



Welcome

How this Webcast Works:

Will be able to view after the broadcast at:

<http://hbex.coveredca.com/agents/webinars/> [go here for audio recording!]

Additionally we will provide a .pdf of this presentation [this is the pdf]

Introductions:

Crystal Haswell is the Chief of the Outreach and Enrollment Unit within the Medi-Cal Eligibility Division at DHCS. Part of her team's responsibility is to facilitate and develop training for CECs and Agents, as well as validate and coordinate the in-person application assistance payments to CEEs and Agents for approved Medi-Cal applications.

Wanda Mikuni is a project manager in the Outreach and Enrollment Unit at DHCS. She is responsible for the implementation and management of outreach, enrollment, and education efforts of the Medi-Cal populations.

David Mora is a contract manager for the Local Initiative Unit in the Medi-Cal Managed Care Division (MMCD) of DHCS. Currently he performs oversight, monitoring and compliance of the participating Medi-Cal managed care plans. David

began in MMCD more than seven years ago. He first worked as an analyst in the Office of the Ombudsman. He was also the lead analyst for the Rural Regional County managed care expansion last year and provides training and mentorship for new contract managers.

Harold Higgins is a Health Program Specialist II with the California Department of Health Care Services. Since 2010, he has served as the Medi-Cal Eligibility Division (MCED) expert adviser and specialist for the development, implementation, and policy consultation regarding implementing in California the Medicaid eligibility and retention policies of the Affordable Care Act (ACA) of 2010. Prior to his current assignment, Mr. Higgins served as the MCED subject matter expert concerning Medicaid income counting methodologies and Medicaid coverage groups.

John Zapata is Chief of the Residency and County Unit in the Medi-Cal Eligibility Division within the California Department of Health Care Services. Mr. Zapata's areas of responsibility for eligibility policy development within the Medi-Cal program include immigration status requirements, citizenship verification, California residency, institutional status and other areas. Mr. Zapata received a bachelor's degree in Urban Studies and Planning from the University of California, San Diego in 1983 and a Master of Public Affairs from the Lyndon B. Johnson School of Public Affairs, University of Texas at Austin. In his spare time, Mr. Zapata directs a church choir and sings with the Sacramento Choral Society and Orchestra.



Course Objectives



The purpose of the ***Medi-Cal Essentials*** course is to:

- Describe the changes to Medi-Cal under the Patient Protection and Affordable Care Act (ACA)
- Review the new, simplified eligibility requirements
- Assist with Medi-Cal enrollment through CoveredCA.com
- Answer common FAQs and provide solutions for known issues
- Describe Agent and Certified Enrollment Counselor (CEC) compensation





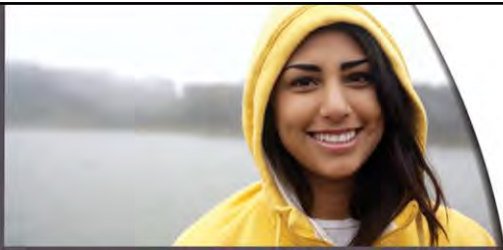
Course Outline



The ***Medi-Cal Essentials*** course contains the following lessons:

- Medi-Cal Overview
- Medi-Cal Eligibility
- Medi-Cal Enrollment
- Known Issues
- Enrollment Assistance Payment





Medi-Cal Overview

- *Program Highlights*
- *Simplified Application Process*
- *Expansion with ACA*
- *Benefits and Services*
- *Managed Care Plans*
- *FAQs*





Program Highlights



- **Medi-Cal is California's Medicaid program**
 - Public Health Insurance program
 - Covering low-income individuals since 1966
 - Currently there are > 10 million enrolled in California





Program Highlights



Medi-Cal provides health care services at no or low cost to patients:

- 100% Federally financed with decreasing support to 90% over time
- Administered by the Department of Healthcare Services (DHCS)
- Enrollment is managed through each California county



Simplified Application Process



Verification of Information

- New rules allow for self-attestation of consumer information
- Counties can now review information already on file for other programs
- Consumer information is verified by a federal electronic verification hub
- Starting in 2015, renewals will use a pre-populated form and only request information that is needed after review of county file

Online application

- Electronic applications are received through CoveredCA.com year round

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Consumers do not have to wait for a special enrollment period to apply for Medi-Cal through CoveredCA.com.



“No Wrong Door”



- **There is no wrong door when applying for Medi-Cal:**
 - In person at the county social services office where you reside
 - Over the telephone or through mail
 - In person with a Certified Enrollment Counselor or Agent
 - Electronically through Covered California at CoveredCA.com





Expansion with ACA



- **Simplified procedures for Medi-Cal eligibility:**
 - Eligibility based solely on income and family size for adults ages 19-64 (not based on assets or "Asset Test")
 - Previously, the asset limit was \$2000 for one person and \$3000 for a couple with increases for more family members
- **More people eligible:**
 - 1.5 million more Californians eligible
 - Former foster youth under age 26 are eligible regardless of income
 - Seniors and those with disabilities retain eligibility





Essential Health Benefits (EHBs)

10 Essential Health Benefits Provided by Medi-Cal *

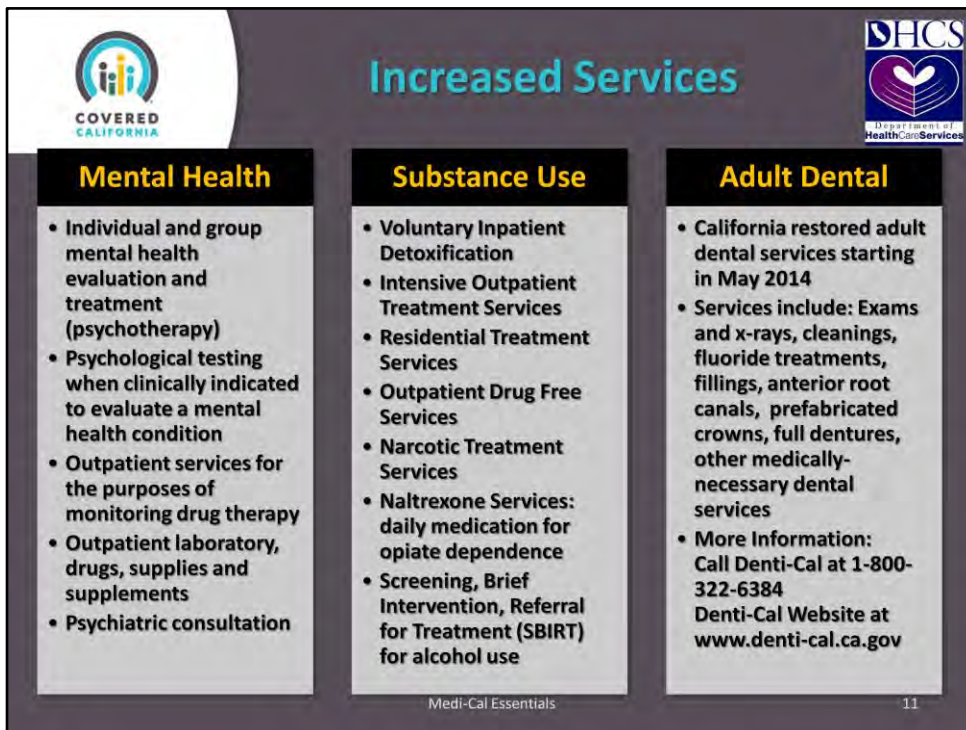
<p>Ambulatory patient services</p> <p>Emergency services</p> <p>Hospitalization</p> <p>Maternity and newborn care</p> <p>Mental Health and Substance Use Disorder Services including Behavioral Health Treatment</p>	<p>Prescription Drugs</p> <p>Rehabilitative and Habilitative Services and devices</p> <p>Laboratory services</p> <p>Preventive and wellness services and chronic disease management</p> <p>Pediatric services (including oral and vision care)</p>
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* These categories of benefits are also available via Covered California, although individual services provided under each category may vary between Covered California and Medi-Cal.

Medi-Cal Essentials

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[more detail]



The infographic is titled "Increased Services" and features three columns of services. The top left corner has the "COVERED CALIFORNIA" logo, and the top right corner has the "DHCS Department of Health Care Services" logo. The bottom of the infographic includes the text "Medi-Cal Essentials" and the number "11".

