

Liz Ramirez

Subject: Notice to be sent to out stakeholders

From: DHCS Medi-Cal for Families [<mailto:medi-calforfamilies@dhcs.ca.gov>]

Sent: Wednesday, June 18, 2014 04:01 PM

To: DHCS Medi-Cal for Families <medi-calforfamilies@dhcs.ca.gov>

Cc: Gable, Kennalee (DHCS-HCP-MED) <Kennalee.Gable@dhcs.ca.gov>; Wajda, Christine (DHCS-HCP-MCED) <Christine.Wajda@dhcs.ca.gov>

Subject: RE: notice to be sent to out stakeholders

Dear Stakeholders:

The purpose of this email is to provide an update on a new premium payment notification that will be sent out to approximately 46,000 beneficiaries statewide this month. Please forward this information to other interested parties.

Beginning the week of June 23, the Department of Health Care Service (DHCS) Medi-Cal Eligibility Division will be mailing notices to Medi-Cal Optional Targeted Low Income Program (OTLICP) premium T series aid code beneficiaries, informing the families of the requirement to pay a monthly premium of \$13 per child per month (or \$39 for all children in the family per month for three or more children). This notice is being sent by the administrative vendor MAXIMUS to families, because the initial OTLICP eligibility notification generated from CalHEERS did not advise families about the premium payment requirements.

The first mailing will be sent to beneficiaries who became eligible during the period of January through May 2014 that have not paid premiums in those months due to lack of noticing and the need for system updates to allow for billing. The mailing will be sent out on a flow basis during the week of June 23rd to reduce the impact to toll-free line operations for the counties and MAXIMUS. The beneficiaries will not be billed retroactively; invoices sent starting in July will only bill for prospective months. Going forward, the noticing will occur for any newly eligible premium OTLICP beneficiaries until such time that CalHEERS programming has been updated with this information.

The notice of action states that the families are required to pay a premium for children who are ages 1-19 with a family income between 160 and 266 of the federal poverty level and that the premiums are \$13 per child and no more than \$39 for a family per month. It also identifies the names of the children in the family who have this Medi-Cal coverage and are subject to premium payments. The families are alerted that they will receive a separate billing statement within the next 60 days and that their first payment is not due until after they receive the first billing statement. It provides the Premium-Payment Section telephone number, 1-800-880-5305 that beneficiaries can call if they have questions regarding their premiums. If they have questions regarding their Medi-Cal eligibility, the family is directed to call their county office and a list is provided with phone numbers.

The notice also includes the premium payment options and discounts available to them depending on the option they choose. Included in the notice is the NA Back 9 should they wish to request a hearing. The NA Back 9 form would be sent back to State Hearings Division in Sacramento. The notices are sent in English, Spanish, Chinese, Korean, and Vietnamese to reach the majority of Medi-Cal households. A multilingual notice is also included in the mailing.

If you have any questions concerning this notice, please forward them to the medi-calforfamilies@dhcs.ca.gov email inbox.