Medi-Cal Program Refreshers and Updates for Open Enrollment

Medi-Cal Program

- Medi-Cal is California's version of the Federal Medicaid program that offers no-cost and low-cost health coverage to eligible individuals

- Medi-Cal has two different eligibility groups called:
  - Modified Adjusted Gross Income (MAGI) Medi-Cal and Non-MAGI Medi-Cal
    - Each group has different methodologies for determining eligibility

Medi-Cal Program Comparison

MAGI vs. Non-MAGI

MAGI

The MAGI Medi-Cal method uses Federal tax rules to decide if you qualify based on how you file your taxes and on your countable income.

Non-MAGI

Non-MAGI Medi-Cal includes many special programs. Persons who do not qualify for MAGI Medi-Cal may qualify for Non-MAGI Medi-Cal.

Who is eligible:

MAGI:
- Children under 19 years old
- Parents and caretakers of minor children
- Adults 19 through 64 years old
- Pregnant individuals

Non-MAGI:
- Adults aged 65 years or older
- Children under 21
- Pregnant individuals
- Parent/Caretaker Relative of an age-eligible child
- Adult or child in a long-term care facility
- Person who gets Medicare
- Blind or have a disability

Property rules:

MAGI:
No property limits.

Non-MAGI:
- Must report and give proof of property such as vehicles, bank accounts, or rental homes
- Limits to the amount of property in the household

Medi-Cal Application Processing Timeframes

- **Apply** – complete the application and submit in person, by mail, by phone, or online

- **The county social services office may contact the applicant** by mail or by phone to request paper verification of income, citizenship, and other criteria that cannot be verified electronically

- **Receive Final Notice of Action** notifying the applicant of whether or not they are eligible for Medi-Cal benefits

- **Receive BIC** – when the BIC is received in the mail, the individual can use the many Medi-Cal benefits available

Income Reminders for Mixed Households

- Medi-Cal uses current monthly income to determine eligibility unless an individual reports a projected annual income amount that is less than the monthly income amount

  ❖ Current monthly income is used even if the individual's **annual** income is **over** the MAGI Medi-Cal limits or if the **current monthly income** is **under** the MAGI Medi-Cal limit

- When self-attested information does not match electronic sources, additional verifications are required

Medi-Cal Annual Renewals

- Medi-Cal coverage is renewed annually

- Medi-Cal will attempt to electronically verify a consumer's information prior to sending a packet or forms.

- If additional verification is needed once the electronic verification is attempted, the consumer will receive a form or packet from the county about their renewal.

- A Notice of Action (NOA) will be sent to the consumer once a final eligibility determination has been made. If a consumer experiences an issue during the renewal process, please contact the county.

Carry Forward Status

- If a Covered California consumer becomes newly eligible for Medi-Cal, they will be placed in pending eligible status for Medi-Cal and will be placed in a **Carry Forward Status (CFS)** while their case is being reviewed by a county eligibility worker.

- The CFS will maintain their Covered California plan selection and any APTC eligibility during this review period. Consumers should continue paying their premiums to ensure there is no gap in coverage.

- Covered California will send a notice of CFS to the consumer and the consumer will need to keep a look out for letters from the county, as the county may need additional information to complete the determination

Soft Pause

- When a change is reported in a MAGI Medi-Cal eligible household that changes a household member's eligibility from Medi-Cal to Covered California, a consumer's case may be placed in **Soft Pause**.

- Department of Health Care Services regulations require this review to protect certain consumers who have been identified as Medi-Cal eligible and when changes are reported that affect the consumer's eligibility.

- When a case is in Soft Pause, the consumer's eligibility in CalHEERS will continue to reflect Medi-Cal eligible despite changes made in CalHEERS.

- The consumer or their Medi-Cal Authorized Representative can contact the county and request the completion of eligibility updates and Soft Pause review.

Authorized Representatives vs. Delegates

Authorized Representatives

- An applicant or beneficiary can appoint an individual or organization as an authorized representative to help with all or some duties related to their Medi-Cal eligibility and enrollment

Covered California Delegates

- Consumers can delegate their application to Certified Insurance Agents (Agents) or Certified Enrollment Counselors (CECs) in CalHEERS to assist them with the application process

County Online Portals

- Each county has online portals available where individuals can do the following:
  - Apply for Medi-Cal
  - Complete and Submit a Medi-Cal Renewal
  - Upload verification documents
  - View case status information
  - View notices (Notices of Action)

- DHCS and Covered California highly recommend that individuals in mixed-households sign up for the online portal available in their county

Online Portals by County

Your Benefits Now

Los Angeles County

MyBenefits CalWIN

Alameda, Contra Costa, Fresno, Orange, Placer, Sacramento, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare, Ventura, Yolo

C4Yourself

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, and Yuba

PROGRAM UPDATES

Delay of Annual Renewals During COVID-19 Public Health Emergency

- Based on the declared State and Federal Public Health Emergency (PHE) due to COVID-19 counties were instructed to delay the processing of Medi-Cal annual redeterminations and delay discontinuances and negative actions for Medi-Cal programs

- To allow counties to prioritize processing of access to care issues, and concentrate staffing resources where needed during this public health emergency

- This delay in renewal processing, negative actions and discontinuances remains in effect until the PHE declaration is lifted

COVID-19 Related Resources

- **DHCS COVID-19 Response Webpage**
  - https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Response.aspx

- **Public Health Crisis or Disaster Reminders for Medi-Cal**
  - MEDIL I-20-06

- **Frequently Asked Questions Due to the COVID-19 Public Health Emergency**
  - MEDIL I 20-18

- **Updated Guidance Due to the COVID-19 Public Health Emergency Superseding MEDIL**
- **I 20-07 and MEDIL I 20-08**
  - MEDIL I 20-25

- **Additional Frequently Asked Questions Due to the COVID-19 Public Health Emergency**
  - MEDIL I 20-26

- **County Office Contact Information**
  - https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx

County Single System Migration Updates

- Currently, there are three different automated systems (C-IV, LRS, and CalWIN) counties use to determine eligibility. Migration to a single system across the state will begin in 2021; with LRS being the foundation of the single system.

- Migration is happening in 2 different "phases": C-IV counties and CalWIN Counties.
  – C-IV Counties are set to migrate over in one wave and will begin in September 2021
  – CalWIN counties will start migrating over in October 2022

- County operations will continue without interruption during the migration

Duplicate Applications

DHCS and Covered California have collaborated on numerous efforts to help both Agents and County Eligibility Workers (CEWs) to reduce the creation of duplicate applications

- **20.6 Release**: Duplicate Application Cases and Enrollment Information Details

  - During new Applications, Report a Change (RAC), or Application Renewal, a new **duplicate application** warning pop-up displays when a consumer may already have an existing case for any member of the household. A new message has been added to give consumers information on how to obtain an access code.

  - Agents and Certified Enrollers will now have access to additional enrollment information on the Basic Information, Enrollment Details, and Premium History pages

Duplicate Applications

- There are some important steps that agents and CEC's can take to prevent duplicate applications
  - Ask the consumer if they have ever received Medi-Cal in the past and if they know their case information
  - Suggest the consumer set up accounts through the county online portals

- Important to prevent duplicate enrollment, which can result in consumers receiving duplicate subsidies and resulting in financial penalties

- Also results in large workloads for counties to clean up the duplicate cases

QUESTIONS ?