Mental Health	Substance Use	Adult Dental
<ul style="list-style-type: none"> • Individual and group mental health evaluation and treatment (psychotherapy) • Psychological testing when clinically indicated to evaluate a mental health condition • Outpatient services for the purposes of monitoring drug therapy • Outpatient laboratory, drugs, supplies and supplements • Psychiatric consultation 	<ul style="list-style-type: none"> • Voluntary Inpatient Detoxification • Intensive Outpatient Treatment Services • Residential Treatment Services • Outpatient Drug Free Services • Narcotic Treatment Services • Naltrexone Services: daily medication for opiate dependence • Screening, Brief Intervention, Referral for Treatment (SBIRT) for alcohol use 	<ul style="list-style-type: none"> • California restored adult dental services starting in May 2014 • Services include: Exams and x-rays, cleanings, fluoride treatments, fillings, anterior root canals, prefabricated crowns, full dentures, other medically-necessary dental services • More Information: Call Denti-Cal at 1-800-322-6384 Denti-Cal Website at www.denti-cal.ca.gov

Mental Health and Substance Abuse services are approved through DHCS and not the Managed Care provider.

Who is eligible for the expanded outpatient mental health services?

All Medi-Cal beneficiaries, whether in fee-for-service or a managed care plan, are eligible for these outpatient services when medically necessary. The services are provided to beneficiaries who have mild to moderate impairment resulting from a mental disorder.

The expanded outpatient mental health services are distinct from Specialty Mental Health Services. Medi-Cal beneficiaries who have a significant impairment resulting from a mental disorder may qualify for Specialty Mental Health Services provided through the county Mental Health Plan.

Can a beneficiary self-refer for outpatient mental health services, which are not an emergency?

A beneficiary can contact his primary care provider or the managed care plan to be directed to a mental health provider for these services as needed. Some mental disorders can be treated by the primary care provider. Therefore a good first step is for the beneficiary to first see the primary care provider.

What should a beneficiary do if he needs emergency psychiatric services?

The beneficiary can call 911 or go to the nearest emergency room. The beneficiary will be evaluated and referred for further mental health treatment and follow-up services which are medically necessary.

How can a beneficiary access Specialty Mental Health Services?

A beneficiary who is identified as having a significant impairment from a mental health disorder will be referred to and can access Specialty Mental Health Services provided by the county Mental Health Plan. In order to qualify for these services, a beneficiary must meet criteria designated in a regulatory statute. Eligibility is determined when the patient is assessed by a mental health professional.

Is there a limit to the Medi-Cal program's outpatient mental health services?

There is no limit to these services, as long as the beneficiary meets the medical necessity criteria.

Where is the alcohol, screening and brief intervention (SBIRT) service offered?

This service is offered by the primary care physicians. If a beneficiary is identified as being at risk for alcohol use disorder, the beneficiary will receive advice or counseling at the primary care office. When a possible alcohol use disorder is identified, the beneficiary will be referred to county services for further evaluation and treatment.

Is there a limit to the alcohol, screening and brief intervention service (SBIRT) service?

SBIRT is a service offered once a year. Beneficiaries are screened yearly and provided up to three brief (5 to 10 minutes) counseling sessions per year. If a beneficiary needs additional evaluation or treatment, the beneficiary is referred to the county alcohol and drug program.



Additional Programs: Medi-Cal Access Program


The Medi-Cal Access Program, formerly known as Access for Infants & Mothers (AIM), provides low cost health insurance coverage to middle-income pregnant women.

Qualifications:

- Pregnant, but not more than 30 weeks as of application date
- California resident
- Not receiving full-scope Medi-Cal
- Uninsured or covered by private insurance with a separate maternity deductible or co-payment of more than \$500
- Income >213% and <322% below the Federal Poverty Level (FPL)

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If a pregnant woman applies for coverage on CoveredCA.com, does not qualify for Medi-Cal online, with an income >213% <322% below the FPL, Covered California forwards her contact information to the Medi-Cal Access Program. The Medi-Cal Access Program will contact her directly and ask her if she would like to apply.



Additional Programs: C-CHIP

County Children's Health Insurance Program (C-CHIP) provides federal funding for low cost health coverage to uninsured children who are:

- Under age 19;
- Not eligible for the Optional Targeted Low-Income Children Program (OTLICP) or no-cost Medi-Cal; and,
- Whose household income falls within 267% to 322% of the federal poverty level (FPL)
- Residing in three counties: San Francisco, San Mateo and Santa Clara



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In the three counties only, if there is an application for coverage on CoveredCA.com, and the children do not qualify for Medi-Cal online, and the household income falls within 267% to 322% of the federal poverty level (FPL), the applicant should re-apply directly through their local county social services office.





Additional Programs: Former Foster Youth



Former Foster Youth are eligible for no-cost full-scope Medi-Cal if they are:

- Under the age of 26; and,
- In foster care and Medicaid (in any state) on their 18th birthday (or later)
- No income or assets test
- Can self-attest to foster youth status to start the process
- Complete MC 250A application available at:
<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a.pdf> (No need to fill out a full application)

For additional information regarding Former Foster Youth eligibility please visit: www.coveredtil26.org



Two Types of Service Delivery Systems

Regular or “Fee-for-Service” Medi-Cal

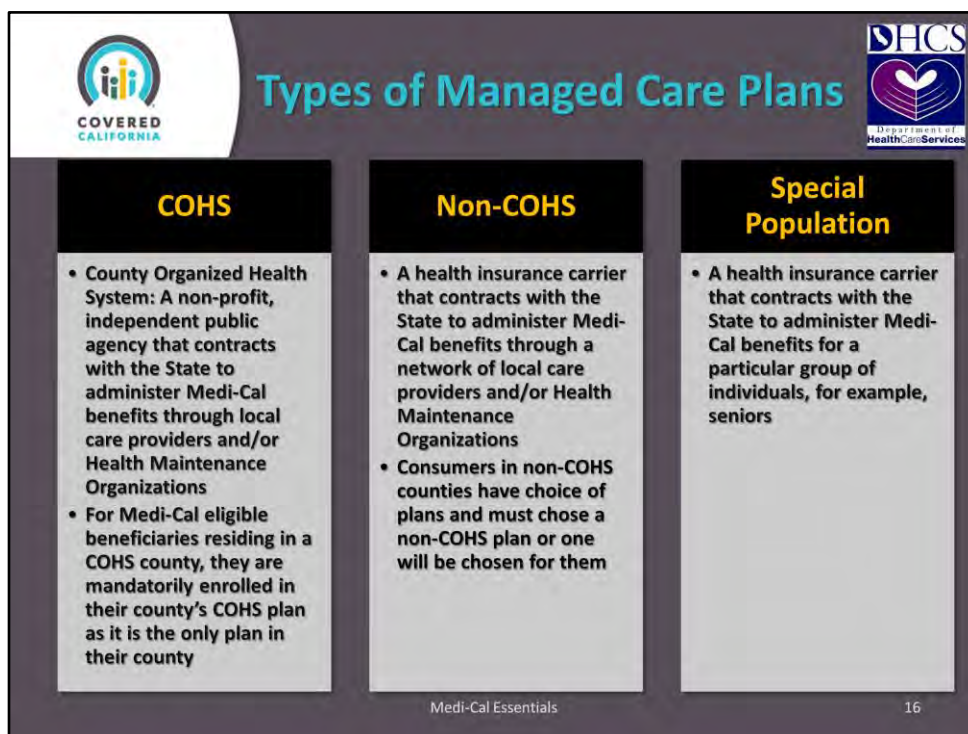
- Automatically assigned to some persons with disabilities
- Former foster youth and Native Americans can choose regular Medi-Cal
- Consumers find their own doctors and hospitals
- County hospitals and health systems, community clinics and health centers provide quality care to Medi-Cal beneficiaries

Managed Care Medi-Cal

- Most consumers assigned to Managed Care
- Consumers choose doctors and hospitals from their plan’s provider network
- In some areas, consumers must also pick a medical group (Independent Physicians’ Association – IPA) within a Managed Care plan

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- FFS was the most common type of Medi-Cal delivery system; as recently as 2010 the majority of Medi-Cal beneficiaries were in FFS. If a consumer has been in Medi-Cal before, there is a good chance that they were in FFS.
- The FFS delivery system is statewide, and beneficiaries can access any provider in the state who accepts Medi-Cal FFS.
- FFS is beneficiary driven; they go to the doctor when they want to and only access the services they believe they need. Some beneficiaries like this flexibility but it leaves a gap in preventative care and services may only be sought once a condition has developed and extensive treatment is needed.
- Since Medi-Cal managed care began expanding in 2010, enrollment into managed care plans now outnumbers FFS enrollment.
- In managed care, coordination of services is done through a Primary Care Provider, which every member has either by choice or assignment. This allows for more preventative care and less duplication of services.
- Managed care members can only see network providers; getting services from out-of-network providers must be approved by the plan or it will not be covered by the plan.



