SOCIAL SERVICES AGENCY

Guide to Medi-Cal in Santa Clara County

SCD 2335 – 7/16

Contents

INTRODUCTION

This guide will help to answer the most commonly asked questions such as:

- What is Medi-Cal?
- How did ACA affect health care?
- How do I apply?
- Where do I apply?
- What happens to my application when I apply?
- What does Medi-Cal cover?
- What is a Share of Cost?

What is Medi-Cal?

Implementation of the Affordable Care Act (also known as Obamacare and Health Care Reform) extended Medi-Cal eligibility to include most individuals. Medi-Cal is a state health care program that offers coverage for low or no cost. It is separated into two categories: Modified Adjusted Gross Income (MAGI) Medi-Cal, and Non-MAGI Medi-Cal. Most individuals will fall under the MAGI Medi-Cal category.

How ACA Changed Health Care Requirements

The Affordable Care Act mandates that every U.S. Citizen and legally residing Non-Citizen must have health care that meets the Minimum Essential Coverage (MEC). Any of these persons who fail to maintain MEC for themselves or their dependents for 3 or more months out of the year will be penalized by the Internal Revenue Service (IRS).

Examples of MEC include:

- Public insurance such as Medi-Cal (except for Share of Cost Medi-Cal and Minor Consent)
- Private health insurance
- Certain employer-sponsored insurance
- Health coverage purchased through Covered CA

Note: Applicants/recipients who are over the income limits for Medi-Cal will be evaluated for plans through Covered CA.

How To Apply For Medi-Cal

You may complete a Medi-Cal application in one of the following ways:

- Online at My Benefits CalWIN
- Print the Medi-Cal Mail-In Application from the State website
    - Complete the form and either:
        - Fax to (408) 295-9248
        - Mail to one of the offices listed below or to

          P.O. Box 11018 San Jose CA 95103-1018
- Call our office for an application to be mailed to you at (408) 758-3600
- You may apply in person at any of the offices listed below:

Assistance Application Center
1867 Senter Road
San Jose, CA 95110

South County District Office
379 Tomkins Court
Gilroy, CA 95020

North County District Office
1330 West Middlefield Road
Mountain View, CA 94043

Any Santa Clara Valley Medical Center Location or Clinic

What Happens When a Medi-Cal Application is Received?

STEP 1 The application is assigned and reviewed by an Eligibility Worker.

STEP 2 If necessary, the worker requests verification in writing and allows 20 days to provide the information to process the application.

STEP 3 The worker determines whether or not you are eligible once all verifications are provided and reviewed.

Note: Your application may be denied if the required information or verifications are not provided by the due date.

STEP 4 A letter is sent to you within 45 days from the date we receive your application explaining if the application was approved or denied.

STEP 5 If you are approved and have never received Medi-Cal before, a Benefit Identification Card will be mailed to you by the State of California,

OR

Your Benefit Identification Card is reactivated if you had Medi-Cal coverage in the past. If the card is lost or damaged, please report to your County office.

Note: See page 12 for plan enrollment

How to Keep Your Medi-Cal Active

All Medi-Cal beneficiaries are reevaluated annually to ensure continuing eligibility. Two months prior to the redetermination date, the system will try to verify eligibility automatically through the Federal Hub. If successful, you will not need to take any action in order for your Medi-Cal benefits to continue. If any of the information cannot be verified through the Federal Hub, you will be mailed a Redetermination Packet and must take the following actions:

STEP 1	If you receive a packet, provide the requested information by phone, mail, fax, or online at My Benefits CalWIN
STEP 2	The information provided will be reviewed by your Eligibility Worker for ongoing eligibility. Additional verifications may be required.
STEP 3	If you are still eligible, your Medi-Cal benefits will continue for one full year. If you are no longer eligible to Medi-Cal, you may be eligible for other health care programs.

IMPORTANT

If your Medi-Cal stops and you were enrolled in a Medi-Cal health care plan, you may be dropped from the plan. Remember to report any changes that affect your Medi-Cal within ten days.

What Medi-Cal Covers

There are two different levels of Medi-Cal, Full Scope and Restricted Scope. Your coverage will be determined based on your immigration status. Senate Bill 75 extended full scope eligibility to undocumented children up to age 19.

Full Scope Medi-Cal vs. Restricted Scope Medi-Cal

	Full-Scope	Restricted
Who is Eligible	• U.S. citizens • Eligible immigrants • Undocumented children	• Undocumented adults
What is Covered	• Doctor visits • Hospital care, • Emergency room • Dental • Vision • Mental health • Pregnancy • Family planning • X-rays and mammograms • Tuberculosis • Renal dialysis	• Emergency care • Pregnancy and postpartum care • Tuberculosis • Renal dialysis

Note: Some services may require prior approval. Your health care provider will explain if it applies to you. Contact the State of California, Medi-Cal Benefits Branch at 1-800-541-5555 if you have any questions about what Medi-Cal covers.

