

## 13. Reporting a Change and Notices of Action



### 13.1 Ten Day Reporting Requirement

Medi-Cal (MC) clients are required to report certain changes within ten (10) days. A ten-day Notice of Action (NOA) is required if that change results in an adverse action. The “Important Information for Persons Requesting Medi-Cal” (MC 219) must be provided to an applicant/client during the intake process, during the redetermination process, and/or when adding a program/person. Eligibility Workers (EWs) must inform applicants/clients of their responsibility to report changes within 10 days, including but not limited to:

- Change of home and/or mailing address
- Change in family composition or tax household
- Change in marital status
- Change in tax filing status
- Change in income or employer
- Change in property or resources
- Change in immigration status
- Change in disability status
- Change in other health coverage
- Change in pregnancy status

#### 13.1.1 Requirements

EWs must take appropriate action on any changes they become aware of that affect MC eligibility, whether it is:

- Reported directly by the client,

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- Reported on the SAR7 in conjunction with other public assistance programs,
- Received through an IEVS abstract, or
- Received from a third party (i.e. Managed Care, Workers Comp, Other Counties, etc).

### Note:

Only client caused errors, whether or not there is willful failure to report facts, are reportable to DHCS. [Refer to [BOBLOA Chapter 49](#)]

### 13.1.2 Medi-Cal Contact Update (MC 354) Form

Per Welfare and Institutions Code section 14005.36, EWs will receive contact information updates from Health Care Options (HCO) or Medi-Cal Managed Care Health Plans (MMCHP). These changes may include address changes, name changes, or telephone changes.

When the HCO or MMCHP contacts the county (by telephone, fax, or email) the EW should determine whether the representative has the client's consent.

The MC 354 form can be used by HCO or MMCHP to inform Social Services Agency when a MC client reports a change of address to the provider or to the MMCHP. EWs should review the information reported and update as necessary.

### Note:

The MC 354 is not an eligibility requirement. If the client refuses to sign or complete this form, it does not affect their MC eligibility.

If...	Then...
The client gives consent...	The EW should update the client's new information immediately.
The client did not give consent...	The EW should attempt to verify the information by: <ul style="list-style-type: none"> <li>• Checking existing information to verify if the change had previously been reported but not updated.</li> <li>• Contacting the client to confirm the new information.</li> </ul> If the EW does not receive confirmation, the EW will not make the change.



## 13.2 Notices of Action

A NOA informs an applicant/client in writing what information was used in their case and how it was used. The language used in the NOA should be clear and simple. For denials and discontinuances, the NOA must include the specific information or verification needed to determine eligibility and the reason(s) the action was necessary.

[Also refer to the [Common Place Handbook Chapter 22 "Notices of Action," page 22 1](#) for additional policy information regarding NOAs.]

### 13.2.1 When to Send a Notice of Action

A NOA must be sent to the applicant/client when eligibility for MC is:

- Approved
- Denied
- Discontinued
- Changed (i.e. Share of Cost (SOC))

### 13.2.2 Informing Requirements

A NOA must:

- Notify the applicant/client of their MC eligibility or ineligibility and of any changes made in their eligibility status or SOC.
- Give all of the information that the applicant/client needs in order to be able to judge whether or not the action to be taken is correct.
- Provide enough information so that the applicant/client can make an informed decision whether or not to request corrective action or file an appeal.
- State the action to be taken.
- Have an effective date of action.

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- List the name(s) of individual(s) affected.
- State the reason for the action:
  - State the general regulation, and
  - Apply the applicant/client circumstances to the rule.

### Reminder:

When MC is denied/discontinued due to failure to provide, the NOA must specifically list the items requested but not provided.

- List the regulations supporting the action.
- Provide an explanation of the right to a State hearing. (This is on the NA Back 9, on the reverse side of the notice.)
- Provide an explanation of the right to Aid Paid Pending. (This is on the NA back 9, on the reverse side of the notice.)

[Refer to [Common-Place 22.2.3 and 22.4](#)]

## 13.2.3 Timely Notice of Action

A timely NOA must be mailed 10 calendar days before the effective date of action whenever the action is a discontinuance, termination or other adverse action.

### Note:

The 10-day period does not include the date the notice is mailed nor the first day of the month the change will take effect.

## 13.2.4 Adequate Notice of Action

### Timeframe

In certain situations a 10-day NOA is not required; the notice must be mailed any time before the effective date of the action.

### Example:

A client moved out of California on November 23. Benefits will be terminated December 1st for the client; thus, an adequate NOA must be mailed to the client's last known address by November 30.

A 10-day NOA is not required in the following situations:

1. There is a non-adverse action affecting MC eligibility (i.e. decreased SOC).
2. The EW has received information confirming the death of the client.
3. The EW has received a clear written statement signed by the client stating that he/she wishes to:
  - Withdraw an application,
  - Discontinue MC benefits, or
  - Waive his/her right to a 10-day NOA.

**Note:**

The written statement may be given on the “Request for Withdrawal and/or Waiver of Ten-Day Advance Notice” (MC 215), “Request for Discontinuance/Withdrawal/Waiver” (CSF 31), or client’s written statement.

4. When the county has received returned mail and the EW has made two attempts to contact the client.
5. The EW has received information confirming that the client has moved out of California.
6. The client has been determined eligible in a new county, and the EW confirmed that MC has been established in the other county without a break-in-aid.
7. MC has been granted for a specified period, and the client has been informed on the Notice of Approval that MC benefits will automatically terminate at the end of a specified period (i.e. Transitional MC).

### **13.2.5 Other Notice of Action Requirements**

A NOA must also:

1. Be written in clear, non-technical language,
2. Be issued in the appropriate language,
3. Be mailed no later than the effective date of the action, if the action is non-adverse, and

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4. Include the following information, if applicable:
  - The amount of the SOC, if any,
  - The amount of new non-exempt income used to determine the SOC,
  - The name and telephone number of the EW, and
  - The date the form was completed.

**Long Term Care Medi-Cal Notices of Action**

When issuing a NOA to an applicant/client in Long Term Care (LTC), the EW must:

- Mail the original NOA to the applicant/client at the nursing facility.
- Mail a copy of the NOA to the individual's representative, if another person is acting on his/her behalf.
- Mail a copy of the NOA to the administrator of the facility, if requested by the family.
- Scan a copy of the NOA into IDM.

**13.2.6 Elimination of Multiple or Conflicting Notices of Action**

MC program eligibility is determined according to a specific hierarchy. EWs must review all NOAs generated and delete the NOAs describing every MC program for which the client was evaluated and did not qualify for. Only a single NOA informing the client of the final result of the eligibility determination must be issued.

