

## Provider Bulletin

<b>Subject:</b>	<b>Option 1 Eligibility Changes</b>		
<b>Plan:</b>	Coordinated Care Option 1	<b>Bulletin Date:</b>	October 20, 2015
<b>Bulletin Number:</b>	15-010	<b>Effective Date:</b>	November 1, 2015

**The purpose of this bulletin is to inform participating providers of eligibility changes.**

Health Care District will change its Option 1 eligibility income guidelines effective November 1, 2015. Household income must be documented at or below 100% of the Federal Poverty Level.

Current members identified as being over the new maximum income limit will lose their Option 1 coverage on or before 12/31/2015.

Member's eligibility may be checked by calling Customer Service at (866) 930-0035 and utilizing the automated services by pressing 2 for providers and 1 for eligibility verification. This will connect you to the interactive voice response ("IVR"); the IVR is available 24 hours a day / 7 days a week.

**If you have questions regarding this bulletin, please contact your Provider Representative at (561) 659-1002.**

**Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.**