

DEPARTMENT OF HEALTH SERVICES

714-744-P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320
(916) 657-2941

January 10, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No: 92-92

94-05

REVISED NOTICES OF ACTION (NOA) LANGUAGE FOR PLASTIC CARD IMPLEMENTATION

We have revised the language in the enclosed NOAs which will be affected by the implementation of the Benefits Identification Card (BIC), commonly referred to as the "Plastic Card". In addition, we revised the NOA language to accommodate the elimination of the MC 177 (Record of Health Care Costs) and to instruct the recipients they are to retain their new plastic ID cards.

The counties are to ensure their NOAs reflect the new language by the time they implement the on-line eligibility verification system. If you need to make any revisions to the language, please discuss your changes with Mr. Gary Varner.

DHS expects that the counties will be able to implement the new language timely, however, if any county will have difficulty in revising these NOAs by the time they are required to implement the BIC system, they must contact Mr. Gary Varner or my staff at (916) 654-5321.

Sincerely,

ORIGINAL SIGNED BY,

Glenda Arellano, for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

**MEDI-CAL NOTICE OF ACTION
APPLICATION FOR RETROACTIVE
EMERGENCY MEDICAL AND
PREGNANCY-RELATED SERVICES**

We have reviewed all the information in your case file which relates to your application for retroactive emergency medical and pregnancy-related services. Our findings are indicated below.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnancy woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- () You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy related service for _____
- () Since your income was more than the amount allowed for living expenses, you must pay or obligate to pay a share of the cost of your medical care.

	MONTH 1	MONTH 2	MONTH 3
Gross income	\$ _____	\$ _____	\$ _____
Net Nonexempt income	\$ _____	\$ _____	\$ _____
Maintenance Need	\$ _____	\$ _____	\$ _____
Excess income/Share of Cost	\$ _____	\$ _____	\$ _____

- () A plastic Benefits Identification card (BIC) will be sent to you in the mail soon. TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE IN THE ABOVE MONTHS. The amount that you pay or are obligated to pay the medical providers will be automatically computed. DO NOT THROW AWAY YOUR PLASTIC ID CARD.
- () You are not entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ for the following reasons:

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

This action does not affect your application for current and continuing Medi-Cal. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

Eligibility Worker
WC2108

Phone _____

Date WC239S

**MEDI-CAL NOTICE OF ACTION
BENEFITS RESTRICTED TO
EMERGENCY MEDICAL AND
PREGNANCY-RELATED SERVICES**

Effective _____ you will be eligible for RESTRICTED Medi-Cal benefits that will allow you to receive emergency medical and pregnancy related services. You will soon receive a plastic Benefits Identification Card (BIC) in the mail. This card is good as long as you are eligible for Medi-Cal. **TAKE THIS CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.**

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 50156 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- () Your application for restricted benefits has been approved.
- () Your application for full Medi-Cal benefits is denied. We have granted you, instead, eligibility for emergency medical treatment and pregnancy-related services.

We are taking this action because you are an alien who:

Does not have satisfactory immigration status according to information received from the Immigration and Naturalization Service (INS).

() Lacks documentary proof of satisfactory immigration status for Medi-Cal purposes.

() Has been admitted to the United States as a nonimmigrant for a limited period of time.

() Has been legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act for less than five years and you are not blind or disabled, not aged (65 or over), not under 18 years of age, or not a Cuban/Haitian Entrant.

() Since your income was more than the amount allowed for living expenses, you have a share of cost you must pay or obligate to pay toward the costs of medical care received. Your share of cost is \$ _____ beginning _____. Your share of cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share of Cost	\$ _____

Take your plastic card with you each time you receive medical care. The amount that you must pay or obligate to pay at the providers will be automatically computed. After your share of cost has been paid or obligated you will only have to pay your co-pay for medical services received that month from Medi-Cal providers.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.

Eligibility Worker

Phone

Date

MEDI-CAL NOTICE OF ACTION
CHANGE FROM RESTRICTED SERVICES
TO FULL BENEFITS

Effective _____ you are eligible to receive all the services covered by the Medi-Cal Program rather than the services restricted to treatment of an emergency medical condition or pregnancy-related care. This change in benefits results from the fact that:

() You are an alien otherwise eligible for Medi-Cal who has declared satisfactory immigration status for Medi-Cal purposes.

() You are an alien otherwise eligible for Medi-Cal who has provided reasonable evidence of satisfactory immigration status for Medi-Cal purposes.

() You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act who has passed your five-year disqualification period after applying for amnesty or you are aged (65 or over), blind, disabled, under age 18, or a Cuban/Haitian Entrant.

ALWAYS PRESENT YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal.

() Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$ _____ beginning _____.

