Cal benefits. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>We counted your household size and income to make our decision.</p> <p>Based on Medi-Cal eligibility rules, your household size is <household size>, and your household income is <modified adjusted gross income>. The Medi-Cal income limit for your household size is <MAGI limit>. Your income is below the Medi-Cal income limit, so you qualify for Medi-Cal health coverage.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Children - up to 1 year old, 0-200% FPL, undocumented	69	42 CFR 435.118			
18		Eligible	Accelerated Enrollment	Child given temporary full scope Medi-Cal	<p>You are temporarily eligible for full-scope Medi-Cal benefits. If you do not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail. You can immediately use the BIC to get medical services. This temporary eligibility will last until a Medi-Cal determination has been completed.</p> <p>For us to determine if you are eligible to continue receiving Medi-Cal, please complete and sign the enclosed form.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Accelerated enrollment children	8E	§14011.61 of the Welfare and Institutions Code			
19		Discontinuance	Accelerated Enrollment	Child discontinued from full scope Medi-Cal	<p>Based on the information you provided to us and our records, your eligibility to receive Medi-Cal benefits will be discontinued the last day of <month>.</p> <p>The reason for this discontinuance is:</p> <p><Discontinuance reason></p> <p>You should call or write your worker right away if you have any questions about this action or if the information in this notice is not correct. You can appeal this discontinuance. Follow the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>	Not otherwise eligible for Medi-Cal		§14011.61 of the Welfare and Institutions Code		You did not give us the information we asked you for.	
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	Snippet ID	Action	Reason	Business Rules	Message	Comment / Problem	Special Trigger/Aid Code	Regulation	Reason Message	Message Snippet	Order
1		Change in Benefits	Citizenship	Individual going from full scope to restricted scope MAGI Medi-Cal	<p>Effective <date>, your full-scope Medi-Cal benefits have been changed to RESTRICTED benefits. Restricted benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You are eligible for restricted benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of citizenship/nationalimmigration status or identity and you have stopped making a good faith effort to provide your proof. If you provide acceptable proof within one year, your Medi-Cal benefits will be changed to full-scope starting from the month that your limited restricted benefits began.</p> <p>If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited restricted benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>			\$14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50301			
21		Change in Benefits	Lawful Presence	Individual going from full scope to restricted scope MAGI Medi-Cal	<p>Effective <date>, your full-scope Medi-Cal benefits have been changed to RESTRICTED benefits. Restricted benefits only cover emergency, pregnancy-related and long-term care services. If you are not sure if something is an emergency, pregnancy-related, or long term care service, contact your medical provider.</p> <p>You are eligible for restricted benefits instead of full-scope Medi-Cal because you have not provided us with acceptable proof of citizenship/nationalimmigration status or identity and you have stopped making a good faith effort to provide your proof. If you provide acceptable proof within one year, your Medi-Cal benefits will be changed to full-scope starting from the month that your limited restricted benefits began.</p> <p>If your Medi-Cal benefits are changed to full-scope in the future, and you paid for medical care that was not an emergency, pregnancy-related, or long-term care service while you had limited restricted benefits, you may be able to request reimbursement. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions: (916) 403-2007.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>			\$14011.2 of the Welfare and Institutions Code and California Code of Regulations, Title 22, §50302			
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1		Ineligible	Residency	Individual determined ineligible for MAGI Medi-Cal	<p>You are not qualified to enroll in health insurance based on the information you provided to us and our records.</p> <p>The reason for this denial is:</p> <p><Denial reason></p> <p>We based this denial action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this denial by following the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>			42 CFR 435.403 CCR, Title 22, Sections 50301 and 50320		You are not a resident of California.	
23		Denial	Incarceration	Individual denied for MAGI Medi-Cal	<p>You are not qualified to enroll in health insurance based on the information you provided to us and our records.</p> <p>The reason for this denial is:</p> <p><Denial reason></p> <p>We based this denial action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this denial by following Follow the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>			CCR, Title 22, Section 50273		You are incarcerated.	