The infographic is titled "Types of Managed Care Plans" and features logos for Covered California and DHCS (Department of Health Care Services). It is divided into three columns: COHS, Non-COHS, and Special Population. Each column contains a definition and a list of key points.

COHS	Non-COHS	Special Population
<ul style="list-style-type: none"> • County Organized Health System: A non-profit, independent public agency that contracts with the State to administer Medi-Cal benefits through local care providers and/or Health Maintenance Organizations • For Medi-Cal eligible beneficiaries residing in a COHS county, they are mandatorily enrolled in their county's COHS plan as it is the only plan in their county 	<ul style="list-style-type: none"> • A health insurance carrier that contracts with the State to administer Medi-Cal benefits through a network of local care providers and/or Health Maintenance Organizations • Consumers in non-COHS counties have choice of plans and must choose a non-COHS plan or one will be chosen for them 	<ul style="list-style-type: none"> • A health insurance carrier that contracts with the State to administer Medi-Cal benefits for a particular group of individuals, for example, seniors

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Non-COHS plans:

- May be commercial or Local Initiative (LI) plans. LIs are non-profit, independent public agencies, similar to a COHS plan without the mandatory enrollment.
- Most Non-COHS counties will offer a choice of at least two Medi-Cal managed care plans.
- In Non-COHS counties, some Medi-Cal beneficiaries are voluntary and some are mandatory. Those who are voluntary can choose to either enroll in a plan or go into FFS. Those who are mandatory can choose from any of the Medi-Cal managed care plans that operate in their residence county. If there is no affirmative choice at the time of enrollment, they are assigned to a plan. Medi-Cal beneficiaries can change plans at any time.
- Special Population plans are health plans that contract with DHCS to offer medical services for certain Medi-Cal populations. They are only available in certain counties.
- Senior Care Action Network or "SCAN" plans are Medicare advantage Special Needs Plans for seniors who have both Medicare and Medi-Cal and who reside in Los Angeles, San Bernardino, and Riverside counties. SCAN provides all Medi-Cal services, including home and community based services to members assessed at the Nursing Facility Level of Care and nursing home custodial care, following the member in the nursing facility. The eligibility criteria for SCAN specifies that a member be at least 65 years of age, have Medicare A and B, have full scope Medi-Cal with no share of cost and live in SCAN's approved service areas of Los Angeles, Riverside, and San Bernardino counties. SCAN does not enroll individuals with End Stage Renal Disease.

- The Program of All-inclusive Care for the Elderly, or “PACE”, is a health plan for frail seniors that coordinates the care of each member based on their individual needs with the goal of enabling older individuals to remain living in their community. Beneficiaries must be 55 years of age or older, meet the requirement for skilled nursing home care, live in a service area (county and zip code) served by a PACE program, and are able to live in the community without jeopardizing their health or safety.
- Other special populations served by these plans include Medi-Cal beneficiaries who are HIV-positive, and Medi-Cal managed care children with behavioral health needs.



COHS Plan Counties - Automatic Enrollment

Partnership Health Plan of California
Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo

CalOptima
Orange County

Central California Alliance for Health
Merced, Monterey, Santa Cruz

CenCal Health
San Luis Obispo, Santa Barbara

Gold Coast Health Plan
Ventura

Health Plan of San Mateo
San Mateo

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For those Medi-Cal eligible beneficiaries residing in a COHS county, they will mandatorily be enrolled in their County's COHS plan as it is the only plan in that county.

- All Medi-Cal beneficiaries that reside in these counties are automatically enrolled into the COHS plan upon receiving Medi-Cal eligibility.
- Partnership was the only COHS plan to add counties to their service area with the recent expansion of Medi-Cal managed care in rural counties. They added eight counties on September 1, 2013. They are now the largest COHS plan in California in terms of service area. Beneficiaries in these rural expansion counties had only received Medi-Cal through the FFS delivery system before the managed care expansion.
- CalOptima is the largest COHS plan in terms of enrollment, with over 580,000 members. The way they manage this large membership is through subcontracting with other health networks to provide Medi-Cal services to some of their members. They currently subcontract with 11 other health networks: one HMO (Kaiser); three Physician Hospital Consortia (Family Choice Health Network, Children's Hospital of Orange County (CHOC) Health Alliance, and AMVI Care Health Network), and seven physician groups (AltaMed, Arta Western Health Network, Monarch Family Health Care, Noble Mid-Orange County, Prospect Medical Group, Talbert Medical Group, and United Care Medical Group)

Non-COHS Plan County – One Plan

Anthem Blue Cross Partnership Plan
San Benito

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- San Benito was one of the counties where Medi-Cal managed care recently expanded, beginning on November 1, 2013. Previous to this, the only Medi-Cal delivery system was FFS.
- Even though there is only one plan in San Benito, it is not a COHS plan because the Medi-Cal plan operating there is a commercial plan, not county run. Also, enrollment is not mandatory for all groups.
- Beneficiaries have a choice between Anthem Blue Cross and FFS.



Non-COHS Plan Counties - Choice of Plan



**Anthem Blue Cross Partnership Plan
California Health and Wellness**
Alpine, Amador, Butte, Calaveras, Colusa, El Dorado,
Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas,
Sierra, Sutter, Tehama, Tuolumne, Yuba

**Anthem Blue Cross Partnership Plan
Molina Healthcare of California Partner Plan**
Imperial

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Consumers residing in these counties need to choose a plan during the plan selection process.

All of these counties used to be FFS only. Managed care expanded here and these plans began operating November 1, 2013.




Non-COHS Plan Counties - Choice of Plan

Anthem Blue Cross Partnership Plan
Healthnet Community Solutions
Tulare

Healthnet Community Solutions
Health Plan of San Joaquin
San Joaquin, Stanislaus


Healthnet Community Solutions
Kern Family Health Care
Kern



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Consumers residing in these counties need to choose a plan during the plan selection process.




Counties – Two Plan Model

Contra Costa	Los Angeles	Alameda
Managed Health	Managed Health	Managed Health
<ul style="list-style-type: none"> • Anthem Blue Cross Partnership Plan • Contra Costa Health Plan 	<ul style="list-style-type: none"> • Health Net Community Solutions, Inc. • L.A. Care Health Plan 	<ul style="list-style-type: none"> • Alameda Alliance for Health • Anthem Blue Cross Partnership Plan
Special Population	Special Population	Special Population
<ul style="list-style-type: none"> • Center for Elders Independence (PACE) 	<ul style="list-style-type: none"> • AltaMed (PACE) • Brandman Centers for Senior Care • Positive Healthcare • SCAN Health Plan 	<ul style="list-style-type: none"> • Center for Elders Independence (PACE) • On Lok Lifeways (PACE)

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Consumers residing in these counties need to choose a plan during the plan selection process.

- These are also “Two-Plan” counties, where a commercial plan and LI are both available for Medi-Cal enrollment.
- These counties also have Specialty plans operating in them for those populations targeted by these plans (Seniors, Seniors with Medicare, HIV positive beneficiaries).

