

Help Clients Retain Health Care Coverage

MEDI-CAL INFORMATION

Brought to you by Health Net

In times of crisis or life changes – regardless of age, income, employment status or current state of health – Health Net is here to provide options for health coverage for your clients and their families. We're also here to support your business by delivering excellent customer care.

For your clients or prospects who may have questions about Medi-Cal as an option, let them know Health Net is one of their Medi-Cal plan choices.

The following is basic information about Medi-Cal. Please use this as a guide for your own reference. This document should not be shared with the general public. To help your clients find detailed information on Medi-Cal, direct them to the [California Department of Health Care Services](#) and [Covered California](#) websites.



Coverage for
every stage of life™



Start with the Medi-Cal facts

Medi-Cal is a program that offers no-cost or low-cost health coverage to eligible Californian residents with limited income and resources.

Medi-Cal covers:

- low-income adults;
- families with children;
- seniors and persons with disabilities;
- pregnant women;
- children in foster care and former foster youth up to age 26.

Once qualified, a person can enroll in Medi-Cal year-round.

All health plans offered through Covered California or by Medi-Cal include the same comprehensive set of benefits known as **essential health benefits**. They are as follows:

- Outpatient (ambulatory) services.
- Emergency services.
- Hospitalization.
- Maternity and newborn care.
- Mental health and substance use disorder services, including behavioral health treatment.
- Prescription drugs.
- Rehabilitative and habilitative services and devices.
- Laboratory services.
- Preventive and wellness services and chronic disease management.
- Pediatric services, including dental and vision care.
- Dental services¹ and no-cost transportation are also covered by Medi-Cal, along with other benefits.



Medi-Cal eligibility



CAN MEMBERS OF THE SAME FAMILY QUALIFY FOR DIFFERENT COVERAGE?

Yes. The Covered California application is a single application for multiple health coverage programs. Depending on the household size or family income, a person or their family may qualify for different programs. For example:

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How does a person qualify for Medi-Cal?

To be eligible, a person's annual income must be lower than 138% of the federal poverty level which is \$1,467 per month (or \$17,609 per year) for an individual and \$3,013 per month (or \$36,156 per year) for a family of four. Refer to this chart for more information. www.coveredca.com/PDFs/FPL-chart.pdf.

If ineligible for Medi-Cal, the person may qualify for a Covered California health plan with financial help including:

- Federal tax credit.
- California state subsidy.
- Enhanced Silver plans.
- American Indian/Alaska Native (AIAN) plans.

¹For Health Net, in Sacramento and Los Angeles, Dental services fall under Medi-Cal. In all other Health Net, California Health & Wellness and CalViva Health counties, Medi-Cal Dental is needed, in addition to Medi-Cal.

- A person may qualify for affordable private health insurance available through Covered California. However, his or her child may qualify for no-cost Medi-Cal. This is because the eligibility rules for Medi-Cal kids are different than for adults, which ensures that no child lacks affordable health coverage.
- In other cases, one parent may be eligible for Covered California without subsidies because they have access to affordable coverage through their job, while their spouse is eligible for premium assistance tax credits through Covered California and the children are eligible for Medi-Cal.

Q WHAT IS “PRESUMPTIVE ELIGIBILITY” FOR MEDI-CAL?

Here is an example. A person has a medical emergency, is at a hospital and doesn't have health insurance.

A qualified hospital provider can help people complete applications for Medi-Cal, and expedite submissions.

Qualified providers can also grant immediate and temporary health coverage for pregnant, low-income women who might be eligible for Medi-Cal. This process is called **presumptive eligibility**.

As part of presumptive eligibility, if a person is found eligible, Medi-Cal coverage begins right away without having to wait for his or her Medi-Cal application to process.

- Presumptive eligibility can only be enacted once a year, per person.
- In order to maintain coverage for more than two months, a patient or their designee has to complete a Medi-Cal application.
- Presumptive eligibility offers prenatal care and prescription drugs for conditions related to pregnancy for low-income, pregnant women. Coverage is available for up to 60 days while an individual applies for ongoing Medi-Cal.

Q CAN A MOTHER ENROLL HER NEWBORN IN MEDI-CAL?

Newborns are auto-enrolled in Medi-Cal, if the mother has Medi-Cal. The newborn's care is covered under the mother's Client Identification Number (CIN) for 30 days following the month of birth. Then, the baby gets a CIN and is auto-enrolled in Medi-Cal.