**13.2.7 When Multiple Notices of Action May Be Necessary**

In some situations, a single NOA may not provide adequate notification and an additional NOA must be provided. Examples of specific situations when multiple NOAs are necessary are as follows:

**Example:**

An individual is determined to be ineligible for full-scope MC as a result of excess property; however, it is determined that the individual is eligible for an MSP under different property rules. In this case, the individual must be notified of both determinations:

1. Denial/discontinuance for full-scope benefits due to excess property.
2. Approval for MSP.

**Example:**

An individual requests to have eligibility determined for the MSPs and is determined to be ineligible for all of the MSPs. The individual must be notified of the denial for each separate MSP because they have separate eligibility requirements and provide different types of benefits. As a result, multiple NOAs may be sent to these individuals. If the individual is approved for one MSP, then only the approval NOA for that MSP needs to be sent.

### 13.2.8 “Conditional” Notices

A conditional notice (MC 355, SCD 50, etc.) is **not** a substitute and does not meet the requirements of a NOA.

**Example:**

The EW sends an MC 355 requesting income verifications and informs the client that they *may be discontinued* if they do not provide the information by the date requested (30 calendar days). The client does not respond. The EW sends a discontinuance NOA listing why they are discontinued and specifically what they failed to provide.

A conditional notice is:

- A notice that requires an action on the part of the client, and
- States that discontinuance, denial or other adverse action will occur unless the action is completed by the client.

The EW should request information or cooperation from the applicant/client by:

- Clearly advising the client of the information needed,
- Specifying the due date to receive the information.
- Stating that failure to complete the action(s) by the specified due date could result in discontinuance, denial, or other adverse action.

**Reporting a Change and Notices of Action****Note:**

The information above MUST NOT be used on a NOA. A discontinuance, denial, or other adverse NOA may be sent only after the client fails to cooperate or provide information as requested in the informal written notice by the date specified.

**13.2.9 Notices of Action and Authorized Representatives**

An applicant/client may designate another person or organization to act as his/her authorized representative (AR). The AR, however, is not automatically entitled to receive a copy of all NOAs issued to the applicant/client. The AR may only be issued a copy of a NOA which the applicant/client specifically requested be sent to the AR.

**Note:**

If the county has received notification from the applicant/client that the AR is authorized to represent him/her in a hearing, the county is required to provide copies to the AR of all NOAs or other correspondence that the county has sent to an applicant/client relating to a hearing request or hearing issue(s).

**13.2.10 Discontinuance Notice of Action for Non-Receipt of MC 216**

The MC 239 A Discontinuance NOA for cases discontinued due to failure to return the MC 216 must only list the missing information that was requested but not provided on the MC 216 (limited to death, income, and/or incarceration as applicable). This NOA must also list the names of the individual(s) with the missing information.

CalWIN has added new functionality which will automatically exclude or include significant information based on what was requested on the MC 216. The MC 239 A NOA can also be manually generated and an EW can exclude information by typing 'NA' into the [Body Text Variables] fields.

**Manual Printing**

When manually triggering the MC 239 A Discontinuance NOA using reason codes *MAN215* and *NM0668*, EWs must enter 'NA' (if applicable) in the deceased, incarcerated, or income fields under the [Body Text Variables] tab to remove information for the individual from the correspondence. If multiple names are



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entered for either the deceased, incarcerated or income [Body Text Variables] fields, the names will not display in a list format. When entering the names manually, EWs must use a comma between each name listed.

The following CalWIN screenshots show the MC 239 A Discontinuance NOA was manually triggered.

**Search NOA**

View History | View Deleted | Case Comments | Held Changes | Run EDBC | PR Details

Save Switch Reset Add Detail Delete Print Close

**Search Criteria**

\* Action: Termination Program: Medi-Cal

Reason Code: MAN215 Reason Description: Failed to return the MC 0216 RRR packet Find...

NOA/Form #: NOA/Form Name: Find...

**Search Results**

View Format Freeze Detach

Effective Begin Date	Action	NOA/Form #	NOA/Form Name	Reason Code	Template Name	Back
12/13/2015	Termination	MC 239 A ...	Medi-Cal Discontinuance of B...	MAN215		
12/13/2015	Termination	MC 239 A ...	Medi-Cal Discontinuance of B...	MAN215		

Rows Selected 1

**NOA Header** Reason Description

This notice applies to: < xxxx > Your eligibility to receive Medi-Cal will be discontinued the last day of < xxxx > . The reason for this discontinuance is: Failed to return the MC 0216 RRR packet

An example of the deceased variable field being updated with 'NA' text.

**Enter NOA Variables**

View History | View Deleted | Case Comments | Held Changes | Run EDBC

Save Switch Reset Add Detail Delete Print Close

Document Header Variables Header Variables **Body Text Variables**

Enter Variable Value

View Format Freeze Detach

Eligibility_end_date_plus_90_days:	DATE
MC_0216_Name_For_Mnthly_Inc_List:	INCOME NAMES
MC_0216_Incarceration_Names_list:	INCARCERATION NAMES
MC_0216_Decease_Names_List:	NA



## 13.3 Manual NOAs

### 13.3.1 Manual Generation of the NOD02

Due to system limitations, certain MAGI MC notices are not automatically generated in CalWIN. In the following instances, a manual NOA (NOD02) should be created:

- MAGI MC individuals moving from restricted-scope to limited-scope and limited-scope to restricted-scope.

**Example:** An individual moving from aid code M2 to aid code N5 or an individual moving from aid code M8 to aid code M2.

- Restricted-scope to full-scope (when trying to generate the NOA in the same month action was taken).
- If the expected NOD02 does not auto-generate; this includes approval, denial, change, and termination actions.

The following conditions apply when generating a manual NOD02:

- Reason codes cannot be mixed on a single NOA (i.e. denial of retroactive MC and approval for MAGI MC).
- A separate NOA will need to be generated if the same reason code is needed for two (or more) people in a household with different budgets (i.e. different tax filing households).
- MAGI NOAs should have the **Month** spelled out for all dates.

**Example:** May 01, 2016, not 5/01/2016.

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EWs should take the following steps to create the NOD02:

Table 13-1: Generating Manual NOAs

Step	CalWIN Window	Action
1	Main Navigation	<ul style="list-style-type: none"> <li>Go to <b>Intake and Case Maintenance</b>.</li> <li>Click on <b>Client Correspondence</b>.</li> <li>Select <b>Print a NOA Manually</b>.</li> <li>Click on [Search] button.</li> </ul>
2	Search NOA	<ul style="list-style-type: none"> <li>Select the appropriate <b>Action</b> (i.e. denial, termination, approval).</li> <li>Select <i>Medi-Cal</i> for the <b>Program</b> field.</li> <li>Click the [Find] button next to the <b>NOA/Form Name</b> field.</li> </ul>

  

**Search NOA**

[View History](#) | [View Deleted](#) | [Case Comments](#) | [Held Changes](#) | [Run EDBC](#) | [PR Details](#)

[Save](#) [Switch](#) [Reset](#) [Add](#) [Detail](#) [Delete](#) [Print](#) [Close](#)

**Search Criteria**

\* Action:  Program:

Reason Code:  Reason Description:

NOA/Form #:  NOA/Form Name:

