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Director

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



EDMUND G. BROWN JR.
Governor

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Medi-Cal Eligibility Division Information Letter No.: I 15-24

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Reduction of Modified Adjusted Gross Income Notices sent to the Consumer

The purpose of this letter is to provide information about the release of Change Request (CR) 32297, Reduce Modified Adjusted Gross Income (MAGI) Medi-Cal Notices. CR 32297 was deployed in release 15.7 in July 2015. The purpose of this CR is to reduce the number of MAGI Medi-Cal Notices of Action (NOAs) currently generated by California Healthcare Eligibility, Enrollment and Retention System and sent by counties to the consumer. This will be done by ensuring that only the notices required, informing an applicant or beneficiary of their initial eligibility or change in eligibility, will be sent.

Currently, MAGI NOAs, known as NOD02, are sent anytime there is a disposition received from any of the Statewide Automated Welfare Systems (SAWS), regardless of whether there has been a change in eligibility. Additionally, notices are sent by benefit month, where each benefit month requested by SAWS receives a separate notice.

With the release of CR 32297, MAGI NOAs are now only sent to inform the applicant or beneficiary of their initial eligibility or when there is a change in eligibility. The only exception to this is for the three retroactive Medi-Cal months prior to month of application. In order to ensure that applicants are aware of their eligibility for each separate retroactive month requested, these NOAs will continue to be sent based on each retroactive month requested. The NOAs concerning the retroactive months of eligibility will clarify that they are specific to the eligibility for that separate retroactive month and a separate NOA will be sent for continuing Medi-Cal.

Please see example below:

Family of three (Dad, Mom and Child) apply for health insurance in April 2015 and request retroactive coverage for January, February and March 2015. All members are eligible to MAGI Medi-Cal in retroactive months and ongoing.

- Family will receive one MAGI NOA specific to retroactive Medi-Cal for January 2015 with all family members included.
- Family will receive one MAGI NOA specific to retroactive Medi-Cal for February 2015 with all family members included.
- Family will receive one MAGI NOA specific to retroactive Medi-Cal for March 2015 with all family members included.
- Family will receive one MAGI NOA with a beginning date of eligibility of April 1, 2015 and forward with all family members included.

The family will not receive another MAGI NOA until one or more family members have a change in eligibility.

If you have any questions or require additional information, please contact Ms. Alison Brown at (916) 319-9565 or by email at Alison.Brown@dhcs.ca.gov.

Original Signed By:

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