- **A mother can enroll her infant if she had Medi-Cal coverage during delivery.** She just fills out a Newborn Referral Form and sends it to the Department of Health Care Services'.
- **If the mother had Medi-Cal Access Program (MCAP) at the time of delivery,** she can enroll her new infant by filling out and sending in her Infant Registration Form online or calling toll-free 1-800-433-2611.
- **If the mother had health care coverage through Covered California at the time of delivery,** she should update her family information through her CoveredCA.com account. She may also call Covered California toll-free at 1-800-300-1506.

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Medi-Cal and employment status



WHAT ARE HEALTH CARE COVERAGE OPTIONS FOR CLIENTS WHO HAVE LOST THEIR INCOME?

If your client had a **change in income, lost their job, or lost their employer group coverage**, they might be eligible for Medi-Cal.

If your clients are now enrolled in a health plan through Covered California, they should report their changes in status. As you know, Covered California plans include Medi-Cal, and offer access to financial help for those who qualify.

- People have 60 days after the date of their coverage loss to go to CoveredCA.com and select a new health plan.
- To be eligible for coverage, applicants must live in the United States, be a U.S. citizen or national, and can't be in jail.
- To check eligibility or to report a change in income, a person can do one of the following:
 - If he or she is enrolled in an Individual and Family Plan through Covered California, they can visit CoveredCA.com and log into their account to update their income details.
 - Call Covered California toll-free at 1-800-300-1506.
 - Speak to a certified insurance agent or a certified enrollment counselor.



DOES CALIFORNIA UNEMPLOYMENT INSURANCE COUNT AS INCOME?

Yes. A person needs to report his or her expected unemployment compensation when applying for health coverage through Covered California. The person needs to predict his or her income for the coverage year the best they can when completing their application. The application will help them make the estimate.

Note: CARES Act supplementary unemployment insurance benefits – which can increase unemployment benefits by \$600 per week – **do not** impact eligibility for Medi-Cal programs.



CAN A PERSON WORK AND STILL GET MEDI-CAL?

Yes. Medi-Cal is designed to help people work. If a person starts earning money and their income goes up, there are programs and rules that will help them stay covered:

- If a person has a disability and works, he or she can switch to Medi-Cal's Working Disabled Program. They will have to begin paying for their Medi-Cal coverage, but the amount is small compared to the income they're earning.
- If a person is on SSI-Linked Medi-Cal, and then their SSI benefit goes to zero because they go back to work, a section of the SSI regulations called the 1619(b) provisions allows them to keep their Medi-Cal coverage.

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- If a person is on SSI-Linked Medi-Cal and their SSDI or CDB benefits increase and make them ineligible for SSI, they can keep their Medi-Cal thanks to a rule called the Pickle Amendment.



Medi-Cal application process



HOW CAN I GUIDE MY CLIENTS TO APPLY FOR MEDI-CAL?

Your clients can choose any one of the following ways to apply for Medi-Cal:

In person: A person can apply at their local county social services offices, where he or she can get help filling out an application.

By mail: A person can apply for both Medi-Cal and health coverage with a single application through Covered California. It's found on the [California Department of Health Care Services' website](#) as well as [CoveredCA.com](#). Completed and signed applications can be sent to the [local county social services office](#). Or, they can be mailed to the Covered California address shown in the application.

By phone: A person can call their local county social services office or call Covered California toll-free at 1-800-300-1506.

Online: A person can apply online at [CoveredCA.com](#) by clicking on "Apply" at the top of the page. Applications for people determined to be eligible for Medi-Cal are securely transferred directly to the proper local county social services offices.

With help: Trained Certified Enrollment Counselors, Certified Insurance Agents and Navigators are on hand to provide help with the application process and to answer questions. This help is free.

The details required for each family member depend on their age, disability status and other factors. To apply for Medi-Cal, individuals will need the following documents:

- **Social Security numbers:** Every applicant who has a Social Security number needs to provide it to make the application process faster. Social Security numbers help the county social services office verify their information.
- **Immigration documents:** Anyone on the application who doesn't have American citizenship can submit immigration documents to determine their eligibility for other services. Undocumented adults cannot get Medi-Cal, but undocumented children can qualify.
- **Income and employment details:** Adults who receive income need to provide information about their unemployment benefits or employment. The required documents can vary and could include proof of unemployment benefits or pay stubs.
- **Federal tax details:** The head of the household and his or her dependents all need to provide their federal tax information. Individuals could still become eligible for Medi-Cal even if they don't file taxes.

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The application requires details about the person and his or her family members. This can help their local agency determine their eligibility. The applicant will need to provide these details about each person of their household:

- Age
- Employment
- Marital status
- Tax information
- Identification
- Citizenship

WHAT HAPPENS AFTER MY CLIENT SUBMITS AN APPLICATION FOR MEDI-CAL?