COVERED CALIFORNIA

SHCS
Department of Health Care Services



Counties – Two Plan Model

San Francisco	Riverside/San Bernardino	Santa Clara
Managed Health	Managed Health	Managed Health
<ul style="list-style-type: none">• Anthem Blue Cross Partnership Plan• San Francisco Health Plan	<ul style="list-style-type: none">• Inland Empire Health Plan (IEHP)• Molina Healthcare of California Partner Plan	<ul style="list-style-type: none">• Anthem Blue Cross Partnership Plan• Santa Clara Family Health Plan
Special Population	Special Population	Special Population
<ul style="list-style-type: none">• Family Mosaic Project (no website)	<ul style="list-style-type: none">• SCAN Health Plan	<ul style="list-style-type: none">• SCAN Health Plan

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Consumers residing in these counties need to choose a plan during the plan selection process.

- These are also “Two-Plan” counties, where a commercial plan and LI are both available for Medi-Cal enrollment.
- These counties also have Specialty plans operating in them for those populations targeted by these plans (Seniors, Seniors with Medicare, HIV positive beneficiaries).

Counties – Geographic Managed Care

Sacramento	San Diego
Managed Health	Managed Health
<ul style="list-style-type: none"> • Anthem Blue Cross Partnership Plan • Health Net Community Solutions • Kaiser Permanente • Molina Healthcare of California Partner Plan 	<ul style="list-style-type: none"> • Care 1st Partner Plan • Community Health Group Partnership Plan • Health Net Community Solution, Inc. • Kaiser Permanente • Molina Healthcare of California Partner Plan
Special Population	Special Population
<ul style="list-style-type: none"> • Sutter Senior Care (PACE) 	<ul style="list-style-type: none"> • St. Paul's (PACE)

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Consumers residing in these counties need to choose a plan during the plan selection process.

These are Geographic Managed Care, or “GMC” counties, where there are multiple commercial plans available for Medi-Cal enrollment. There are no LI or other government-run Medi-Cal managed care plans.

These counties also have Specialty plans operating in them for those populations targeted by these plans (Seniors).



FAQs



Is Medi-Cal free?

Typically there are no monthly premiums, deductibles, prescription costs, or co-payments. Coverage for *some* children in *higher income families* may cost \$13 per month, with a \$39 limit per family. Also, Pay-for-Service Medi-Cal recipients may be charged \$1 by their pharmacy for refills.



FAQs



Does a current Medi-Cal recipient need to reapply through Covered California?

No. All current recipients retain their Medi-Cal coverage. Medi-Cal does require an annual redetermination for all beneficiaries.

When I was uninsured, are my medical bills prior to my Medi-Cal acceptance paid by Medi-Cal?

Medi-Cal will pay for your medical bills for three months prior to your acceptance into Medi-Cal.





FAQs



Who do you contact if there are any questions regarding Medi-Cal?

Medi-Cal2014@dhcs.ca.gov

The consumer can also contact their assigned County Social Worker by following this link to find a list of local offices:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices2.aspx>





Medi-Cal Eligibility

- *How is Eligibility Determined?*
- *Modified Adjusted Gross Income (MAGI)*
- *Federal Poverty Level (FPL)*
- *Residency Requirements*
- *Immigration Status*
- *Eligibility Examples*
- *FAQs*

Medi-Cal Essentials





How is Eligibility Determined?



Simplified Eligibility:

- For most applicants, eligibility is based on Current Monthly Income, Household Size, and Age of applicants
- Current Monthly income is defined by the consumers' Modified Adjusted Gross Income (MAGI) and the Federal Poverty Level (FPL)
- Elimination of the Asset/Property Test
- California State Residency
- Immigration Status





Non-MAGI Eligibility



Eligibility is **not** based on MAGI for individuals who are:

- Participation in a linked program (for example, SSI/SSP or CalWORKS)
- Receiving Title I-VE Foster Care and Adoption Assistance
- Over 65 years old, blind, or disabled*

** You must also meet income and asset tests to qualify. Household size and income are counted differently.*





Who Is Eligible? (Non-MAGI)

You can also get Medi-Cal if you are:

- In a skilled nursing or intermediate care home
- Certain refugees, asylees, and other humanitarian immigrants who are not otherwise eligible for a limited resettlement time
- Have been screened for breast and/or cervical cancer
- In need of TPN, dialysis, or tuberculosis treatment

Medically-Needy coverage:

- A parent or caretaker relative of a child under 21
- A child under 21
- Pregnant **

**** In this category, only pregnant women can apply through CoveredCA.com**

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Total parenteral nutrition (TPN) A solution containing all the required nutrients including protein, fat, calories, vitamins, and minerals, is injected over the course of several hours, into a vein. TPN provides a complete and balanced source of nutrients for patients who cannot consume a normal diet.



MAGI Eligibility



Medi-Cal eligibility is based on **MAGI** and the Federal Poverty Level (**FPL**) for:

- Adults under age 65, with FPL \leq 138%
- Children under age 19 with FPL \leq 266%
- Pregnant women, with FPL \leq 213%
- Parents and other caretaker relatives, with FPL \leq 109%

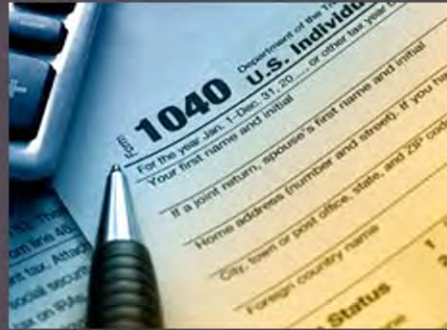






Modified Adjusted Gross Income (MAGI)



- Modified Adjusted Gross Income (**MAGI**) is used to calculate eligibility for Covered California financial assistance and for Medi-Cal
- Eligibility is calculated by the household MAGI which is governed by IRS, Medicaid, and Treasury regulations
- For most consumers that apply for coverage, MAGI will be equal to their AGI (Adjusted Gross Income)



Monthly Federal Poverty Levels for 2014

Size of Family	FPL 100%	138% or less	213% or less	266% or less
	Monthly Income	All Family Members eligible for Medi-Cal	Pregnant Women	Mixed Program Family - Minors eligible for Medi-Cal
1	\$972.50	\$1,342.05	\$2072.00	\$2,586.85
2	\$1,310.83	\$1,808.95	\$2793.00	\$3,486.81
3	\$1,649.17	\$2,275.85	\$2793.00	\$4,386.79
4	\$1,987.50	\$2,742.75	\$3513.00	\$5,286.75
5	\$2,325.83	\$3,209.65	\$4234.00	\$6,186.71
6	\$2,664.17	\$3,676.55	\$4955.00	\$7,086.69
7	\$3,001.50	\$4,142.07	\$5675.00	\$7,983.99
8	\$3,340.83	\$4,610.35	\$6396.00	\$8,886.61
> 8 dependents, add \$ per month per dependent	\$338.00	\$466.44	\$721.00	\$899.08

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Refer to: <http://www.dhcs.ca.gov/services/med-cal/eligibility/Documents/ACWDL2014/14-04.pdf> for a complete description of all FPL categories.



How to Estimate Monthly MAGI



If your income and family size **has not** changed from last year:

1. From your last year's tax return:*

Line 4 from Form 1040EZ
Line 21 from Form 1040A
Line 37 from Form 1040

2. Divide by 12.

3. Compare to FPL Table for Medi-Cal eligibility.

* *Some income is added back: Non-taxable interest income, non-taxable Social Security benefits, and non-taxable foreign earned income*



How to Estimate Monthly MAGI



If your income and family size *has* changed from last year:

1. Calculate monthly income from all household members.

2. Calculate deductions.

3. Compare to FPL Table for Medi-Cal eligibility.



Household Members – Included on Application

- You
- Your spouse
- Your unborn children (pregnant women/Medi-Cal only)
- Children living with you
- Any child or relative that is a qualifying dependent per tax law



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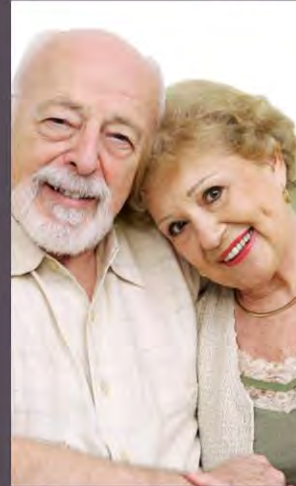
Note that Covered California only counts pregnancy as one person while Medi-Cal counts the mother plus the number of unborn children.