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**Search Results**

Effective Begin Date	Action	NOA/Form #	NOA/Form Name	Reason Code	Template Name
No data to display					
NOA Header				Reason Description	

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Table 13-1: Generating Manual NOAs

Step	CalWIN Window	Action
3	Select Correspondence	<ul style="list-style-type: none"> <li>Enter <i>NOD02</i> in the <b>Correspondence #</b> field.</li> <li>Click the [Search] button.</li> <li>Click the [Select] button. (This will go back to the <b>Search NOA</b> window)</li> </ul>
4	Search NOA	<p>Click the [Search] button.</p> <p>The reason codes associated with the action selected will populate. If you click through each selection, a <b>Reason Description</b> will populate on the bottom right. Once you find the correct reason code, highlight it and click the [Select] button.</p>

Table 13-1: Generating Manual NOAs

Step	CalWIN Window	Action
5	Print a NOA Manually	<ul style="list-style-type: none"> <li>Enter the <b>Case #</b>.</li> <li>Select the appropriate values for the <b>Program</b>, <b>Print Mode</b>, <b>Individual Name</b>, and <b>Budget Month/Year</b> fields.</li> <li>Click the [NOA Variables] button.</li> </ul>
6	Enter NOA Variables	<p>Enter any of the variables that are missing on each of the tabs: [Document Header Variables], [Header Variables], [Body Text Variables], [Footer Variables].</p> <p><b>NOTE:</b> Dates should be entered as Month Day, Year (YYYY). For example, if MC is being discontinued at the end of May 2016, the date should be typed out as May 31, 2016, not 5/31/2016. This is to keep the formatting in line with the auto-generated NOAs.</p>
7	Print a NOA Manually	Click the [Preview] button and make sure the information populated is correct.
8	Print a NOA Manually	Once the information has been reviewed for accuracy, click the [Print] button.

### 13.3.2 MAGI Medi-Cal Discontinuance Notice of Action

The Department of Health Care Services (DHCS) has instructed counties that the client must be informed of MAGI MC discontinuance for the following reasons:

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- Being over income for the appropriate MAGI MC program due to:
  - A change in income,
  - A change in household size,
  - Your age is above the age range allowed, where program eligibility is based on age and income.
- Not eligible for Consumer Protection Programs (CPP), including Continuous Eligibility For Children (CEC), Transitional MC (TMC), Continuous Eligibility for Pregnant Woman (CE), etc; and
- Having no potential eligibility for Non-MAGI MC programs after ex parte review or declining a Non-MAGI MC evaluation.

When an EW discontinues a case or individual from MAGI MC for being: over income, ineligible for any other CPP, or Non-MAGI MC program, the EW must print a MAGI MC discontinuance NOA manually. Follow the steps below to send a MAGI MC discontinuance NOA.

**Table 13-2: Printing a MAGI MC Discontinuance NOA**

Step	Action
1.	From the DEBS Forms Library on the SSA Intranet: <ul style="list-style-type: none"> <li>• Search for the form MC_239_A_Disc_2.</li> <li>• Select the correct language:               <ul style="list-style-type: none"> <li>• MC_239_A_Disc_2_en (English)</li> <li>• MC_239_A_Disc_2_sp (Spanish)</li> </ul> </li> </ul>
2.	In the MC_239_A_Disc_2 Document: <ul style="list-style-type: none"> <li>• Enter the client case information.</li> <li>• Enter name(s) of affected individuals.</li> <li>• Enter the discontinuance date.</li> <li>• Use the check boxes to select the reason for Discontinuance.               <ul style="list-style-type: none"> <li>• A change in income</li> <li>• A change in household size</li> <li>• Your age is above the age range allowed, where program eligibility is based on age and income.</li> </ul> </li> </ul>

Table 13-2: Printing a MAGI MC Discontinuance NOA

Step	Action
3.	Print 2 copies <ul style="list-style-type: none"> <li>The 1st copy is to scan to IDM.</li> <li>The 2nd copy is to send to the client.</li> </ul>
4.	Delete erroneous discontinuance NOAs in CalWIN.

### 13.3.3 Notice of Action Reason Codes

The following five (5) tables contain the reason codes for approval, change, denial, discontinuance, and retroactive NOAs.

Table 13-3: Approval NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN421	MAGI approved for full scope benefit for retro months	M1	MAGI	42 CFR 435.119, 42 CFR 435.603
MAN421	MAGI approved for full scope benefit for retro months	M3	MAGI	42 CFR 435.110, 42 CFR 435.603
MAN421	MAGI approved for full scope benefit for retro months	M5	MAGI	42 CFR 435.118, 42 CFR 435.603
MAN421	MAGI approved for full scope benefit for retro months	M7	MAGI	42 CFR 435.116, 42 CFR 435.603
MAN421	MAGI approved for full scope benefit for retro months	P5	MAGI	42 CFR 435.118
MAN421	MAGI approved for full scope benefit for retro months	P7	MAGI	42 CFR 435.118
MAN421	MAGI approved for full scope benefit for retro months	P9	MAGI	42 CFR 435.118
MAN421	MAGI approved for full scope benefit for retro months	T2	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN421	MAGI approved for full scope benefit for retro months	T4	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN421	MAGI approved for full scope benefit for retro months	T5	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN424	MAGI approved for full scope benefit for retro months	M0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302

Table 13-3: Approval NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN424	MAGI approved for full scope benefit for retro months	M8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN424	MAGI approved for limited scope benefits for retro months	M9	MAGI	42 CFR 435.116, 42 CFR 435.603, 22 CCR 50262
MAN426	MAGI approved for limited scope benefits for retro months	M2	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN426	MAGI approved for limited scope benefits for retro months	M4	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	M6	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	P0	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	P6	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	P8	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	T0	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	T7	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN426	MAGI Approved for restricted scope benefit for retro months	T9	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAN427	MAGI Approved for restricted scope benefit for retro months	8E	MAGI	CA W&I Code 14011.61
MAF325	MAGI Approved for restricted scope benefit for retro months	T1	MAGI	42 CFR 457.510, CA W&I Code 14005.26



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Table 13-3: Approval NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAF325	MAGI Approved for restricted scope benefit for retro months	T3	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAF326	MAGI Approved for restricted scope benefit for retro months	T6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF326	Deny Month-1 Retro Medi-Cal for failure to provide verification	T8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302

Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN471	MAGI benefit changed from full scope to restricted scope	M1	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	M3	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	M5	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	M7	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	P5	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	P7	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	P9	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	T1	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	T2	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	T3	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN471	MAGI benefit changed from full scope to restricted scope	T4	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302

Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN471	MAGI benefit changed from full scope to restricted scope	T5	MAGI	CA W&I Code 14011.2, 22 CCR 50301, 50302
MAN472	MAGI benefit changed from restricted scope to full scope	M1	MAGI	42 CFR 435.119, 42 CFR 435.603
MAN472	MAGI benefit changed from restricted scope to full scope	M3	MAGI	42 CFR 435.110, 42 CFR 435.603
MAN472	MAGI benefit changed from restricted scope to full scope	M5	MAGI	42 CFR 435.118, 42 CFR 435.603
MAN472	MAGI benefit changed from restricted scope to full scope	M7	MAGI	42 CFR 435.116, 42 CFR 435.603
MAN472	MAGI benefit changed from restricted scope to full scope	P5	MAGI	42 CFR 435.118
MAN472	MAGI benefit changed from restricted scope to full scope	P7	MAGI	42 CFR 435.118
MAN472	MAGI benefit changed from restricted scope to full scope	P9	MAGI	42 CFR 435.118
MAN472	MAGI benefit changed from restricted scope to full scope	T1	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAN472	MAGI benefit changed from restricted scope to full scope	T2	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN472	MAGI benefit changed from restricted scope to full scope	T3	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAN472	MAGI benefit changed from restricted scope to full scope	T4	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN472	MAGI benefit changed from restricted scope to full scope	T5	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN473	MAGI benefit changed from full scope to limited scope	M0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN473	MAGI benefit changed from full scope to limited scope	M8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN473	MAGI benefit changed from full scope to limited scope	M9	MAGI	42 CFR 435.116, 42 CFR 435.603, 22 CCR 50262
MAN474	MAGI benefit changed from limited scope to full scope	M1	MAGI	42 CFR 435.119, 42 CFR 435.603
MAN474	MAGI benefit changed from limited scope to full scope	M3	MAGI	42 CFR 435.110, 42 CFR 435.603

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Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN474	MAGI benefit changed from limited scope to full scope	M5	MAGI	42 CFR 435.118, 42 CFR 435.603
MAN474	MAGI benefit changed from limited scope to full scope	M7	MAGI	42 CFR 435.116, 42 CFR 435.603
MAN474	MAGI benefit changed from limited scope to full scope	P5	MAGI	42 CFR 435.118
MAN474	MAGI benefit changed from limited scope to full scope	P7	MAGI	42 CFR 435.118
MAN474	MAGI benefit changed from limited scope to full scope	P9	MAGI	42 CFR 435.118
MAN474	MAGI benefit changed from limited scope to full scope	T1	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAN474	MAGI benefit changed from limited scope to full scope	T2	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAN474	MAGI benefit changed from limited scope to full scope	T3	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAN474	MAGI benefit changed from limited scope to full scope	T4	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAN474	MAGI benefit changed from limited scope to full scope	T5	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAF327	MAGI benefit changed from premium to no premium	M0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	M1	MAGI	42 CFR 435.119, 42 CFR 435.603
MAF327	MAGI benefit changed from premium to no premium	M2	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAF327	MAGI benefit changed from premium to no premium	M3	MAGI	42 CFR 435.110, 42 CFR 435.603
MAF327	MAGI benefit changed from premium to no premium	M4	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAF327	MAGI benefit changed from premium to no premium	M5	MAGI	42 CFR 435.118, 42 CFR 435.603
MAF327	MAGI benefit changed from premium to no premium	M6	MAGI	22 CCR 50302

## Reporting a Change and Notices of Action

Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAF327	MAGI benefit changed from premium to no premium	M7	MAGI	42 CFR 435.116, 42 CFR 435.603
MAF327	MAGI benefit changed from premium to no premium	M8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	M9	MAGI	42 CFR 435.116, 42 CFR 435.603, 22 CCR 50262
MAF327	MAGI benefit changed from premium to no premium	P0	MAGI	CA W&I Code 14011.2, 4007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	P5	MAGI	42 CFR 435.118
MAF327	MAGI benefit changed from premium to no premium	P6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	P7	MAGI	42 CFR 435.118
MAF327	MAGI benefit changed from premium to no premium	P8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	P9	MAGI	42 CFR 435.118
MAF327	MAGI benefit changed from premium to no premium	T0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	T2	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAF327	MAGI benefit changed from premium to no premium	T4	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAF327	MAGI benefit changed from premium to no premium	T5	MAGI	42 CFR 457.310, CA W&I Code 14005.26
MAF327	MAGI benefit changed from premium to no premium	T7	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF327	MAGI benefit changed from premium to no premium	T9	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAF328	MAGI benefit changed from no premium to premium	T1	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAF328	MAGI benefit changed from no premium to premium	T3	MAGI	42 CFR 457.510, CA W&I Code 14005.26
MAF328	MAGI benefit changed from no premium to premium	T6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302

Reporting a Change and Notices of Action

Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAF328	MAGI benefit changed from no premium to premium	T8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M1	MAGI	CA W&I Code 14005.60, 14005.64
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M2	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M3	MAGI	CA W&I Code 14005.30
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M4	MAGI	42 CFR 435.603, CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M5	MAGI	CA W&I Code 14005.1, 14050.1, 14005.64, 22 CCR 50262.6
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M7	MAGI	CA W&I Code 14005.22
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	M9	MAGI	42 CFR 435.116, 42 CFR 435.603, 22 CCR 50262
MAN422	MAGI benefit continued on renewal with no change in level of benefits	P0	MAGI	CA W&I Code 14005.64, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	P5	MAGI	CA W&I Code 14005.1, 14050.1, 14005.64, 22 CCR 50262.6

## Reporting a Change and Notices of Action

Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN422	MAGI benefit continued on renewal with no change in level of benefits	P6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	P7	MAGI	CA W&I Code 14005.1, 14050.1, 14005.64, 22 CCR 50262.5
MAN422	MAGI benefit continued on renewal with no change in level of benefits	P8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	P9	MAGI	CA W&I Code 14005.1, 14050.1, 14005.64, 22 CCR 50262
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T1	MAGI	CA W&I Code 14005.26
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T2	MAGI	CA W&I Code 14005.26
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T3	MAGI	CA W&I Code 14005.26
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T4	MAGI	CA W&I Code 14005.26
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T5	MAGI	CA W&I Code 14005.26
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T7	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302

Reporting a Change and Notices of Action

Table 13-4: NOA Reason Codes for Changes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN422	MAGI benefit continued on renewal with no change in level of benefits	T9	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302

Table 13-5: Denial NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN436	MAGI denied for non-resident of California	Any	MAGI	22 CCR 50320
MAN438	MAGI denied due to written withdrawal	Any	MAGI	22 CCR 50155
MAN440	MAGI denied for child applicant	Any	MAGI	42 CFR 435.907
MAN442	MAGI denied for duplicate application	Any	MAGI	22 CCR 50141
MAN444	MAGI denied due to aid on another case	Any	MAGI	22 CCR 50141, 50195
MAN446	MAGI denied as the individual is deceased	Any	MAGI	22 CCR 50176
MAN448	MAGI denied as the individual's whereabouts are unknown	Any	MAGI	CA W&I Code 14005.37, 22 CCR 50175
MAN450	MAGI denied as the individual is already receiving SSI	Any	MAGI	22 CCR 50195
MAN912	Failure to Provide Verification	Any	Non-MAGI	
MAS108	Individual is already receiving Medi-Cal in some other county	Any	Non-MAGI	
MAS110	Individual is already receiving Medical in another case	Any	Non-MAGI	
MAS107	Individual is not in LTC, Board and Care and is not at home	Any	Non-MAGI	

