



December 30, 2014

Transitioning from Covered California Coverage to Medi-Cal: Process When Eligibility Changes

The Department of Health Care Services (DHCS) has coordinated with Covered California, the California Healthcare Eligibility and Enrollment Retention System (CalHEERS), the County Welfare Directors Association, and the Statewide Automated Welfare System (SAWS) to prepare for individuals and family cases currently enrolled in Covered California health plans who, due to changes in their family income, will be transitioned to Medi-Cal for health care coverage.

To provide a seamless transition of these Covered California enrollees and prevent any gaps in their health coverage, DHCS will ensure all cases have Medi-Cal coverage and are enrolled in a health plan effective January 1, 2015. There are two populations that will transition:

1. Those individuals who have not had their Medi-Cal coverage activated as of yet. DHCS will administratively process those cases that have not had a final Medi-Cal determination to begin temporary Medi-Cal coverage in the Medi-Cal Eligibility Data System (MEDS) effective January 1, 2015. These individuals will have accelerated enrollment into Medi-Cal and be placed into one of two aid codes: 7W for individuals under 19 years of age and 7S for individuals 19 years old or older. The assignment to these two aid codes will be based on the age of the beneficiary at the time of the batch run. These individuals will stay under temporary Medi-Cal coverage with full-scope benefits until the counties complete their final Medi-Cal eligibility determination and send appropriate notices.
2. Those individuals who have their Medi-Cal coverage active for January 1, 2015. This population will need no action from DHCS.

Each year, Covered California is required to verify that its enrollees still qualify for federal premium assistance. This determination is based upon income and family size. Covered California is now sending out notices to enrollees who no longer qualify for federal subsidies to help pay the cost of their premiums.

This document is intended to assist County Welfare Departments, Covered California Service Centers, the DHCS' Office of Public Affairs, and legislative staff in responding to questions from the public or press about the transition.

- **Medi-Cal Coverage Begins on January 1, 2015.** Certain enrollees' current Covered California coverage with premium assistance will end on December 31, 2014, and new coverage with Medi-Cal begins on January 1, 2015. No action is required by the enrollee to obtain Medi-Cal. If additional information is needed to maintain Medi-Cal coverage, the beneficiary's [County Human Services Agency](#) will contact them.
- **DHCS to Ensure a Seamless Transition.** DHCS has coordinated with Covered California, CalHEERS and SAWS to identify the individuals and family cases transitioning from Covered California to Medi-Cal. To provide a seamless transition and ensure there is no gap in health care coverage, the cases will be processed through accelerated enrollment, effective January 1, 2015.
- **Enrollment Process.** The goal is to enroll each beneficiary into a managed care health plan, effective January 1, 2015. For those who transition to Medi-Cal and their current Qualified Health Plan (QHP) is also a Medi-Cal managed care plan, they will transition to the matching managed care plan with no lapse in coverage. For those who are enrolled in a QHP that does not match a Medi-Cal managed care health plan, they will be automatically enrolled into a managed care plan in their county.
- **Enrollees Can Keep Their Covered California Plan in 2015 and Not Enroll in Medi-Cal.** All enrollees have the option of keeping their Covered California health plan, but will have to pay the full premium out of pocket for the Covered California plan. No premium assistance will be provided. To keep coverage with their Covered California health plan, enrollees can call their Covered California health plan directly.
- **Continuity of Care.** For those who transition to Medi-Cal, a beneficiary's current Covered California health plan or health plan doctor may or may not be in their new Medi-Cal health plan. The beneficiary may be able to keep seeing his or her current physician if treatment is being provided for certain health conditions. To find out if this applies, the beneficiary should talk to his or her doctor and new Medi-Cal health plan.

Beneficiaries have the right to request Continuity of Care when they are in the course of treatment. They should contact their Medi-Cal health plan's member services to begin the process. For a list of health plan member services visit <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>

For more information and additional resources on Continuity of Care in the Medi-Cal managed care plan please visit <http://www.dhcs.ca.gov/services/Pages/ContinuityOfCare.aspx>

- **Emergency Services.** In Medi-Cal all enrollees have access to Emergency Room (ER) care in any ER. There is no cost to Medi-Cal enrollees for services provided on an emergency basis. In addition, the ER does not need to be contracted with the Medi-Cal health plan to provide emergency services.
- **Mailed Notices.** Covered California will begin to send notices to individuals transitioning from Covered California to Medi-Cal beginning in the week of December

29, 2014. The notices explain that their coverage with Covered California will end on December 31, 2014, and that they may be eligible for Medi-Cal.