Financial Responsibility

Once determined eligible, your monthly income will determine if you are entitled to receive no cost Medi-Cal, Share of Cost Medi-Cal, or Medi-Cal with a premium (see explanation of Share of Cost on page 10).

Children whose parents have income over the Medi-Cal limit may qualify for the Optional Targeted Low Income Children program (OTLIC) which provides health care to children for a $13 premium per child. Although the premium is per child, the most any family will have to pay is $39.

No Cost Medi-Cal

If your income is below the Medi-Cal income limit you will receive Medi-Cal benefits at no cost to you.

Retroactive Medi-Cal

Retroactive Medi-Cal is a program available upon request to applicants or beneficiaries who are or have been eligible for Medi-Cal and have an unpaid medical bill in any of the three months before the month you apply. The request for retroactive coverage must be made within one year of the month in which the medical service was received. You may need to provide verification of income and property for each month requested.

Example: An individual applies in April of 2016 for Medi-Cal but has a bill from January of 2016. They are potentially eligible for Retroactive Medi-Cal in January, February, and March of 2016 and have until January of 2017 to request retroactive coverage.

Share of Cost (SOC)

A Share of Cost (SOC) only applies to Non-MAGI Medi-Cal. If your income is over the Medi-Cal income limit, you may be responsible to pay a certain amount in the month medical services are provided before Medi-Cal pays. You will not pay the share of cost in any month you do not receive medical services.

Example:

A family of 4	
Total countable monthly income	$1600
Medi-Cal limit for family of 4	1100
Share of Cost (SOC)	$ 500

A SOC is determined on a case by case basis. Medi-Cal has no-SOC programs based on a family's income. Your worker will review all no SOC programs for which you may be eligible.

Generally, SOC applies to the family as a whole and not to the individuals. For example, if the family's SOC is $500 and you already paid $500 towards your medical bills, your family's SOC for the current month has been met. The other family members will no longer need to pay for any medical services in the month in which the SOC was met.

How do I meet the Share of Cost (SOC)?

The SOC is paid to your provider and not to the Social Services Agency. When you incur medical expenses that equal your SOC, your SOC has been met. Your provider will record the amount you paid or are responsible to pay. Once your SOC is met, Medi-Cal will pay any other **covered** medical expense for you or your family in that month.

Do I pay the SOC every month?

You only pay your SOC in the month you receive medical services. You do not pay the SOC in any month in which you do not receive medical services.

If I reside in a skilled nursing home, do I pay my SOC monthly?

Yes, if your Medi-Cal is approved, and you are in a skilled nursing home, your SOC must be met each month.

What A Medi-Cal Card Looks Like

Individuals who are approved for Medi-Cal should have a Benefits Identification Card (BIC). The Department of Health Care Services (DHCS) recently released a new card design (below on the left) to replace the blue and white card (below on the right). Providers are aware of this change and will accept both cards.

If you are approved for Medi-Cal and you have not received Medi-Cal in the past, the Department of Health Care Services will mail you a new card.

If you are approved and had Medi-Cal in the past, your Medi-Cal card will be reactivated.

For replacement of your Medi-Cal card, please contact the Social Services Agency at (408) 758-3600.

ALWAYS SHOW YOUR MEDI-CAL CARD TO YOUR PROVIDER WHEN YOU RECEIVE SERVICES.

Medi-Cal Health Plans

When you are approved for no cost full scope Medi-Cal, you will be required to enroll in one of two Medi-Cal Health Care Plans in Santa Clara County. An enrollment packet will be sent to you by Health Care Options.

It is very important that you read all materials carefully and select a Health Plan and provider **within 30 days**.

Health Care Options can assist you with enrollment or disenrollment in a Medi-Cal Health Plan. If you are applying for Medi-Cal in person, see the Health Care Options representative located in the lobby.

If you have a specific medical condition you may ask for an exemption from enrolling in a Medi-Cal Health Plan.