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Table 13-5: Denial NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN004	The individual is an inmate of a public non-medical institution	Any	Non-MAGI	
MAN073	Individual is sentenced and is an inmate of a mental institution	Any	Non-MAGI	
M10807	Denial of Medi-Cal because the client was a No Show to the Application Appointment	Any	Non-MAGI	
MAN013	The individual is eligible for Medicare but is not cooperating with obtaining Medicare	Any	Non-MAGI	
MAN010	The individual failed to apply for or provide a Social Security Number (SSN)	Any	Non-MAGI	
MAN014	The individual failed to provide verification of Third Party Liability Accident	Any	Non-MAGI	
MAN021	The individual failed to provide verification that they are employed less than 100 hours per month	Any	Non-MAGI	
MAN082	The individual is a child under 21 and living with parents or claimed as tax dependent by parents and parents are not applying for child	Any	Non-MAGI	
MAS801	The individual's whereabouts are unknown	Any	Non-MAGI	
MAF324	Individual has failed to provide a statement verifying the need for Mental Health Services	Any	Non-MAGI	
MAN026	The individual's disability/blindness claim is denied by the State Disability Evaluation Division	Any	Non-MAGI	



Table 13-5: Denial NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
M10801	Withdrawal of Medi-Cal because the applicant requests withdrawal	Any	Non-MAGI	
MAR201	The value of the case-level net non-exempt property exceeds the property limit for the MFBU size for Classic Medi-Cal and there is no property Sneed class members	Any	Non-MAGI	
MAR209	The individual is in a POI because they transferred personal property to remain eligible for Medi-Cal	Any	Non-MAGI	
M10509	Deny Month-1 Retro Medi-Cal because of a failure to provide verification	Any	Non-MAGI	
MAN741	Denial for Benefits Required Under the Safe Arms for Newborns as the child has not been surrendered within 72 hours of birth	Any	Non-MAGI	
MAN718	Failure to keep a scheduled Intake appointment for Medi-Cal	Any	Non-MAGI	
MAF648	Dialysis Only - The individual is eligible for another Medi-Cal program	Any	Non-MAGI	
MAN005	In a one-parent MFBU, the parent's identification has not been verified, but the child(ren)'s identification has been verified	Any	Non-MAGI	
MAN007	In a two-parent MFBU, the parent's identification has not been verified, but the child(ren)'s identification has been verified	Any	Non-MAGI	
MAN009	Identification has not been verified.(Neither a two parent MFBU nor one parent MFBU)	Any	Non-MAGI	

## Reporting a Change and Notices of Action

Table 13-5: Denial NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN101	In a two-parent MFBU, parent's & child's identification has not been verified.	Any	Non-MAGI	
MAN102	In a one-parent MFBU, both parent's & child's identification has not been verified.	Any	Non-MAGI	
MAN103	Identification has not been verified	Any	Non-MAGI	
MAN012	The individual is not cooperating with obtaining OHC	Any	Non-MAGI	
MAN091	Failure to provide residency verification, so failed for Medi-Cal.	Any	Non-MAGI	
M10809	Deny Medi-Cal because of a failure to provide verification	Any	Non-MAGI	
MAN719	Failure to keep a scheduled Medi-Cal/CMSP Mail-In appointment for Medi-Cal	Any	Non-MAGI	
MAS082	The individual did not sign the statement of facts	Any	Non-MAGI	
MAN023	Verification has not been provided that the individual is in long-term care or intermediate facility, and they have no linkage to Medi-Cal	Any	Non-MAGI	
MAN015	The individual is receiving SSI and this is not a retro month	Any	Non-MAGI	
MAN003	Individual is not a California resident, so failed for Medi-Cal	Any	Non-MAGI	
MAF730	The individual is ineligible for Classic MC or QMB program and has not applied for Part A Medicare	Any	Non-MAGI	
MAS704	Individual is deceased.	Any	Non-MAGI	

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Table 13-5: Denial NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
M10808	Denial of Medi-Cal because the applicant failed to complete necessary paperwork	Any	Non-MAGI	
MAN146	Individual is failed for classic Medi-Cal, and at least one person in the case is a child who was receiving Medi-Cal under Express Enrollment	Any	Non-MAGI	

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN461	MAGI benefit discontinued for not a resident of California	Any	MAGI	42 CFR 435.403, 22 CCR 50301, 50320
MAN462	MAGI discontinued due to written request from applicant	Any	MAGI	22 CCR 50155
MAN463	MAGI discontinued due to aid on another case	Any	MAGI	22 CCR 50141, 50195
MAN467	MAGI medical discontinued for Non-Payment of Premium	Any	MAGI	CA W&I Code 14005.26
MAN468	MAGI discontinued as the individual is deceased	Any	MAGI	Title 22 50176
MAN469	MAGI discontinued as the individual's whereabouts are unknown	Any	MAGI	Title 22 50175(a)(6)
MAN470	MAGI discontinued as the individual began receiving SSI	Any	MAGI	Title 22 50153
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M0	MAGI	CA W&I Code 14005.64, 22 CCR 50302

## Reporting a Change and Notices of Action

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M1	MAGI	CA W&I Code 14005.60, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M2	MAGI	CA W&I Code 14005.60, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M3	MAGI	CA W&I Code 14005.30, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M4	MAGI	CA W&I Code 14005.30, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M5	MAGI	CA W&I Code 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M6	MAGI	CA W&I Code 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M7	MAGI	CA W&I Code 14005.1, 14050.1, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M8	MAGI	CA W&I Code 14005.1, 14050.1, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	M9	MAGI	CA W&I Code 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	P0	MAGI	CA W&I Code 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	P5	MAGI	CA W&I Code 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	P6	MAGI	CA W&I Code 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	P7	MAGI	CA W&I Code 14005.64

Reporting a Change and Notices of Action

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	P8	MAGI	CA W&I Code 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	P9	MAGI	CA W&I Code 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T0	MAGI	CA W&I Code 14005.26, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T1	MAGI	CA W&I Code 14005.26, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T2	MAGI	CA W&I Code 14005.26, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T3	MAGI	CA W&I Code 14005.26, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T4	MAGI	CA W&I Code 14005.26, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T5	MAGI	CA W&I Code 14005.26, 14005.64
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T6	MAGI	CA W&I Code 14005.26, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T7	MAGI	CA W&I Code 14005.26, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T8	MAGI	CA W&I Code 14005.26, 14005.64, 22 CCR 50302
MAF329	MAGI medical discontinued for household income above the Medi-Cal limit	T9	MAGI	CA W&I Code 14005.26, 14005.64, 22 CCR 50302
NM0666	Failure to Provide Verification	Any	MAGI	

