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Medi-Cal Eligibility Division Informational Letter No.: 22-09

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

SUBJECT: Follow-up Guidance to ACWDL 21-11 on Form 1095-B
(Ref: All County Welfare Directors Letter (ACWDL) 21-11)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with additional information and clarification related to Tax Filer reprints and monthly mailings for Form 1095-B described within [ACWDL 21-11](#). This letter also provides guidance on Form 1095-Bs available in alternative formats.

Background

Previously issued ACWDL 21-11 states that any Form 1095-B issued by DHCS can be reprinted through the MEDS IN95 screen at the request of the beneficiary. Reprints can be mailed to a valid address on the beneficiary's MEDS record or it can also be mailed to an address not listed on their MEDS record if requested by the beneficiary. The latter type of reprint is referred to as a Tax Filer Reprint with an Address Override. The Form 1095-B mailing can be addressed to the beneficiary or sent to an individual they designate via the Care Of line. The new address and the Care Of addressee are recorded on the reprinted request listed on the IN9S summary screen for auditing purposes. However, this reprint will not update the address in the beneficiary's MEDS record.

ACWDL 21-11 also states that DHCS pauses monthly mailings of corrected or reprinted Form 1095-B each year during December and January to complete the annual Form 1095-B mailings. This pause often causes delays with beneficiaries receiving their corrected or reprinted mailings within a timely manner.

DHCS' [MEDIL 19-18](#) and [MEDIL 21-31](#) require compliance with the Americans with Disabilities Act (42 U.S.C. 126, sections 12010 et seq) and provide visually impaired Medi-Cal beneficiaries with communications in the beneficiaries' requested alternate format.

Updates to Tax Filer Reprints with an Address Override

To ensure compliance with various data and privacy regulations, the procedures for how Tax Filer Reprints are processed have been slightly modified. A beneficiary who requests to have their Form 1095-B mailed to a designated individual must submit the request in writing to the county human services agency. This written request serves as the beneficiary's authorization to have their personal identifiable information (PII) released to another party. County eligibility workers must request written authorization from a beneficiary when such a reprint request is made over the telephone or in-person.

Written requests can be made by regular mail or via other commonly used forms of written communication (i.e. email, fax, scanned, etc.). Telephonic signatures may also be used when such requests are made over the phone authorizing the release of the Form 1095-B to a designated individual, if done in accordance with [ACWDL 19-17](#) or in any related errata or superseding ACWDLs. If a written or telephonically signed authorization is not obtained from the beneficiary, a Form 1095-B reprint must not be issued to anyone other than the beneficiary or their authorized representative.

Updates to Monthly Mailings

Effective November 2022, DHCS will no longer pause the monthly mailings of reprinted or corrected Form 1095-Bs during December and January. This change is intended to mitigate any previous negative impacts to beneficiaries caused by delays in processing. All corrected or reprinted Form 1095-Bs will be processed on a monthly basis and should be received by the beneficiary within forty-five (45) calendar days from the date the request is generated in MEDS.

Alternative Formats Mailings

To comply with [MEDIL 19-18](#) and [MEDIL 21-31](#), DHCS implemented the use of alternative formats when mailing Form 1095-Bs to beneficiaries who have requested Medi-Cal communications in alternate formats, such as large print, data CD, Braille, and audio CD. Effective November 2021, DHCS will utilize the beneficiary's requested alternative format, if designated, when issuing our annual, reprinted, or corrected Form 1095-Bs for Medi-Cal. If the beneficiary does not have an alternative format preference stored in DHCS' Alternate Formats database at the time DHCS issues the Form 1095-B, the documents will be mailed in standard format.

[MEDIL 21-31](#) outlines the process in which the county can review and/or update a beneficiary's alternative format preference using the Alternate Formats Selection Screens website. Once the beneficiary's alternative format preference is on file with DHCS, they may request any previously issued Form 1095-B to be reprinted in their requested alternative format. The Form 1095-B reprint in an alternative format is

Medi-Cal Eligibility Division Information Letter No.: 22-09
Page 3
March 17, 2022

requested and processed in the same manner as a standard Form 1095-B reprint. County eligibility workers would follow DHCS' processes for requesting a Form 1095-B reprint, as outlined in [ACWDL 21-11](#), and the resulting reprint of the Form 1095-B will be issued in the alternative format preference on file, if appropriate. Please note that alternative format mailings may not adhere to our standard processing period of 45-days for reprinted Forms.

If you have any questions about these changes, or if we can provide further information, please contact DHCS at MECmandate@dhcs.ca.gov.

Original Signed By

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