On January 2, 2014, DHCS will send a letter to individuals confirming their Medi-Cal health plan enrollment, effective January 1, 2015. The letter will also notify individuals that they may contact Health Care Options (1-800-430-4263) at any time to change their Medi-Cal health plan if there are multiple plan choices in his or her county.

- **Benefit Identification Card (BIC).** Those individuals determined eligible for Medi-Cal will receive a BIC during the first week in January and a “Welcome to Medi-Cal” packet from their health plan within the first ten days of enrollment.
- **Premium Payments.** Former Covered California consumers who have Medi-Cal coverage in 2015 should end any automatic premium payments or check payments to their Covered California health plan. Consumers who sent premium payments for 2015 coverage can request refunds from the health plan for these payments only. Consumers may contact their health plan for questions about refunds in this situation.
- **Consumers Returning to Covered California Health Plan Coverage.** If a consumer is determined ineligible for Medi-Cal and eligible for Advance Premium Tax Credit (APTC), the county will transfer the record to Covered California for ongoing case management.

The coverage start date for consumers returning to Covered California for plan enrollment should immediately follow the last date of Medi-Cal coverage. For example, if Medi-Cal coverage ended on January 31, the new Covered California plan should start on February 1. In the case of a late processed enrollment, a March 1 enrollment is also acceptable, at the consumer’s request.

Responses to Individual Inquiries:

- **Compliance with County Requests.** You may receive a request from a county eligibility worker for additional information to confirm your Medi-Cal eligibility. Please be sure to respond in a timely manner to ensure you do not lose your coverage. Examples of information that may be requested include income verification documentation or additional information about family members.
- **Enrollees Can Appeal.** If an enrollee does not agree with this decision, there are a number of ways he or she can appeal. You may file an appeal by downloading and filling out the [Request for a State Fair Hearing to Appeal a Covered California Eligibility Determination](#) form. You may also file a complaint with Covered California by downloading and filling out this [Covered California complaint form](#).
- **Additional Information.** Consumers may contact the Covered California Service Center at 1-800-300-1506 or the beneficiary’s [County Human Services Agency](#). Legislative Offices may contact ExternalAffairs@Covered.CA.Gov.



Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD (FK)} {ZIPCODE}

You or your family members may now qualify for Medi-Cal

{Month} {##}, {YEAR}

Case Number: {#####}

Dear {FIRST_NAME} {LAST_NAME},

Thank you for choosing health insurance through Covered California in 2014. Each year Covered California must check to see if you and your family members still qualify for premium assistance. We used federal data and information you gave us about your income and family size to see which programs you qualify for in 2015. Based on this information, the family members below no longer qualify for premium assistance through Covered California and now qualify for Medi-Cal. This notice is to advise you that Medi-Cal coverage for these family members will begin on January 1, 2015 and that their enrollment in Covered California with premium assistance will end on December 31, 2014. As noted below, these members have the option of keeping their Covered California health plan but they will no longer be eligible for premium assistance.

- {INDIVIDUAL DETERMINED ELIGIBLE FOR MEDI-CAL}
- {INDIVIDUAL DETERMINED ELIGIBLE FOR MEDI-CAL}

What To Do Next

You do not need to do anything else at this time. Your information has already been sent to the Medi-Cal program. Your local county Human Services agency may contact you if additional information is needed to keep this coverage.

You have the option to keep your Covered California health plan in 2015, but if you want to keep your plan, you will not get any premium assistance. This means you will have to pay the full premium for a Covered California plan. If you want to keep your coverage with your Covered California health plan, call your Covered California health plan directly.

With eligibility under Medi-Cal, your current doctor may not be in your new Medi-Cal plan. You may be able to ask to keep seeing your current doctor if you are getting treatment for certain health conditions. If you want to know if this applies to you, talk to your doctor and your new Medi-Cal plan.

You Can Appeal

If you don't agree with our decision, you can appeal. If you appeal and we agree with you, we may change our decision. If we change our decision, your family members' eligibility may also change, even if they do not file their own appeal.