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
NM0668	Failed to return the MC 0216 RRR packet	Any	MAGI	
NM0664	Failed to return the MC 210RV RRR packet	Any	Non-MAGI	
NM0665	Failed to return the MC 262 RRR packet	Any	Non-MAGI	
NM0667	Failed to return the RFTHI RRR packet	Any	Non-MAGI	
MAS108	Individual is already receiving Medi-Cal in some other county.	Any	Non-MAGI	
MAS107	Individual is not in LTC, Board and Care and is not at home	Any	Non-MAGI	
MAN004	The individual is an inmate of a public non-medical institution	Any	Non-MAGI	
MAN073	Individual is sentenced and is an inmate of a mental institution	Any	Non-MAGI	
MAN013	The individual is eligible for Medicare but is not cooperating with obtaining Medicare	Any	Non-MAGI	
MAN010	The individual failed to apply for or provide a Social Security Number (SSN)	Any	Non-MAGI	
MAS901	Failure to complete RRR process	Any	Non-MAGI	
MAS902	Failure to comply with RRR process	Any	Non-MAGI	
MAN014	The individual failed to provide verification of Third Party Liability Accident	Any	Non-MAGI	
M10810	Discontinue Medi-Cal because of a failure to provide verification	Any	Non-MAGI	

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN082	The individual is a child under 21 and living with parents or claimed as tax dependent by parents and parents are not applying for child	Any	Non-MAGI	
MAS081	The individual's whereabouts are unknown	Any	Non-MAGI	
M10073	The client requests for Termination/Discontinuance of Medi-Cal	Any	Non-MAGI	
MAN083	The individual's re-evaluation for disability/blindness claim is denied by State Disability Evaluation Division	Any	Non-MAGI	
MAR201	The value of the case-level net non-exempt property exceeds the property limit for the MFBU size for Classic Medi-Cal and there is no property Sneed class members	Any	Non-MAGI	
MAR209	The individual is in a POI because they transferred personal property to remain eligible for Medi-Cal	Any	Non-MAGI	
MAN028	The individual is no longer pregnant	Any	Non-MAGI	
MAN001	The individual's age is between 21 and 64 and the individual doesn't have deprivation or Medi-Cal linkage	Any	Non-MAGI	
MAN743	Denial of Benefits Under Safe Arms for Newborns as he/she is past the three month aid duration	Any	Non-MAGI	



## Reporting a Change and Notices of Action

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN005	In a one-parent MFBU, the parent's identification has not been verified, but the child(ren)'s identification has been verified	Any	Non-MAGI	
MAN007	In a two-parent MFBU, the parent's identification has not been verified, but the child(ren)'s identification has been verified	Any	Non-MAGI	
MAN009	Identification has not been verified. (Neither a two parent MFBU nor one parent MFBU)	Any	Non-MAGI	
MAN101	In a two-parent MFBU, parent's & child's identification has not been verified	Any	Non-MAGI	
MAN102	In a one-parent MFBU, both parent's & child's identification has not been verified	Any	Non-MAGI	
MAN103	Identification has not been verified	Any	Non-MAGI	
MAN012	The individual is not cooperating with obtaining OHC	Any	Non-MAGI	
MAN091	Failure to provide residency verification, so failed for Medi-Cal	Any	Non-MAGI	
MAF053	Individual is discontinued from Medically Needy Program for families with deprivation because deprivation (absence, deceased, incapacitated or unemployed) no longer exists	Any	Non-MAGI	
MAS802	The individual did not sign the statement of facts	Any	Non-MAGI	



Reporting a Change and Notices of Action

Table 13-6: Discontinuance NOA Reason Codes

Reason Code	Description	Aid Code	MC Category	Regulation
MAN023	Verification has not been provided that the individual is in long-term care or intermediate facility, and they have no linkage to Medi-Cal	Any	Non-MAGI	
MAN003	Individual is not a California resident, so failed for Medi-Cal	Any	Non-MAGI	
MAN015	The individual is receiving SSI and this is not a retro month	Any	Non-MAGI	

Table 13-7: NOA Reason Codes for Retroactive Months

Reason Code	Description	Aid Code	MC Category	Regulation
MAN420	MAGI approved for full scope benefit for retro months	M1	MAGI	42 CFR 435.119, 42 CFR 435.603, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	M3	MAGI	42 CFR 435.110, 42 CFR 435.603, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	M5	MAGI	42 CFR 435.118, 42 CFR 435.603, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	M7	MAGI	42 CFR 435.116, 42 CFR 435.603, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	P5	MAGI	42 CFR 435.118, CA W&I Code 14005.64, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	P7	MAGI	42 CFR 435.118, CA W&I Code 14005.64, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	P9	MAGI	42 CFR 435.118, CA W&I Code 14005.64, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	T1	MAGI	42 CFR 457.510, CA W&I Code 14005.26, 22 CCR 50197

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Table 13-7: NOA Reason Codes for Retroactive Months

Reason Code	Description	Aid Code	MC Category	Regulation
MAN420	MAGI approved for full scope benefit for retro months	T2	MAGI	42 CFR 457.310, CA W&I Code 14005.26, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	T3	MAGI	42 CFR 457.510, CA W&I Code 14005.26, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	T4	MAGI	42 CFR 457.310, CA W&I Code 14005.26, 22 CCR 50197
MAN420	MAGI approved for full scope benefit for retro months	T5	MAGI	42 CFR 457.310, CA W&I Code 14005.26, 22 CCR 50197
MAN423	MAGI approved for limited scope benefits for retro months	M0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302, 50197
MAN423	MAGI approved for limited scope benefits for retro months	M8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302, 50197
MAN423	MAGI approved for limited scope benefits for retro months	M9	MAGI	42 CFR 435.116, 42 CFR 435.603, 22 CCR 50262, 50197
MAN425	MAGI Approved for restricted scope benefit for retro months	M2	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	M4	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	M6	MAGI	22 CCR 50302, 50197
MAN425	MAGI Approved for restricted scope benefit for retro months	P0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	P6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	P8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302

Reporting a Change and Notices of Action

Table 13-7: NOA Reason Codes for Retroactive Months

Reason Code	Description	Aid Code	MC Category	Regulation
MAN425	MAGI Approved for restricted scope benefit for retro months	T0	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	T6	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	T7	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	T8	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
MAN425	MAGI Approved for restricted scope benefit for retro months	T9	MAGI	CA W&I Code 14011.2, 14007.5, 22 CCR 50197, 50302
M10509	Deny Month-1 Retro Medi-Cal for failure to provide verification	Any	Non-MAGI	
MAN437	MAGI denied for retro month(s) for non-resident of California	Any	MAGI	22 CCR 50320
MAN439	MAGI denied for retro month(s) due to written withdrawal	Any	MAGI	22 CCR 50155
MAN441	MAGI denied for retro month(s) denied for child applicant	Any	MAGI	42 CFR 435.907
MAN443	MAGI denied for retro month(s) for duplicate application	Any	MAGI	22 CCR 50141
MAN445	MAGI denied for retro month(s) due to aid on another case	Any	MAGI	22 CCR 50141, 50195
MAN447	MAGI denied for retro month(s) as the individual is deceased	Any	MAGI	22 CCR 50176
MAN449	MAGI denied for retro month(s) as the individual's whereabouts are unknown	Any	MAGI	CA W&I Code 14005.37, 22 CCR 50175

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Table 13-7: NOA Reason Codes for Retroactive Months

Reason Code	Description	Aid Code	MC Category	Regulation
MAN451	MAGI denied for retro month(s) as the individual is already receiving SSI	Any	MAGI	22 CCR 50195



## 13.4 IRS Form 1095-B

The Internal Revenue Service (IRS) Form 1095-B is provided to each MC client who receives Minimum Essential Coverage (MEC) from the Department of Health Care Services (DHCS) for any month during the tax year. The form should be mailed out by DHCS no later than January 31 of each year.