Household Members - Excluded



- Unmarried partner
- Unmarried partner's children if they are not your dependents
- Parents and other relatives who live with you, file their own tax returns, and are not your dependents





Residency Requirements

California residence is a requirement for the Medi-Cal Program, regardless of their level of benefits, immigration, or citizenship status. California residence **requirements** are met when the applicant:

- Is physically present and is living in California including without a fixed address; or,
- Has entered California with a job commitment or to seek employment, whether or not currently employed, and
- Provides acceptable verification of California residency.

Note: Medi-Cal uses electronic sources to verify residency. If the electronic sources cannot verify, consumers may have to provide acceptable verification of California residency.





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Refer to [http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Outreach_and_Enrollment\(OE\)/HmlessMCEnrllmntTIkit.pdf](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Outreach_and_Enrollment(OE)/HmlessMCEnrllmntTIkit.pdf) for more information on residency requirements for homeless.


Current policy temporarily suspends the requirement to provide paper verification of state residency if verification cannot be made electronically. If electronic verification cannot be made, the application will pass state residency without any further verification required.



Immigration Status

For Medi-Cal, **Immigration Status** only effects the scope of service (full or restricted service).

- Immigrants with **Satisfactory Immigration Status (SIS)** are eligible for full scope Medi-Cal.
- Anyone can apply for Medi-Cal through Covered California, regardless of immigration status.



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Satisfactory Immigration Status (SIS), for Medi-Cal purposes, means a noncitizen:

- Lawfully admitted for permanent status, or
- A noncitizen permanently residing in the U.S. under color of law (PRUCOL); or
- An amnesty noncitizen.





Immigration Status



Immigrants **who do not meet SIS** criteria, including but not limited to undocumented immigrants:

- May still be eligible for restricted scope Medi-Cal, if they meet all eligibility requirements.
- Restricted scope Medi-Cal covers emergency services, health care for pregnant women, and long-term care.
- May be also eligible for breast and cervical cancer treatment program.

Immigration Eligibility

Program		Full-Scope Medi-Cal	Restricted Scope Medi-Cal	Covered CA QHP	Family Planning, Access, Care and Treatment	Women, Infants and Children	Access for Infants and Mothers
Immigrant Benefit Eligibility Category	Lawful Permanent Resident	ELIGIBLE	N/A	ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE
	Undocumented Immigrants	NOT ELIGIBLE	ELIGIBLE	NOT ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE
	Refugees & Asylees	ELIGIBLE	N/A	ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE
	PRUCOLs	ELIGIBLE	N/A	ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE
	“Lawfully Present”	DEPENDS ON IMMIGRATION STATUS	DEPENDS ON IMMIGRATION STATUS	ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE

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Examples of two types of “Lawfully Present” individuals and the resulting eligibility differences: a lawfully permanent resident is eligible for full scope Medi-Cal while a Visa holder is eligible for Restricted Scope.



Immigration Eligibility



Program		Full-Scope Medi-Cal	Restricted Scope Medi-Cal	Covered CA QHP	Family Planning, Access, Care and Treatment	Women, Infants and Children	Access for Infants and Mothers
Immigrant Benefit Eligibility Category	Deferred Action for Childhood Arrivals (DACA)	ELIGIBLE	N/A	NOT ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE
	Survivors of Human Trafficking or Serious Crimes	ELIGIBLE	N/A	ELIGIBLE	ELIGIBLE	ELIGIBLE	ELIGIBLE
	Other Non-immigrant Visa Holders	NOT ELIGIBLE	ELIGIBLE	Depends	Depends	Depends	Depends



Mixed Program Families



Families may find that some household members qualify for Medi-Cal while other family members qualify for premium assistance and cost-sharing subsidies through Covered California.



For example, there are families with children eligible for Medi-Cal and parents eligible for premium assistance because children are eligible for Medi-Cal at significantly higher income levels (< 266 % FPL) than for adults (< 138% FPL).

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Example 1 – Mixed Program



Anthony, a 35-year old father, has one minor dependent (under age 19) and projects his yearly household income for 2014 to be \$40,000 (\$3333 per month or approximately 260% of the Federal Poverty Level). Anthony lives in El Dorado Hills (95762).

- **Anthony:** is eligible for a Covered California health plan with premium assistance. Anthony selects the lowest premium Silver-level health plan (full cost \$378). Anthony pays \$274 a month, after applying the \$104 of premium assistance.
- **Anthony's Child:** Anthony's child is eligible for low-cost Medi-Cal coverage. For Anthony's zip code, his child may receive Medi-Cal coverage from Anthem Blue Cross, Kaiser Permanente, or California Health & Wellness at \$13 per month.
- **Anthony** selects the lowest premium Silver-level plan for himself and a Medi-Cal plan for his child, bringing his total premium for himself and child to \$287 per month.

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Example 2 – Mixed Program



The Aquino Family wants health coverage. The parents, Joe and Angela, are currently uninsured but their two children are enrolled in Medi-Cal. Monthly income \$4500 or 226% of FPL.

- Joe and Angela are **eligible for premium assistance** if they enroll in a private health plan through Covered California.
- Joe and Angela's **children will continue to have Medi-Cal coverage** through a Medi-Cal managed care health plan.
- Joe and Angela may be able to enroll in the **same health plan their children** are in depending on what Medi-Cal plans and Covered California plans are available in their county.



Example 3 – Mixed Program





Jim and Amy Chang are having their first child. Monthly income is \$2200 or 168% FPL.

- Because **Amy is pregnant** and their income meets Medi-Cal eligibility requirements for pregnant women, Amy is eligible now for Medi-Cal.
- **Jim**, on the other hand, qualifies for premium assistance through Covered California.
- The Changs are a **mixed-program family** because Amy will receive health coverage from Medi-Cal and Jim will receive affordable health coverage from a health plan in the Covered California marketplace. When their **baby** is born, the baby will be automatically eligible for Medi-Cal for the first year of life once they notify Medi-Cal of the baby's birth.
- Once the baby is born, it is very important that the Changs **notify Covered California of the increase in family size** because it may affect Jim's eligibility for Covered California health plans and possibly increase his premium assistance; both Jim and Amy may also be eligible for Medi-Cal.

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If Amy is not receiving MEC through Medi-Cal, she can also apply for a Covered California plan.


Effective 1/1/2015, Medi-Cal will pay the CC QHP premiums, co-pays, and deductibles if the pregnant women selects this “wrap” participation.



FAQs

How is income, household size, and residency verified?

Typically, income verification can be done electronically via federal and state databases. You may be asked to upload other verification documents through CoveredCA.com. If families have income that cannot be verified electronically, they may need to provide other proof of income (for example, paycheck stubs, letter from employer). These documents can be uploaded to CoveredCA.com, mailed, or hand delivered directly to the local Medi-Cal office.



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Current policy temporarily suspends the requirement to provide paper verification of state residency if verification cannot be made electronically. If electronic verification cannot be made, the application will pass state residency without any further verification required.



FAQs



How are changes to income or household size reported?



Report changes within **10 days** for Medi-Cal through CoveredCA.com, or to the family's county eligibility worker, or by calling the central county phone number.

For a list of all county social services offices in California, refer to: <http://www.dhcs.ca.gov/SERVICES/MEDI-CAL/Pages/CountyOffices.aspx>

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Covered California plans require 30-day notification.



FAQs

What if an applicant has fluctuating income, such as number of hours worked or tips?

Eligibility is based on current monthly income. Consumers with fluctuating income should be allowed to project their household income for the coming year for Medi-Cal the same way they do with Covered California. Medi-Cal also uses monthly income to determine eligibility so a consumer can report what the current month's income when they apply. Once found eligible for Medi-Cal, they must report any significant changes in income within 10 days. Medi-Cal will re-determine the consumer's eligibility based on the new reported income.



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Note that the CoveredCA.com application does not ask the “Does your income change month to month?” question, as does the paper application from Medi-Cal.



FAQs



How often is Medi-Cal eligibility re-determined?

On the anniversary month when eligibility was determined.

How can I be dis-enrolled in Medi-Cal prior to the annual re-determination?

Yes. If your income or household size changes during the year, you may lose your Medi-Cal coverage and be eligible to purchase new coverage as a qualifying event during either the special or open enrollment period.



FAQs



Is everyone 65 years and over be eligible for Medi-Cal?