You can request an appeal in any of the following ways:

- Go to www.CoveredCA.com to download and print a "Request for a State Fair Hearing to Appeal a Covered California Eligibility Determination" form.
- Fax your appeal to the State Hearings Division at: (916) 651-2789
- Mail your appeal to:
 - CA Department of Social Services
 - Attn: ACA Bureau
 - P.O. Box 944243
 - Mail Station 9-17-37
 - Sacramento, California 94244-2430
- Email your appeal to: SHDACABureau@DSS.CA.gov (please do not email private information such as your Social Security Number)
- Request an appeal by contacting your County Social Services Department
- Call the State Hearings Division and submit your appeal over the phone: 1(855) 795-0634.

Getting Help in Another Language

IMPORTANT: Can you read this letter? You can call 1 (800) 300-1506 and ask for this letter translated to your language or in another format such as large print. For TTY call 1 (888) 889-4500 where you can also request this letter in alternate format.

Español (Spanish)

IMPORTANTE: ¿Puede leer esta carta? Usted puede llamar al 1(800) 300-0213 y pedir esta carta traducida en su idioma o en otro formato, como en letras grandes. Si usa TTY, llame al 1-(888) 889-4500, donde también puede pedir esta carta en algún formato alternativo.

Chinese

重要事项：您能否阅读此信件？您可以致电 1(800) 300-1533，要求将此信件翻译为您的母语或者索要其他格式（如·大字版本）的信件。如需 TTY 服务或者索要其他格式的信件，请致电 1(888) 889-4500。

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc được bức thư này không? Quý vị có thể gọi điện đến số 1 (800) 652-9528 và yêu cầu được dịch bức thư này sang ngôn ngữ của quý vị hoặc chuyển sang định dạng khác như bản in khổ lớn. Người dùng TTY, hãy gọi số 1(888) 889-4500 quý vị cũng có thể yêu cầu định dạng thay thế khác cho bức thư này.

Korean

중요: 이 편지를 읽을 수 있나요? 1 (800) 738-9116 에 연락하셔서 번역되어 있거나 인쇄물 등 다른 포맷으로 되어 있는 편지를 요청해보세요. TTY 1 (888) 889-4500 에서도 이 편지의 다른 포맷을 요청할 수도 있습니다.

Tagalog

MAHALAGA: Makakabasa ka ba sa sulat na ito? Maaari kang tumawag sa 1 (800) 983-8816 at humiling na isalin ang sulat na ito sa iyong wika o sa iba pang format katulad ng malalaking titik. Para sa TTY, tumawag sa 1 (888) 889-4500 kung saan maaari kang humiling ng alternatibong format ng sulat na ito.

Arabic

هام: هل يمكنك قراءة هذا الخطاب؟ يمكنك الاتصال بـ 1 (800) 6317-826 وطلب هذا الخطاب مترجماً إلى لغتك أو بصيغة أخرى، بخط كبير مثلاً، للصم والبكم، اتصل بـ 1 (888) 889-4500 حيث يمكنك أيضاً أن تطلب هذا الخطاب بصيغة مختلفة.

Armenian

ԿԱՐԵՎՈՐ Է: Դուք կարո՞ղ եք կարդալ այս նամակը: Դուք կարող եք զանգահարել 1 (800) 996-1009 և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք 1 (888) 889-4500, որտեղ կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը:

Khmer

សំខាន់: តើលោកអ្នកអាចអានលិខិតនេះបានដែរឬទេ? លោកអ្នកអាចទូរស័ព្ទមកលេខ 1-(800)-906-8528 និងស្នើសុំឱ្យគេបកប្រែលិខិតនេះជាភាសារបស់លោកអ្នក ឬជានិមិត្តមួយផ្សេងទៀតដូចជាអក្សរពុម្ពធំៗ។ សម្រាប់ TTY ទូរស័ព្ទមកលេខ 1 (888) 889-4500 ដែលលោកអ្នកអាចស្នើសុំលិខិតនេះជានិមិត្តផ្សេងទៀតបានផងដែរ។

Russian

ВАЖНАЯ ИНФОРМАЦИЯ: Вы можете прочитать это письмо? Вы можете позвонить по телефону 1 (800) 778-7695 и запросить получение этого письма, переведенного на Ваш родной язык, или распечатанного крупным шрифтом. Лица со сниженным слухом могут позвонить по телефону 1 (888) 889-4500, чтобы запросить это письмо в ином формате.