Your share of cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess income/share of cost	\$ _____

This action is required by the Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Section(s):

Eligibility Worker

Phone

Date

MC 239 Q

MEDI-CAL
NOTICE OF ACTION
TRANSITIONAL MEDI-CAL (TMC)
APPROVAL FOR BENEFITS

TMC IS A PROGRAM THAT PROVIDES CONTINUING MEDI-CAL BENEFITS FOR A MAXIMUM OF 12 MONTHS FOR PERSONS DISCONTINUED FROM AFDC AS A RESULT OF EMPLOYMENT.

() You are eligible for initial TMC for the period _____ through _____.

You will continue to receive TMC during this period if you have an eligible child in the home.

You may be eligible for an additional six-months of TMC at no cost if you:

Return the status report which the county will send you by the 21st day of _____ and be within income limits.

Attach to the status report proof of your family's monthly gross earnings and actual child care costs paid by you. Save all your earnings statements and child care receipts.

Continue to be employed.

Have an eligible child in the home.

() You are eligible for an additional 6 months for the period _____ through _____.

To remain eligible for the additional six-months of TMC, you will be required to complete and return two status reports sent to you by the county during this period. The first report will be due by the 21st day of the first month and the second report will be due by the 21st day of the fourth month of this additional six month period.

Always present your plastic Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR SPECIAL ZERO SHARE-OF-COST
PROGRAM FOR PREGNANT WOMEN AND
BABIES UP TO ONE YEAR OLD

- () Beginning _____, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning.
- () You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. Under this program you may also receive medical services not related to your pregnancy.
- () Beginning _____, your baby is eligible to receive Medi-Cal benefits without a share-of-cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal coverage will provide:
 - () full medical services.
 - () services for treatment of emergency medical conditions.

In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income. You must let your worker know about income and other changes within 10 days to see if you or your baby is still eligible under this program.

You will receive a plastic Benefits Identification card (BIC) in the mail soon. TAKE THIS PLASTIC ID CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

Eligibility Worker
MC239B-2

Phone

Date

**MEDI-CAL NOTICE OF ACTION
APPROVAL FOR 60-DAY POSTPARTUM
PROGRAM AND STATUS OF
OTHER MEDI-CAL BENEFITS**

60-DAY Postpartum Program

You are eligible for the 60-day Postpartum Medi-Cal program. This program provides pregnancy-related and family planning services after childbirth, child delivery, or miscarriage. Your eligibility under this program begins _____ and ends _____.

These benefits will be provided whether or not you meet the other eligibility rules (such as property, share of cost, etc). Your Medi-Cal benefits under this program will be limited to postpartum care services only.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

Other Medi-Cal Program:

Your eligibility to receive:

- ☐ full Medi-Cal coverage
- ☐ restricted Medi-Cal coverage for treatment of emergency medical conditions
- ☐ will continue.
- ☐ will be discontinued effective the last day of _____.
The reason for this discontinuance is because your pregnancy ended on _____.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701 (d).

Eligibility Worker

Phone

Date

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR THE
133 PERCENT (%) PROGRAM

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the 133% program for children from one to six years of age. Under this program, the child's Medi-Cal benefits will provide:

- () Full Medi-Cal benefits.
- () Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements. You must let your worker know about any changes within 10 days to see if your child(ren) is still eligible under this program.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC ID CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulations which require this action is California Code of Regulations, Title 22, Section 50262.5.

Eligibility Worker

Phone

Date

MC 239B-6

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR THE 100 PERCENT (%) PROGRAM

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the 100% Program for children who are at least six years of age and were born after 9/30/83.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon for each eligible child. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOUR CHILD(REN) NEEDS CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

Under this program, Medi-Cal will provide:

() Full Medi-Cal benefits.

() Restricted Medi-Cal benefits (emergency and pregnancy-related services only).

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.6.

Eligibility Worker
MC 239H

Phone

Date

MEDI-CAL
NOTICE OF ACTION
TRANSITIONAL MEDI-CAL (TMC)
DENIAL OR DISCONTINUANCE OF BENEFITS

- ☐ Your benefits under TMC will be discontinued effective the last day of _____.
- ☐ Eligibility for benefits under the initial TMC program ends _____ because:
- ☐ There is no longer a child in the home.
 - ☐ Other:
- ☐ Eligibility for benefits for the additional TMC program ends because:
- ☐ There is no longer a child in the home.
 - ☐ You failed to return a completed status report.
 - ☐ Your family's gross average earnings (less child care costs) exceed the limit.
 - ☐ The caretaker relative or principal wage earner is no longer employed.
 - ☐ Other:
- ☐ You are not eligible for:
- ☐ Additional TMC
 - ☐ Any other Medi-Cal program

Here is the reason:

- ☐ You will receive a separate notice about your eligibility for the regular Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC ID CARD. You can use it again if you become eligible for Medi-Cal in the near future.

The regulations which require this action is California Code of Regulations, Title 22, Section 50244.