After a person applies for Medi-Cal, he or she will receive a letter of determination letting them know if anyone in their family qualifies for Medi-Cal. If the applicant qualifies, he or she will receive a benefits identification card (BIC) showing that they are covered under regular Medi-Cal (also called fee-for-service Medi-Cal). Within 45 days of receiving their BIC, applicants will receive mailed information explaining their health plan options.

The Medi-Cal recipient must choose a health plan within 30 days of receiving his or her health plan information mailer. If the recipient does not choose a plan within 30 days, Medi-Cal will choose a plan for them. The health plans available will depend on the county they live in. Health Net Medi-Cal is one of the plan choices. If the person is interested in Health Net Medi-Cal, he or she can check the availability in their county, and apply for Health Net Medi-Cal after they receive their BIC.

For details on health plan options and to find out which health plan is available in a particular county, people can check the [Medi-Cal Managed Care Health Plan Directory](#).

Health Net Medi-Cal

WHAT CAN A MEDI-CAL RECIPIENT EXPECT ONCE HE OR SHE IS ENROLLED IN HEALTH NET MEDI-CAL?

Once a person becomes a Health Net Medi-Cal member, he or she will get a Health Net ID card within two weeks of enrollment. They must show their Health Net ID card and their Medi-Cal BIC when they get any health care services or prescriptions. The care through Health Net starts on his or her effective date of coverage. This is the first day of the month following their completion of enrollment with Health Net. That effective date of coverage will be listed on their Health Net ID card. The person can end his or her Health Net coverage and choose another health plan at any time. For help choosing a new plan, they can call Health Care Options toll-free at 1-800-430-4263 (TTY: 1-800-430-7077). Or visit <https://www.healthcareoptions.dhcs.ca.gov>.

WHERE CAN A CLIENT CALL FOR MORE DETAILS ABOUT HIS OR HER MEMBERSHIP IN HEALTH NET MEDI-CAL?

To be eligible for Health Net's Medi-Cal coverage, a person must first be enrolled in Medi-Cal through his or her local social services office. If he or she needs help, they can call Covered California toll-free at 1-800-300-1506.

If the person is already a Medi-Cal beneficiary, a parent or guardian to a beneficiary, and has specific questions about Health Net, they can call Health Net's Enrollment Services department toll-free at 1-800-327-0502, Monday–Friday, 7:30 a.m.–7 p.m. (PT).

More information about Medi-Cal can be found on the [California Department of Health Care Services \(DHCS\) website](#).



Health Net Medi-Cal provides access to health education programs and services at no cost, and include:

- **Health education materials.**
- **Health education classes.**
- **Disease Management – Be in Charge!SM program.**
- **Fit Families for Life – Be in Charge!SM Weight Control program.**
- **California Smokers' Helpline.**
- **Pregnancy Matters!SM pregnancy education and support program.**
- **Healthy Hearts Healthy Lives program.**
- **myStrength Program – Online tool to improve mental health.**
- **T2X – Social media website for teens and adults.**

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HOW CAN A PERSON CHECK TO SEE IF HIS OR HER CURRENT DOCTOR OR PROVIDER IS IN HEALTH NET'S MEDI-CAL NETWORK?

They may visit Healthnet.com's [ProviderSearch](#) page, and enter their location or zip code. Then:

- add a filter by selecting, *Filter by Type of Plan/Network*;
- from the drop down select *State Health Plan > Medi-Cal*.

Medi-Cal Estate Recovery

IF A PERSON IS ENROLLED IN MEDI-CAL, WILL THEY HAVE TO REPAY THE STATE?

No. Estate Recovery only affects Medi-Cal members who are 55 and older and who own assets at the time of death. The majority of Medi-Cal members and their heirs will owe nothing.

The [California Department of Health Care Services \(DHCS\)](#) website has more details.

WHAT IS MEDI-CAL ESTATE RECOVERY?

When a Medi-Cal recipient dies, the state can seek repayment for the cost of certain services received that were paid for by Medi-Cal. After the Medi-Cal recipient dies, the state will send the heirs or survivors an “estate recovery claim” asking for payment for the amount of Medi-Cal benefits paid on behalf of the deceased person. The state does not put a lien on the home and the state does not take away a home.

Specific limitations or exemptions may apply. The California Department of Health Care Services (DHCS) may waive its claim if payment of the claim would cause a substantial hardship. Any request for a substantial hardship waiver must be submitted to DHCS within 60 days of the date on the DHCS Estate Recovery claim letter.

Estate Recovery helps Californians who need help getting medical care. The money recovered is deposited into the state's Health Care Deposit Fund, which helps pay for medical care services for other people in need.

The [California Department of Health Care Services \(DHCS\)](#) website has more details.