- No, but many low-income people over 65 are eligible for Medi-Cal.
- MAGI Medi-Cal covers individuals 65 years and over if they are a parent or caretaker relative and are eligible for the MAGI parent/caretaker relative coverage group.
- For those not included in the parent/caretaker relative group, the county will re-determine these individuals for non-MAGI coverage groups prior to their 65th birthday.
- Seniors over 65 can have both Medicare and Medi-Cal at the same time. Medi-Cal can help pay for Medicare for some people.





FAQs



Are people over 65 eligible for APTC if they have Medicare?

No. People over 65 are eligible for APTC if they qualify, but not if they have Medicare. Remember, there are penalties for individuals who do not enroll in Medicare when they qualify.



FAQs



What is the Estate Recovery Program?

Upon your death, the State may recover from your estate all Medi-Cal costs of care you incurred:

- over the age of 55, or for
- nursing home or long term care you received prior to the age of 55.

Certain family members, including surviving spouses, children under 21, and disabled children can file for an exemption or hardship waiver.

For more information, please go to:

http://www.dhcs.ca.gov/services/Pages/TPLRD_ER_cont.aspx





FAQs



Can a consumer enroll in a Covered California health plan and receive Medi-Cal as a secondary insurer?

- Under federal law, anyone currently enrolled in Medi-Cal coverage that provides limited scope of services or coverage associated with a share-of-cost spend-down requirement, may also enroll in and purchase subsidized coverage through Covered California.
- Women with pregnancy-related Medi-Cal are not subject to tax penalties in 2014; undecided for 2015-on.
- Medi-Cal limited scope of services or share of cost coverage are not considered to meet the minimum essential coverage (MEC) requirement.



FAQs



Is loss of Medi-Cal coverage a qualifying event?

Yes. Because Medi-Cal is minimum essential coverage, loss of Medi-Cal is a qualifying event allowing a special enrollment period for this family to enroll in a Covered CA plan.

If a family's income increases so they are no longer eligible for Medi-Cal, Medi-Cal will inform them of their last date of Medi-Cal. Medi-Cal will then transfer the family's information to Covered California so the family can enroll in a Covered California plan and apply for premium assistance. The family should not be required to start a new application if the original application was entered in CoveredCA.com.





FAQs



Can a consumer decline Medi-Cal, enroll in a Covered California health plan, and receive the federal premium assistance?

Under federal law, anyone currently enrolled in or are eligible for Medi-Cal is ineligible to purchase subsidized coverage through Covered California. If eligible for Medi-Cal, health coverage can be purchased through Covered California, but with no premium assistance to reduce cost; full cost of the Covered California health care plan's premium must be paid.



Medi-Cal Enrollment

- *How to Apply*
- *Process Overview*
- *Help with the Application*
- *Verification Documents*
- *FAQs*







New Way to Apply



Online through CoveredCA.com

- Electronic processing and verification
- May not need to go into county social services office for verification
- Income or household changes can be made online
- Annual re-assessment may be done electronically






Presumptive Eligibility

Presumptive Eligibility (PE) Programs:


- Grant immediate, temporary Medi-Cal coverage in certain situations, pending the completion of a full health coverage application within 60 days




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PE is granted without requiring the submission of an application. The submission of a completed application is due within 60 days of coverage. If consumers apply within the 60-day time requirement, PE will continue during adjudication. If a complete application is not submitted within 60 days, PE will be dropped.



Presumptive Eligibility Programs



- The **Hospital PE** program allows qualified hospitals to grant immediate, temporary Medi-Cal coverage to individuals
- The **PE for Pregnant Women** program allows qualified providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy for low-income, pregnant patients
- The **Child Health and Disability Prevention Program (CHDP)** allows qualified providers to grant to children immediate, temporary Medi-Cal coverage for full-scope of services provided by Medi-Cal.



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PE providers enroll consumers, not the county or CoveredCA.com.



Express Lane



- Individuals receiving CalFRESH benefits are able to enroll in Medi-Cal without completing an application due to their income and residency already being verified by the CalFRESH program.

Applications are only received through the counties, not CoveredCA.com.



Application Process Overview CoveredCA.com

1. Application is entered into CoveredCA.com.
2. Applicant is informed of Medi-Cal eligibility for themselves and/or family during application process.
3. Application and verification documents are electronically forwarded to Medi-Cal for enrollment completion.



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Eligibility may be granted or pended if electronic verification fails.



Application Process Overview CoveredCA.com



4. Children are given Accelerated Enrollment while application is processed.
5. Applicant is notified on CoveredCA.com if additional verification documents are required. May be scheduled for an in-person appointment at the county social services office if verification can not be completed electronically.

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Children are not “pending”, though parents may be pending for income or state residency verification.


 **Application Process Overview**
CoveredCA.com 

6. Applicant is informed of program acceptance on CoveredCA.com, is assigned a County Social Worker, and receives Medi-Cal card and welcome packet.
7. Applicant chooses Managed Care provider, if needed. Current beneficiaries will be sent a choice packet in the mail to select a health plan.




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Note on 6. Applicants will also receive a Notice of Action in the mail (if mail was specified as preferred communication method) notifying applicants of eligibility. For applicants who applied through CoveredCA.com, the notice will also be displayed in their account.



Tip 1: Start Here Page



Start Here

Apply now to see if you are eligible for Medi-Cal or AIM for pregnant women or ongoing enrollment opportunities through Covered California. Still need health insurance, but missed open enrollment? Did you lose your health insurance or have a big change in your life recently? You may be eligible for Covered California if you have a qualifying life event like getting married, having a baby or losing other coverage.

If none of these apply, don't worry, you should still apply, since you may be eligible for Medi-Cal, or AIM for pregnant women based on your income. Regardless of which life event you select, your application will still be reviewed for coverage through Medi-Cal and AIM.

If you want to see if you qualify for free or low cost plans, select "yes" on Question #1. You will answer questions about your income to see what help you qualify for. If you just want coverage without financial help, select "no."


Do you want to see if you qualify for free or low cost plans? Yes No

2. How many members are in the household? *

5. How did you hear about Covered California?

Source of Application? *

Document ID *

Date of Application? * 

Back Continue

- Always select **Yes** if Consumer wants financial help from Covered California or wants to enroll in Medi-Cal.
- Only check **No** if the consumer definitely does not want to receive premium assistance or Medi-Cal (if eligible).
- If the consumer began the application online, the Agent **will not** be able to view this response.

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Tip 2: Household Members



- When submitting an application with children, answer **Yes** to this question. This will enable the system to process the parents' eligibility for Medi-Cal also.

HOUSEHOLD MEMBERS

Please enter all required (*) household member information below.

First Name *	<input type="text" value="Jonathan"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Test"/>
Suffix	<input type="text" value="Sr"/>
Does this person want health insurance? Even if you have insurance now, you might find better coverage or lower costs. *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Sex *	<input type="text" value="Male"/>
Date of Birth *	<input type="text" value="01/01/1977"/>

You must provide a Social Security number (SSN) if you wish to apply for health insurance. We use Social Security numbers (SSNs) to check income and other information. Even if you are not applying, giving your SSN will help us review your application faster. If someone who is applying does not have an SSN and would like help getting one, visit www.ssa.gov.



Tip 3: Tax Information



- Married couples must always choose **Married Filing Jointly** if they are on the same application.

The screenshot shows a 'TAX INFORMATION' section of a form. It contains several questions with radio button options. Two questions have their 'Married Filing Jointly' options highlighted with red boxes:

- Question: "What was this person's tax filing status last year?"
Options: Yes No
 Married Filing Jointly
- Question: "What will this person's tax filing status be this year?"
Options: Yes No
 Married Filing Jointly



Tip 4: Tax Information



- In order to be eligible for tax credits, the **Primary Tax Filer** must check **Yes** to **Does this person plan to file taxes this year?**

The screenshot shows a 'TAX INFORMATION' section of a form. It contains several questions with radio button options for 'Yes' and 'No', and a dropdown menu for 'Married Filing Jointly'. A red box highlights the question 'Does this person plan to file taxes this year?' and a red arrow points from the text in the adjacent list item to this question.

