

**MC+ APPROVAL NOTICE (PREMIUM GROUPS)**

**PURPOSE:** To provide an applicant with an official notice of approval for MC+, including effective coverage dates and co-payment requirements. To be used only for the MC+ approvals for children in the premium group.

**NUMBER OF COPIES AND DISPOSITION:** Make two copies. Mail the original to the claimant at the time the Notice of Change Status (IM-5) is entered into the IMU5 system. File a copy in the case record.

**MANUAL REFERENCE:** Family Healthcare Manual (0920.030.10)

**INSTRUCTIONS FOR COMPLETION:** The form must be typed.

Complete date, case name and address as appropriate.

In the blank spaces, complete the appropriate entries as follows:

Dear: Enter the case name

"On": *Enter the date of application in the space provided.*

"Based on your family size of": *Enter the number of persons in the assistance group (Field 29 of IMU5) "and monthly income of \$" enter the gross monthly income (Field 41 of IMU5), you are eligible to purchase MC+ health insurance for the children listed below.*

"Coverage cannot begin until" *enter the effective date of eligibility (Field 13E of IMU5)" or the date your premium is received, whichever is later.*

NOTE: The beginning eligibility date cannot be earlier than 30 days from the date of application on new approvals

Name: Enter the names of all children who are approved for MC+ with a level of care of "3".

Health Insurance #: Enter the child's DCN.

"To request a hearing, you may call": Enter the phone number of the local family services office or MC+ service center

where the MC+ representative is stationed.

"To see if you can get free legal services, call": If Legal Aid Services are available, enter the name of the legal services group and phone number. If not available, leave blank.

"Call your MC+ Service Representative": Enter the name and phone number of the MC+ Service Representative.

"Sincerely": The MC+ Service Representative who completed the application is to sign the form.

Policy No.: Enter the Case DCN in the blank space provided.