



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



February 4, 2019

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 19-05
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL CONSORTIA/SAWS PROJECT MANAGERS

SUBJECT: UPDATED MC 0384 – IMPORTANT INFORMATION ABOUT MEDI-CAL
250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT
METHODS
(Reference: All County Welfare Directors Letter Number 18-18)

The purpose of this All County Welfare Directors Letter is to provide counties with the updated form MC 0384 – Important Information about Medi-Cal 250 Percent Working Disabled Program Premium Payment Methods.

Counties should include the updated MC 0384 with the MC 338 D, Medi-Cal Notice of Action Approval for Benefits as a 250 Percent Working Disabled Individual or Couple, when approving benefits for the 250 Percent Working Disabled Program (250% WDP). The updated MC 0384 provides the beneficiary with information on how to make premium payments for the 250% WDP.

Implementation Timeline

The Statewide Automated Welfare System (SAWS) shall make programming changes to incorporate the updated MC 0384 during the next available SAWS release. To the extent possible, counties are to manually send the updated MC 0384, included with this letter, until SAWS programming is complete.

If you have other questions regarding this letter, please contact Derek Soiu at (916) 345-8193 or by email at Derek.Soiu@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure



State of California—Health and Human Services Agency
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**Ways to pay your premium for the
Medi-Cal 250 Percent Working Disabled Program**

There are three ways to pay your 250 Percent Working Disabled Program premiums: online, by mail, or with a bank bill pay service.

1. Pay online with electronic funds transfer

You can make secure, fast, easy online premium payments with electronic funds transfer (EFT). You must have your bank account and routing numbers. You can securely pay from your checking account to the Department of Health Care Services. You cannot use a debit, credit card, or gift card. You can be an **Enrolled User** or make one payment with **TPLRD One-Time Pay**.

As an **Enrolled User**, you can schedule or cancel up to three payments. You can check your payment history. But you cannot set up automatic monthly payments.

To make a payment right away or schedule one payment, you can use **TPLRD One-Time Pay**.

For the EFT Information Guide and Frequently Asked Questions (FAQ), visit the 250 Percent Working Disabled Program website at <http://dhcs.ca.gov/WDP>.

To become an **Enrolled User**:

1. Go to <http://dhcs.ca.gov/WDP>.
2. Under **To Enroll**, click the **Online EFT Enrollment Auto Form** or the **EFT Enrollment Mail-in (PDF)** form.
 - The **Online EFT Enrollment Auto Form** is a quick, easy online form you can use to enroll in EFT.
 - The **EFT Enrollment Mail-In (PDF)** form is a form to print, fill out, and mail to the address on the form.
3. When DHCS gets your enrollment form, you will get an email and letter with your security code to register.
4. Once you have your security code, go to <http://dhcs.ca.gov/WDP>.
5. Under **DHCS – Electronic Funds Transfer (EFT) Payments**, click [Sign In](#).
6. Under **First Time User**, click **Register**. Be sure to write down your username and password.
7. After you register, go back to [Sign In](#). Go to **Returning User**. Log in with your username and password.
8. Make or schedule up to three payments.

To use **TPLRD One-Time Pay**:

1. Go to <http://dhcs.ca.gov/WDP>.
2. Under **DHCS – Electronic Funds Transfer (EFT) Payments**, click [Sign In](#).
3. At the top of the page, click **TPLRD One-Time Pay**.
4. Enter your DHCS Account Number/Medi-Cal ID number. It is the eight numbers on your Benefits Identification Card (BIC). It starts with 9 and ends with a letter, such as 9000000A. Enter your payment and your contact and banking information.
5. Print or write down and keep your Payment Confirmation Number and information.

2. Mail

Make your check or money order payable to **Department of Health Care Services**. Be sure to write your name and BIC number on your check or money order. It is the eight numbers on your Benefits Identification Card (BIC). It starts with 9 and ends with a letter, such as 9000000A. Mail to:

Department of Health Care Services
Third Party Liability and Recovery Division
Working Disabled Program - Dept. 155, MS 4718
P. O. Box 997421
Sacramento, CA 95899-7421

3. Bill pay

Many banks and credit unions offer bill pay services. Ask your bank or credit union if you can set up monthly payments by check to the address above.

Questions?

- What if I have questions about my case or eligibility?
For questions about your case or WDP eligibility, talk to your local county office.
- Can I give my 250 Percent Working Disabled Program premium payment to my local county office?
No. Your local county office does not accept premium payments. Be sure to send your payment to DHCS, using the guidelines above.
- What if I have questions about a payment I made?
For questions about a payment, call DHCS at **916-445-9891**.
- Will DHCS send me a monthly bill?
No. Pay your premium each month. For the amount, read your Notice of Action.