Farsi

مهم: آیا می توانید این نامه را بخوانید؟ می توانید با شماره 1 (800) 8879-921 تماس بگیرید و تقاضا کنید که این نامه به زبان شما ترجمه شود یا به فرمت دیگری مانند با شماره 1 (888) 889-4500 تماس بگیرید و از طریق همان شماره TTY حروف درشت به شما ارسال شود. برای همچنین می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود.

Hmong

TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Koj hu tau rau 1 (800) 771-2156 nug daim ntawv txais ua yog koj cov lus los yog lwm hom xws lis tus ntawv loj. Hu tau TTY ntawm 1 (800) 889-4500 ua koj thov hloov tau lwm hom.

State of California-Health and Human Services Agency
Department of Health Care Services □



P.O. Box 989009 □
West Sacramento, CA 95798-9850 □

January 01, 9999 □

221C2114-000001-01-1



JOHN SAMPLE
123 SAMPLE STREET
SAMPLE CITY CA 99999

Congratulations! You and the following member(s) of your family are now enrolled in the Medi-Cal Managed Care health and/or dental plan(s) listed below:

<u>Name</u>	<u>Effective Date</u>	<u>Health Plan</u>	<u>Dental Plan</u>
JOHN SAMPLE	Month 00, 0000	SAMPLE HEALTH PLAN	

Next to each person's name is the *effective date* of enrollment. Their health and/or dental plan(s) will start on this date. After that day, you and anyone in your family listed above who has Medi-Cal will all get health and/or dental service(s) from the health and/or dental plan(s) listed above.

The health and/or dental plan(s) will soon send you an information packet. This packet will include information about the health and/or dental plan's services, identification cards and a list of their locations.

Call your Member Services Department at your health and/or dental plan(s) if you have questions about getting health or dental care. **If you need health and/or dental care before you get the health and/or dental plan(s)' information packet, please take this letter and your enrollment form with you to the health and/or dental plan provider(s).**

If you have questions about your enrollment in the health and/or dental plan(s), contact a Health Care Options Representative at **1-800-430-4263**.

If you want to change your health and/or dental plan(s), ask the Health Care Options Representative for a Medi-Cal Choice Form. Fill out the "I wish to JOIN or change my plan to:" bubble on the form. Please tell us why you want to change your plan by filling in the "plan change reason code:" box from the list of codes at the bottom of the choice form. It can take up to 30 days to change health and/or dental plan(s). Call a Health Care Options Representative for more information at 1-800-430-4263.

THE STATE OMBUDSMAN CAN HELP YOU: The State of California has people who can help you. You can call the State's Ombudsman at 1-888-452-8609 (toll-free), Monday through Friday from 8:00 AM to 5:00 PM if:



- * You are having problems with your health or dental plan(s), doctor/clinic or dentist and cannot get help when you call the Member Services Department of your Medi-Cal health plan.
- * You are having a problem with changing your Medi-Cal health or dental plan and cannot get help when you call a Health Care Options Representative at 1-800-430-4263.
- * You think a doctor/clinic, dentist, health plan or dental plan representative has told you something about joining a health or dental plan that is not true. For instance, you were told by a doctor/clinic, dentist, health plan or dental plan that you had to join their health or dental plan or you would lose your Medi-Cal.
- * You think a doctor/clinic, dentist, health plan or dental plan signed you up for their plan without your permission.

The State of California must seek repayment of Medi-Cal benefits from the estate of a deceased Medi-Cal beneficiary for services received on or after the beneficiary's 55th birthday. For Medi-Cal beneficiaries enrolled (either voluntarily or mandatorily) in a managed care organization, the State must seek recovery of the total premium/capitation payments for the period of time they were enrolled in the managed care organization. Additionally, any other payments made for services provided by non-managed care providers will also be recovered from the estate. For further information regarding the Estate Recovery program **only**, call (916) 650-0490, or seek legal advice.

PLEASE DO NOT CALL YOUR ELIGIBILITY WORKER. He or she does not have this information, so they cannot help you.

Questions? Call a Health Care Options Representative at **1-800-430-4263**. Please call weekdays 8:00 AM - 5:00 PM. The call is free!