Clients will use Form 1095-B as proof of MEC when they file their federal taxes but are not required to have the form as proof, as long as they self-attest to having MEC that year.

**Note:**

Form 1095-B is sent to each person enrolled in an MC program that meets MEC, so households may receive more than one Form 1095-B.

Clients enrolled in MC programs that do not meet MEC will not receive the form.

These programs include:

- Restricted-scope MC.
- MC with a SOC.
- Limited coverage programs including:
  - Tuberculosis,
  - Minor Consent,
  - Dialysis,
  - Family Planning, Access, Care, and Treatment (Family PACT), and

- Parenteral Hyperalimentation.

### 13.4.1 Correcting Form 1095-B

If the information on the 1095-B is incorrect, the EW should make any necessary changes in CalWIN, CalHEERS, and/or MEDS. After making the changes or corrections, a request must be sent to DHCS via MEDS. [Refer to UGSS 2016-1: MEDS IN95 Screens Procedure (Revised 05/31/16)]

### 13.4.2 Social Security Administration (SSA)

Individuals on SSI/SSP may end up calling us instead of the SSA. If there is incorrect information on the Form 1095-B, these clients should contact SSA at:

- SSA Toll-Free Contact Number: 1-800-772-1213
- [SSA County Office Locator website](#)

### 13.4.3 Client Questions

EWs should answer any questions related to the Form 1095-B. However, ***THE EW MUST NOT PROVIDE ANY TAX ADVICE OR HELP CLIENTS COMPLETE ANY TAX FORMS.*** There are several resources available to assist clients with tax information:

#### DHCS 1095-B Website and Help Desk

- [DHCS 1095-B Website](#)
- Phone: 1-844-253-0883 (MC Helpdesk for clients)

#### IRS

- [IRS ACA Website](#)
- 1-800-829-1040

#### Volunteer Income Tax Assistance (VITA)

1-800-906-9887

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**Tax Counseling for the Elderly (TCE)**

1-800-906-9887

**The Federal Healthcare Exchange**

[www.healthcare.gov](http://www.healthcare.gov)

### **13.4.4 Request Reprint**

The following MEDS screens were created for the 1095-B process:

- IN95: allows users to search for 1095-B for a client.
- IN9S: lists all 1095-B forms including originals, reprints, and corrections.
  - O = Original
  - R = Reprint
  - C = Correction
  - T = Tax Filer
- IN95B: allows the MEDS user to request the most recent 1095-B Form for the tax year which will be mailed to the original mailing address (or a one-time override address can be entered).

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To request a reprint, the EW should take the following steps:

Table 13-8: 1095-B Reprint Process

Step	Action
1	<ul style="list-style-type: none"> <li>From the [IN95] screen, search by SSN or CIN in the <b>CLIENT-ID</b> field.</li> </ul> <p><b>NOTE:</b> EWs can also enter a tax year in the <b>TAX-YEAR</b> field. If the tax year is not entered, all tax years will be displayed.</p> <div data-bbox="423 543 1461 882" style="border: 1px solid black; padding: 5px;"> <pre> IN95                ** IRS 1095B INQUIRY REQUEST **  CLIENT-ID                TAX-YEAR -----                -----  PLEASE ENTER MEDS-ID OR CIN AND PRESS &lt;ENTER&gt;. TAX-YEAR IS OPTIONAL.  USE &lt;CLEAR&gt; TO EXIT.                     </pre> </div>
2	<ul style="list-style-type: none"> <li>The [IN9S] screen will open, listing all 1095-Bs for the tax year selected.</li> <li>The <u>PROCESS DATE</u> indicates the date the reprint or correction is scheduled for. The mailing will be sent out 7 to 10 days after the <u>PROCESS DATE</u>. If this date is blank, a reprint request or correction was generated but not yet sent in the batch file for printing and mailing.</li> <li>Enter 'S' next to the year in the <u>TAX YR</u> column and press [Enter] for reprinting. The [IN9D] screen will open.</li> </ul> <div data-bbox="423 1211 1474 1732" style="border: 1px solid black; padding: 5px;"> <pre> IN9S                ** IRS 1095B SUMMARY SCREEN **  TAX  ↓  PROCESS YR  TYP DATE          CIN          MEDS-ID    LAST-NAME  FIRST-NAME  DOB ----- _15  C  04/10/2016  90009130W  111111111  SSNRANDOM  TESTING    09/15/1964 _15  R  CANCELLED    90009130W  111111111  SSNRANDOM  TESTING    09/15/1964 _15  F  O  02/12/2016  90009130W  111111111  SSNRANDOM  TESTING    09/15/1964  ENTER 'S' AND PRESS ENTER TO VIEW 1095B DETAIL SCREEN PF3=RETURN TO 1095B INQUIRY REQUEST SCREEN                     </pre> </div>

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Table 13-8: 1095-B Reprint Process

Step	Action
3	<ul style="list-style-type: none"> <li>On the [IN9D] screen, enter 'R' in <b>REPRINT-TYPE</b> and press [Enter].  The cursor will move to the <b>REPRINT 1095-B (Y/N)</b> field and the message <i>I863 REVIEW ADDRESS, ENTER Y AND PRESS ENTER TO SUBMIT MAILING REQUEST</i> will be displayed.</li> <li>Enter 'Y' in the <b>REPRINT 1095-B (Y/N)</b> field and press [Enter].  A confirmation message will be displayed: <i>I857 1095-B MAILING REQUEST ACCEPTED, MAILING INITIATED.</i></li> <li>On the [IN9S] screen, there should be a new record with the selected tax year and an R under the <u>TYP</u> column. The <u>PROCESS DATE</u> column will be blank until the 1095-B is sent in batch.</li> </ul>
	<pre> IN9D          ** IRS 1095B DETAIL/REPRINT SCREEN **  TAX-YEAR 2015  TYPE O  MEDS-ID 111111111  1095-SSN 111111111  CTN 90009130W REQUEST-DATE 02/12/16  PROCESS-DATE 02/12/16  SSNRANDOM          , TESTING          BIRTHDATE 09/15/1964  1095B-ADDRESS: C/O                  STREET 4930 73RD ST                 CITY SACRAMENTO          STATE CA ZIP-CODE 95820 - 6028  MONTH: 01  02  03  04  05  06  07  08  09  10  11  12 MEC:          X  X  X  AID-CODE:          30  30  30 ELIG-STAT         301 301 301  REPRINT-TYPE _  REPRINT-1095B (Y/N) Y  PF3=RETURN TO THE 1095B SUMMARY SCREEN                     </pre>