24		Discontinuance	Failure to Cooperate	Individual discontinued from MAGI Medi-Cal	<p>Based on the information you provided to us and our records, Your eligibility to receive Medi-Cal benefits will be discontinued the last day of <month>.</p> <p>The reason for this discontinuance is:</p> <p><Discontinuance reason></p> <p>We based this discontinuance action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance by following Follow the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>		At annual renewal	California Code of Regulations, Title 22, Section 50715		You did not give us the information we asked you for. You have 90 additional days to return the information we asked for. If you do not return the information by <date> you must reapply for Medi-Cal.	
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	A	B	C	D	E	F	G	H	I	J	K
1	Snippet ID	Action	Reason	Business Rules	Message	Comment / Problem	Special Trigger/Aid Code	Regulation	Reason Message	Message Snippet	Order
26		Discontinuance	Failure to Cooperate	Individual discontinued from MAGI Medi-Cal	<p>Based on the information you provided to us and our records, Your eligibility to receive Medi-Cal benefits will be discontinued the last day of <month>.</p> <p>The reason for this discontinuance is:</p> <p><Discontinuance reason></p> <p>We based this discontinuance action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance by following Follow the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>		At periodic verification	California Code of Regulations, Title 22, Section 50716 50715		You did not give us the information we asked you for. You have 90 additional days to return the information we asked for. If you do not return the information by <date> you must reapply for Medi-Cal.	
27		Discontinuance	Failure to Cooperate	Individual discontinued from MAGI Medi-Cal	<p>Based on the information you provided to us and our records, Your eligibility to receive Medi-Cal benefits will be discontinued the last day of <month>.</p> <p>The reason for this discontinuance is:</p> <p><Discontinuance reason></p> <p>We based this discontinuance action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance by following Follow the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>		Change in circumstances	California Code of Regulations, Title 22, Section 50717 50715		You did not give us the information we asked you for. You have 90 additional days to return the information we asked for. If you do not return the information by <date> you must reapply for Medi-Cal.	
28		Discontinuance	Residency	Individual discontinued from MAGI Medi-Cal	<p>Based on the information you provided to us and our records, your eligibility to receive Medi-Cal benefits will be discontinued the last day of <month>.</p> <p>The reason for this discontinuance is:</p> <p><Discontinuance reason></p> <p>We based this discontinuance action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance by following Follow the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>			42 CFR 435.403 California Code of Regulations, Title 22, Sections 50301 and 50320		You are not a resident of California.	

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	A	B	C	D	E	F	G	H	I	J	K
	Snippet ID	Action	Reason	Business Rules	Message	Comment / Problem	Special Trigger/Aid Code	Regulation	Reason Message	Message Snippet	Order
1		Discontinuance	Incarceration	Individual discontinued from MAGI Medi-Cal	<p>Based on the information you provided to us and our records, your eligibility to receive Medi-Cal benefits will be discontinued the last day of <month>.</p> <p>The reason for this discontinuance is:</p> <p><Discontinuance reason></p> <p>We based this discontinuance action on what you told us. You should call or write your worker right away if you have any questions about this action or if the information in the notice is not correct. You can appeal this discontinuance by following the directions on the back of this page. You can reapply at any time.</p> <p>This action is required by <XX>. If you think this action is incorrect, you can request a hearing. The back of this page explains how to request a hearing.</p>			Federal regs? California Code of Regulations, Title 22, Section 50273		You are incarcerated.	
29											
30		Referral for full Medi-Cal		Referral for full Medi-Cal	<p>What if you have special health care needs?</p> <p>You might qualify for more services through Medi-Cal if you have special health care needs.</p> <ul style="list-style-type: none"> - Do you have a disability? - Do you need nursing home care or other long term care services? - Do you have high or frequent medical bills? <p>If so, find out if you qualify based on special health care needs. Call <county phone number> for more information.</p>	This should go in the template. It will apply to everyone on the NOA.					