Eligibility Worker
MC 239TMC-2

Phone

Date

MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
STATUS REPORT NOT RECEIVED OR NOT COMPLETED

() Your eligibility to receive Medi-Cal will be discontinued effective the last day of _____.

Here's why:

The reason for this discontinuance is you did not give us the information necessary to continue your eligibility when it was needed. Your completed Medi-Cal Status Report for the month of _____ was not received by the date it was due.

() Your Medi-Cal Status Report for the month of _____ has been received; however, it was not complete. You will not get Medi-Cal benefits effective the last day of _____. However, if you send us the following information by _____ your Medi-Cal eligibility may be restored.

Please send us:

DO NOT THROW YOUR PLASTIC ID CARD AWAY. you can use it again if you become eligible for Medi-Cal in the near future.

The regulations which require this action are California Code of Regulations, Title 22, Section: 50175 and 50191.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time.

Eligibility Worker

Phone

Date

MC 239I

**MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE OF BENEFITS
UNDER THE SPECIAL ZERO SHARE-OF-COST
PROGRAM FOR PREGNANT WOMEN AND BABIES
AND/OR MEDICALLY INDIGENT PROGRAM**

A special program for pregnant women and babies up to one year old provides, at no share-of-cost, pregnancy-related services and postpartum care to women, and medical care to babies under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

- () When pregnancy ends, coverage under this program continues for 60 days and ends on the last day of the month in which the 60th day falls. Since you are no longer pregnant, your eligibility for Medi-Cal under this special program ends _____.

() This does not affect your eligibility under the regular Medi-Cal program. You continue to be eligible for those benefits with a share-of-cost.

() Your eligibility to regular Medi-Cal with a share-of-cost under the Medically Indigent program ends _____ as you are no longer pregnant.

() Eligibility for benefits under the special program ends _____ because your or your family's income is over the limits for this program. You continue to be eligible for Medi-Cal with a share-of-cost under another program. You will receive a separate notice about your change in share-of-cost.

() Your baby's eligibility for benefits under the special program ends _____ because he/she is over one year old. Your baby may be eligible for benefits under the regular Medi-Cal program with a share-of-cost. If there are changes in the share-of-cost, you will receive a separate notice about it.

DO NOT THROW AWAY YOUR PLASTIC ID CARD. You can use it again under another regular Medi-Cal program even if you have a share-of-cost.

IMPORTANT: If your baby was hospitalized before his/her first birthday and continues to be in the hospital after the age of one year, he/she may continue to be eligible for benefits at no share-of-cost, under the Special Zero Share-Of-Cost program. You must tell your worker about this right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260, 50262, and 50701(d).

Eligibility Worker

Phone

Date

**MEDI-CAL
NOTICE OF ACTION
APPROVAL OF BENEFITS**

Your application for Medi-Cal benefits has been approved.

() You are entitled to receive Medi-Cal benefits beginning the first day of _____. You will receive your plastic Benefits Identification Card (BIC) soon. Do not throw this card away. This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

() Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is \$_____ beginning _____. Your share of cost was computed as follows:

Gross income	\$ _____
Net Nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess income/share of cost	\$ _____

Take your plastic card with you each time you receive medical care. The amount that you pay or obligate at the medical providers will be automatically computed. After your total share of cost has been paid or obligated you will not have to pay for medical services received that month from Medi-Cal providers other than the co-pay.

() A plastic Benefits Identification Card will be mailed to you at the long-term care facility. Do not throw this card away. It is good as long as you are eligible for Medi-Cal benefits. You must pay or obligate your share of cost to the facility each month.

The regulations which require this action are California Administrative Code, Title 22, Section(s):

(Eligibility Worker)

Phone

Date

MEDI-CAL
NOTICE OF ACTION
APPLICATION FOR RETROACTIVE
ELIGIBILITY

We have reviewed all information available to us about your circumstances and find that:

() Effective _____, you are eligible for full Medi-Cal benefits. A plastic Medi-Cal Benefits Identification Card (BIC) will be mailed to you soon. **TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.**

() Because your income was more than the amount allowed for living expenses, you must pay or obligate to pay the following share of cost toward the cost of medical care received:

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

Take your plastic card to each medical provider where you received service in the above months. The amount that you pay or are obligated to pay the medical providers will be automatically computed.

() You are not eligible for full Medi-Cal benefits for the month of _____ because:

The regulations which require this action are California Administrative Code, Title 22, Section(s):

This action does not affect your application for current and continuing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you.

Eligibility Worker

Phone Number

Date

MC239D

MEDI-CAL
NOTICE OF ACTION
CHANGE IN SHARE OF COST

Your share of cost has been changed to \$ _____ per month
beginning _____ because:

Your new share of cost was determined as follows:

Monthly gross income	\$ _____
Monthly Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess income/share of cost	\$ _____

The regulations which require this action are California Code of Regulations, Title 22, Section(s):

TAKE YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you.

Eligibility Worker

Phone

Date

MC 239C-M