Question	Yes	No	Other
Is this person the Primary Tax Filer?*	<input type="radio"/>	<input type="radio"/>	Married Filing Jointly
Did this person file taxes last year?*	<input type="radio"/>	<input type="radio"/>	
What was this person's tax filing status last year?*	<input type="radio"/>	<input type="radio"/>	Married Filing Jointly
Was this person claimed as a dependent on any tax returns last year?*	<input type="radio"/>	<input type="radio"/>	
Does this person plan to file taxes this year?*	<input type="radio"/>	<input type="radio"/>	
What will this person's tax filing status be this year?*	<input type="radio"/>	<input type="radio"/>	Married Filing Jointly
Is this person expected to be claimed as a dependent on any tax return for the benefit year?*	<input type="radio"/>	<input type="radio"/>	



Tip 5: Tax Information



- The spouse **should not** be marked that they are claimed as a dependent.

The screenshot shows a 'TAX INFORMATION' section of a form. It contains two sections: 'Household' and 'Other Persons'. Each section has several questions with radio button options for 'Yes', 'No', and 'Married Filing Jointly'. A red box highlights the question 'Yes this person claimed as a dependent on any tax return last year?' in the 'Other Persons' section, with a red arrow pointing from the text on the left to this box.



Tip 6: Tax Information



The screenshot shows a web form titled "Baby Applies" with the following questions and options:

- What is this person's marital status? *
- Does this person have a physical, mental, emotional, or developmental disability? * Yes No
- Did this person have a medical expense in the last 3 months? * Yes No
- Is this person pregnant? * Yes No
- Is this person a member of a Federally-recognized Indian Tribe? * Yes No
- Who is the primary caretaker of this child? *

At the bottom of the form are buttons for "Back", "Save & Exit", and "Continue". A red box highlights the "Who is the primary caretaker of this child?" question and its dropdown menu, with a red arrow pointing to it from the text below.

- **For children,** select the primary tax filer individual as the primary caretaker of the child from this drop down, to qualify the child for affordable, minimum standard value health insurance through Covered California.



Tip 7: Health Care Information




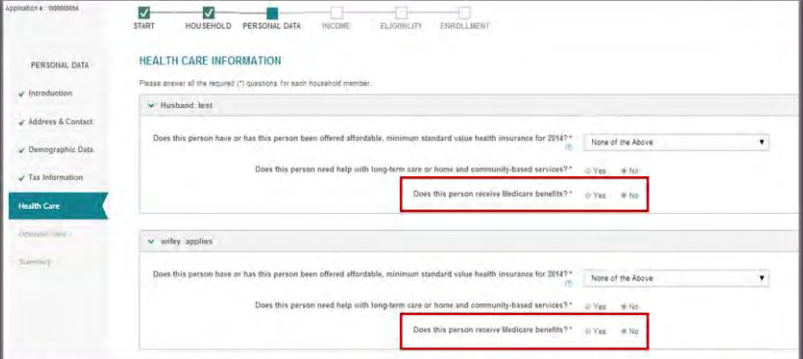
- Select **None of the above** in Health Care Information page to qualify for affordable, minimum standard value health insurance through Covered California.



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Tip 8: Health Care Information





Application # 0000000000

START HOUSEHOLD PERSONAL DATA INCOME ELIGIBILITY ENROLLMENT

PERSONAL DATA

- Introduction
- Address & Contact
- Demographic Data
- Tax Information
- Health Care**

Applicant name: Summary

HEALTH CARE INFORMATION

Please answer all the required (*) questions for each household member.

Husband: test

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? None of the Above

Does this person need help with long-term care or home and community-based services? Yes No

Does this person receive Medicare benefits? Yes No

wifely applies

Does this person have or has this person been offered affordable, minimum standard value health insurance for 2014? None of the Above

Does this person need help with long-term care or home and community-based services? Yes No

Does this person receive Medicare benefits? Yes No

- If the person receives **Medicare** benefits, they **will not** qualify through this application; they must go to the county social services office to apply.

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Tip 9: Application Signature



- New Applicants are required to provide the **Qualifying Life Event** during the Special Enrollment Period (SEP).
- Select **None of the above (Continue to review for my application for Medi-Cal/AIM)**.

APPLICATION SIGNATURE

Please read the information below. Then check the boxes and sign (Electronic Signature). Click "Submit" to send your completed application.

Special Enrollment

You must have a qualifying life event to qualify for Covered California Special Enrollment. Regardless of the life event selected, we will see if you are eligible for Medi-Cal or Access for Infants and Mothers.

Do any of the following qualifying life events or situations apply to you? *

Enter today's date or the date of your qualifying life event if you have one *

Selected One:

- Lost or will soon lose my health insurance
- Permanently moved (or within California)
- Had a baby or adopted a child
- Got married or entered into domestic partnership
- Returned from active duty military service
- Released from jail or prison
- Gained citizenship/legal presence
- Federally Recognized American Indian/Alaska Native
- Other qualifying life event

None of the above (Continue to review my application for Medi-Cal/AIM)

Maintaining Your Verification

I understand that the Covered California will use my tax return at renewal time each year for the next 5 years to see if I qualify for help paying for health coverage. I understand that I can change my answer later.

Maintain My Consent for: 5 Years



Tip 10: View Other Programs



- Applicants who may qualify for Medi-Cal will receive the option to apply for other programs available through DHCS. Click **View Other Programs**.

ELIGIBILITY RESULTS

Your eligibility is pending additional information. See details below.

John Doe

Medi-Cal: Pending Eligibility - Please check your Manage Verification page to add additional details.

Your application is pending. To receive benefits, you must do the following:

- Proof of SSN Waiver
- Proof of California Residency
- Proof of Income
- Proof of Citizenship or Lawful Presence

[Submit Documents](#)

Important Information & Options

Eligibility Determination Factors

- Household income is in the Medi-Cal program limits.
- Income must be verified.
- Citizenship must be verified.
- California residency must be verified.
- Exemption from Social Security must be verified.
- You must all other factors to qualify.

We will send you additional details in two ways: 1) the mail and 2) the Secure Mailbox that you can access through your account on this site.

Appeal Decision


If you think our decision is wrong, you must file a request for a hearing within 90 days.

[Request a Hearing](#)

Request to Other Programs


If you qualify for other programs, to find out, send your information to your county social services office.

[View Other Programs](#)



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Tip 11: Referral to Other Programs



- Select **Yes** next to any or all programs to receive a referral.
- Click **Share My Information** to proceed.

Referral to Other Programs

Would you and/or your household like to share the information you just provided in a referral to your local Health and Human Services Agency for other programs?

The CalFRESH Program, federally known as the Supplemental Nutrition Assistance Program (SNAP), can add to your food budget to put healthy and nutritious food on the table. Please visit the CalFRESH website for more information.
Are you interested in a referral for CalFRESH food assistance?
 Yes No

The CalWORKs Program gives cash aid and services to families with children to help pay for housing, food, and other necessary expenses. You may get aid based on the number of people eligible and the income of your family. Please visit the CalWORKs website for more information.
Are you interested in a referral for CalWORKs?
 Yes No

The Medi-Cal Program, federally known as Medicaid, provides free health coverage for those who qualify. Your eligibility for Medi-Cal has already been determined on the basis of your income. However, you may be able to qualify for other reasons.
Are you interested in a referral to your county for a further review of the eligibility for Medi-Cal?
 Yes No

Please note that by selecting "Yes" to any of the programs noted above, you are agreeing to let us share your information with your county's Health and Human Services Agency to begin the process.

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Verification

An **applicant** may be asked to provide verification documents for the proof of the following if verification cannot be made through federal and state databases:



- Social Security Number
- California Residency
- Immigration Status/Lawful Presence
- Citizenship and U.S. National
- Annual/Current Income
- Death
- Birth of Baby (at age 1)
- Former Foster Care enrollment

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Current policy temporarily suspends the requirement to provide paper verification of state residency if verification cannot be made electronically. If electronic verification cannot be made, the application will pass state residency without any further verification required.



FAQs?



How does Medi-Cal determine the eligibility date?

- The eligibility date is the application submission date and, if found eligible, coverage would go back to the first day of the month of submission. This is very important and different from Covered CA.
- Individuals with medical bills accrued 90 days prior to the application date can request retroactive eligibility to pay those bills. Retroactive eligibility can only be made at the county social services office.