### 13.4.5 Requesting Cancellation

If an error is made, EWs can request cancellation of a reprint by taking the following steps:

**Table 13-9: 1095-B Cancellation Request Process**

Step	Action
1	<p>On the [IN9S] screen, enter 'S' next to the year in the <u>TAX YR</u> column for the record you want to cancel. This will open the [IN9D] screen.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <pre> IN9S                ** IRS 1095B SUMMARY SCREEN **  TAX  ↓  PROCESS YR  TYP DATE      CIN      MEDS-ID  LAST-NAME  FIRST-NAME  DOB --  --  --  --  --  --  --  --  --  --  --  --  -- _15  C  04/10/2016  90009130W  111111111  SSNRANDOM   TESTING   09/15/1964 _15  R  CANCELLED   90009130W  111111111  SSNRANDOM   TESTING   09/15/1964 _15  F  O  02/12/2016  90009130W  111111111  SSNRANDOM   TESTING   09/15/1964  ENTER 'S' AND PRESS ENTER TO VIEW 1095B DETAIL SCREEN PF3=RETURN TO 1095B INQUIRY REQUEST SCREEN                     </pre> </div>
2	<ul style="list-style-type: none"> <li>Enter 'C' in the <b>REPRINT-TYP</b> field and press [Enter]. The cursor will move to the <b>REPRINT 1095-B (Y/N)</b> field and the message <i>I868 ENTER Y AND PRESS ENTER TO CANCEL MAILING REQUEST</i> will be displayed.</li> <li>Enter 'Y' in the <b>REPRINT 1095-B (Y/N)</b> field and press [Enter]. The confirmation message <i>I868 FORM 1095-B MAILING REQUEST CANCELLED</i> will be displayed.</li> </ul> <p><b>NOTE:</b> If a cancellation has already been requested for the same record, the following message is displayed: <i>I867 FORM 1095-B ALREADY CANCELLED</i>.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <pre> IN9D                ** IRS 1095B DETAIL/REPRINT SCREEN **  TAX-YEAR 2015  TYPE O  MEDS-ID 111111111  1095-SSN 111111111  CIN 90009130W REQUEST-DATE 02/12/16  PROCESS-DATE 02/12/16 SSNRANDOM      , TESTING      BIRTHDATE 09/15/1964 1095B-ADDRESS: C/O                 STREET 4930 73RD ST                 CITY SACRAMENTO      STATE CA ZIP-CODE 95820 - 6028  MONTH: 01 02 03 04 05 06 07 08 09 10 11 12 MEC:           X  X  X  AID-CODE:           30 30 30 ELIG-STAT          301 301 301  REPRINT-TYPE C REPRINT-1095B (Y/N) Y PF3=RETURN TO THE 1095B SUMMARY SCREEN                     </pre> </div>

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## 13.4.6 Overriding the Address

When a reprint is requested, it will automatically mail to the original mailing address. If that mailing address is no longer accurate, the address can be temporarily overridden. EWs should take the following steps to override the address.

Table 13-10: 1095-B Overriding the Address Process

Step	Action
1	On the [IN9S] screen, enter 'S' next to the year in the <u>TAX YR</u> column for the record that needs overriding. This will open the [IN9D] screen.
2	Enter 'T' in the <b>REPRINT-TYP</b> field and press [Enter].
3	<p>Enter the new address into the <b>1095-B ADDRESS</b> field and press [Enter].</p> <ul style="list-style-type: none"> <li>If the entered address is valid, the cursor will move to the <b>REPRINT 1095-B (Y/N)</b> field and the message <i>1863 REVIEW ADDRESS, ENTER Y AND PRESS ENTER TO SUBMIT MAILING REQUEST</i> will be displayed.</li> <li>If the entered address is not valid, the following message is displayed: <i>1861 INVALID ADDRESS FIELD ENTERED.</i></li> </ul>
4	If the address is verified as valid, enter 'Y' in the <b>REPRINT 1095-B (Y/N)</b> field and press [Enter]. The confirmation message will be displayed: <i>1857 FORM 1095-B MAILING REQUEST ACCEPTED, MAILING INITIATED.</i>

## 13.4.7 Error Messages

Below is an error message table to assist users in taking appropriate action when an error message is received.

Table 13-11: 1095B MEDS Screen Error Messages

Error Message	Cause	Action
NO RECORD FOUND	No 1095-B record for the CLIENT-ID entered.	Check if the client ID entered is correct. If correct, create a GADWIN ticket.
1404 USE VALID SELECTION CODE	If a character other than Y or N is entered in the <b>REPRINT 1095B (Y/N)</b> field.	Enter Y or N.
1810 CANNOT REPRINT, FROZEN RECORD	A request for a reprint for a record with a frozen indicator in the <u>TAX-YR</u> column.	No action; cannot reprint using the frozen MEDS ID or CIN.
1850 MEDS-ID OR CIN MUST BE ENTERED	No entry in the <b>CLIENT-ID</b> field.	Enter a MEDS ID or CIN in the <b>CLIENT-ID</b> field.

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Table 13-11: 1095B MEDS Screen Error Messages

Error Message	Cause	Action
I852 INVALID TAX YEAR ENTERED	An invalid entry in the <b>TAX-YEAR</b> field.	Enter a valid tax year, no earlier than 2015.
I859 CANNOT REPRINT THIS RECORD, NOT MOST CURRENT	A request for a reprint that is not for the most recent 1095-B in the same tax year.	Select the most recent 1095-B for the tax year.
I860 CANNOT REPRINT THIS RECORD, PRINT OUTSTANDING	A request for a reprint that was previously requested and is in process.	Re-check request 7 to 10 days after a date is displayed in the <u>PROCESS DATE</u> column.
I861 INVALID ADDRESS FIELD ENTERED	Address does not pass basic address validation.	Review and enter a valid address.
I862 INVALID REPRINT-TYPE	For all reprint types, if no value is entered or if value other than 'R' or 'T' is entered in <b>REPRINT-TYPE</b> field.	Enter a valid reprint type.
I864 CANNOT PROCESS THIS RECORD, PREVIOUSLY CANCELLED	A request for a reprint for a cancelled record.	Select a record with an appropriate reprintable status for the same tax year.
I867 FORM 1095-B ALREADY CANCELLED	A cancellation has already been applied to the record.	N/A
I869 CANNOT CANCEL THIS RECORD	If a 'C' is entered in <b>REPRINT-TYPE</b> field for any form type ("C" - Correction, "O" - Original, etc.) that has a populated date in the <u>PROCESS DATE</u> column.	Review and select a record with an appropriate cancellation status (i.e. no date in the <u>PROCESS DATE</u> column).