FAQs



Medi-Cal may take 45 days to finalize the application before the consumer receives their card. What does the consumer do in the interim?

If a consumer needs care immediately, they can request immediate care through their county social services office. They can also use the following avenues:

- Some hospitals can provide presumptive eligibility Medi-Cal coverage for adults, pregnant women, children, and former foster care enrollees, regardless of coverage.
- Pregnant women can get presumptive eligibility Medi-Cal coverage from certain Medi-Cal providers and clinics.
- Children can get presumptive eligibility Medi-Cal coverage provided by enrolled Medi-Cal providers and clinics seeing children.





FAQs



What if a consumer has not received a card in 45 days?

Consumers who have been waiting more than 45 days can file for an appeal to receive a decision. If a consumer has an immediate health need, they should contact the county to get enrolled or request an expedited appeal if unsuccessful with the county.



FAQs



Is there any way to cancel an application that has already been submitted if the consumer changes their mind?

The “Withdraw Application” link is available on the consumer home page after an application has been submitted. With Medi-Cal, consumers must also write to their county social services office requesting to withdraw their application.



FAQs

Why does an application show eligibility for *both* Medi-Cal and Covered California?

The consumer is automatically enrolled in Medi-Cal; however, the Medi-Cal coverage being offered is not a **Minimal Essential Coverage** plan.

Because all Medi-Cal services are not offered and the Minimal Essential Coverage requirement is not met, the applicant can choose a Covered California plan, which may include APTC.



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Examples are pregnancy only coverage and medically-needy coverage.



FAQs



An applicant has an old Legal Permanent Resident (LPR) Alien Card without a 9-character “Alien Number”, no 13-character “Card Number”, and no “Expiration Date”. What should be entered in the required fields?

Enter the following values:

Alien Number: 999999999

Card Number: ZZZ9999999999

Expiration Date: 12/31/9999

Applicants can upload a copy of the LPR card or the county will request proof of immigration status if no electronic match is found.





FAQs



Can an Agent and an applicant work on application online at the same time?

No. Print a copy of the application and work with the consumer from your printed copy.

Can I view an applicant's Secure Mailbox in CoveredCA.com?

No.



FAQs



Can I upload verification documents for an applicant?

Yes, in Word, Excel, PDF, JPG, and TIF formats. File size limit is 5MB.

What if the consumer is unemployed and has no proof of income documents?

Consumers can provide a sworn statement (Attestation) of their income.

Can I email or fax the verification documents?

You cannot email the documents, but you can fax the documents to Covered California at 916-636-3400. Processing times may increase.





Known Issues

- *Shop and Compare*
- *Mixed Family – Does not Want Medi-Cal for Children*
- *Appeal Decision*
- *Uploading Documents*
- *Children Already on Medi-Cal*
- *Former Foster Youth*

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Shop and Compare Tool Message



When using the **Shop and Compare Tool** on CoveredCA.com, a consumer may receive this message if their income and household size seem to meet Medi-Cal requirements. Consumers may believe that they cannot apply online.

Enrollee Information

Only enter members of your household who would enroll in Exchange coverage.

Enter the **AGE** of each adult

Adult 1 (over 18)

Number of dependents age 18 or under

0 1 2 3 or more

Total people covered:

Breaking Down the Monthly Cost

Good news! Because your household income is below the Medi-Cal limit, you may qualify for Medi-Cal. To get more information about Medi-Cal, you can call or visit your county social services office. For a list of places near where you live or work call 1-800-300-1506 (TTY: 1-888-889-4500).

* Indicates required field



Mixed Program Family – Does not Want Medi-Cal



If the children in the family are eligible for Medi-Cal but the parents do not want them on Medi-Cal, can they waive eligibility?



▪ **Solution 1 - No.**

On the application, select **NO** *“Would you like to see if you can get financial help paying for your health insurance?”* No family members will be eligible for APTC; all premiums will be at full cost.



Mixed Program Family – Does not Want Medi-Cal



- **Solution 2 - Yes.**

Fill out **two applications**. On **Application 1**, household size includes the parents and children, but select that the children do not want insurance. Select **YES** “**Would you like to see if you can get financial help paying for your health insurance?**” The parents will be eligible for APTC.

On the children’s application, **Application 2**, household size includes the parents and children, but select that the parents do not want insurance. Select **NO** “**Would you like to see if you can get financial help paying for your health insurance?**” The children will not be eligible for APTC; all premiums will be at full cost.



Upload Verification Documents for the Applicant



What do I do if I am having difficulty uploading the Verification documents?

- **Solution 1.** Some users have reported this problem when using Internet Explorer 8. Close IE8 and try another browser, such as, Google Chrome, Firefox, or Safari.
- **Solution 2.** Go to the “Manual Verifications” page in CalHEERS, select the individual, update the “Pending” status to “Pass” and “Redetermine Eligibility”. Afterwards, either attempt to upload the documents or wait to send directly to the county worker handling the case.







Children Already on Medi-Cal



If the children are already on Medi-Cal, how does an applicant answer the question, **“Does this person want health insurance?”**




Answer **Yes** for the children so that the adults may qualify for MAGI Medi-Cal.



Appeal Decision

When the Appeal Decision link is selected, nothing happens. How can an Appeal be made?

The consumer needs to **contact the Service Center, Hearings Division of DPSS, or their local county social services office** to initiate the appeal.



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Refer to and complete the Notice of Action Back 9
<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NABACK9.PDF> to initiate an Appeal.



Former Foster Youth



- Former foster youth should apply for Medi-Cal coverage through the county directly, rather than through Covered California, using the one-page MC 250A form available at: <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc250a2014.pdf>
- Expected CalHEERS programming changes will allow former foster youth to skip income and other questions that do not factor into their eligibility for coverage and will allow CalHEERS to determine eligibility for the Former Foster Care Children's Medi-Cal Program.





Enrollment Assistance Payment

- *Overview*
- *How Much Funding is Available?*
- *Payment Eligibility*
- *Who Pays?*
- *How and When?*
- *Payment Tracking*
- *FAQs*

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How Much Funding is Available?



- Assembly Bill 82 approved **\$14 million** in private funds
- A federal match for a total of **\$28 million** is expected
- Funding is estimated to pay for upwards of **450,000 approved applications**
- These funds will also cover **administrative costs**






Purpose



The purpose of this funding is to encourage access to health care services through Medi-Cal enrollment by providing in-person enrollment assistance payments of **\$58 per approved Medi-Cal application** submitted by Certified Insurance Agents (CIA)s and CECs through Covered California.





Payment Eligibility

CIAs and CECs receive \$58 for each approved Medi-Cal application when:

- Medi-Cal applicants are newly eligible for coverage pursuant to the federal Patient Protection and Affordable Care Act, or
- Applicants have not been enrolled in the Medi-Cal program during the previous 12 months prior to making the application.

Notes:

- Payment made for each approved application, not the number of applicants
- Mixed Program Family applications are not eligible for the \$58 Medi-Cal enrollment assistance payment



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Who Pays?



- The California Department of Health Care Services (DHCS) will transfer funding to Covered California.
- Covered California is responsible for distributing payments for Medi-Cal enrollment assistance.



How and When?



- Payments begin for approved Medi-Cal applications submitted by Agents or CECs to Covered California beginning July 2014.
- The first round of payments will be made for those applications that resulted in at least one newly eligible 19-64 year old on the application. Subsequent payments will be issued as soon as possible, including applications with children under 19 years old.
- Payments continue until the funds appropriated for this purpose run out.





FAQs?



Are the \$58 payments only made for applications into Medi-Cal through CalHEERS?

Yes. Paper applications are not eligible for enrollment assistance payment.



FAQs?



Will CIAs and CECs receive reimbursement for completing Medi-Cal *renewal* applications?

No. Funding is specifically for enrollment purposes under AB 82, Section 70.

For Mixed Program Family applications, how are the commissions paid for the APTC plans and Medi-Cal?

Commissions are only paid for the APTC plans only and not the Medi-Cal enrollments.





Conclusion – Questions?



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www.CoveredCA.com

<http://fbex.coveredca.com/agents/webinars/>

DHCS
Department of
HealthCareServices


COVERED CALIFORNIA

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