Call Health Care Options at 1-800-430-4263 to:

- Select the best health plan for you and your family
- Attend a presentation explaining the Health Plans
- Enroll or disenroll in Santa Clara Family Health Plan or Anthem Blue Cross
- Apply for an Exemption

You must choose one of these two plans:

- Santa Clara Family Health Plan
  210 East Hacienda Avenue
  Campbell, CA 95008
  1-800-260-2055

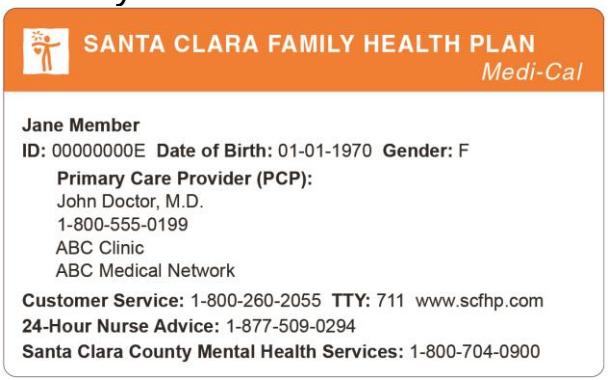
OR

- Anthem Blue Cross of California
  P.O. Box 60007
  Los Angeles, CA 90060-0007
  1-800-407-4627

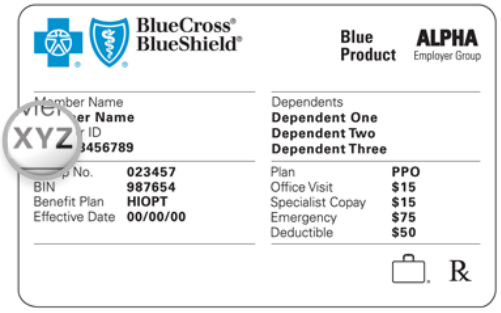
Call your health plan once you are enrolled to:

- Request a list of providers
- Schedule an appointment
- Clarify billing issues
- Ask about specific medical or prescription drug benefits
- Change doctors within your plan
- Add or remove family members from coverage
- Report address or phone number changes
- Request a member replacement ID Card

What the Santa Clara Family Health Plan card looks like:



What the Blue Cross cards look like:



ALWAYS CARRY YOUR MEMBER ID CARD WITH YOU

Other Health Coverage (OHC)

Other health coverage (OHC) is benefits for health-related services under any private or group insurance program. You can have OHC and Medi-Cal at the same time. However, California State law requires Medi-Cal applicants or beneficiaries to report and use their OHC first, before using Medi-Cal.

On a monthly basis the Department of Health Care Services runs a data match with California health insurance providers in the state. If there is a match, the coverage is automatically posted on the individual's Medi-Cal record.

If you currently pay a premium for private or group medical insurance, it must be reported to Social Services Agency. We will use the premium amounts paid to ensure your Medi-Cal coverage is correct. Premiums paid for OHC may be counted as a deduction from your gross income.

Example:

A family of 4 is applying for Medi-Cal. One person in the household has Kaiser Permanente as other health insurance and pays $50 per month. The premium amount paid to Kaiser is a deduction to the family's gross income. In order to receive a deduction for the premiums paid to the other health insurance, proof must be provided to Social Services Agency.

Third Party Liability

Medi-Cal regulations require reimbursement of medical services from those who might have filed a claim against a potential liable third party. Example of a third party liability medical claim may be when a person is injured on the job and a claim for workers' compensation is filed. The person injured may apply for Medi-Cal.

For more information on Other Health Coverage and Third Party Liability, call toll free 1-800-952-5294.

Healthy Kids, Valley Kids, and CCHIP

Children who are not eligible for either zero Share of Cost (SOC) or Full-Scope Medi-Cal will be referred to Healthy Kids, Valley Kids or CCHIP, depending on family income.

	Healthy Kids	Valley Kids	CCHIP
Contact Information	1-888-244-5222 Website	1-888-244-5222 Website	1-888-244-5222 Website
Income Limit	Up to 300% of the FPL	300%-400% of the FPL	266%-322% of FPL
Eligibility Requirements	• Under 19 years of age • Resident of Santa Clara County • Not eligible for zero SOC Medi-Cal • Not covered by private health insurance in the past 3 months	• Under 19 years of age • Resident of Santa Clara County • Not eligible for full-scope Medi-Cal, Covered CA, or private insurance	• Under 19 years of age • Resident of Santa Clara County • Not eligible for Medi-Cal, Covered, CA, or private insurance • **U.S. Citizen or lawfully present**
Coverage	• Doctor visits • Dental and vision • Specialist care • Mental health • Family planning • OB/GYN and pregnancy • Prescriptions • Urgent care • Hospital care	• Doctor visits • Preventative care • Specialty care • Immunizations • Hospital care • Mental health • Drug and alcohol treatment • Prescriptions • Family planning	• Doctor visits • Dental and vision • Immunizations • Hospital care • Lab and x-ray services • Mental health • Hospital care • Prescriptions
Monthly Premiums	$4 to $21 per child with a maximum cost of $63 per family per month	No monthly premium, but copays starting at $20 depending on service type	Contribution between $21 and $63 depending on family income
Providers	Find a list of providers Here.	Limited to Valley Medical Center (VMC) and Community Health Partnership (CHP) clinics.	Find a list of providers Here.

Medicare

Medicare is a national health insurance program administered by the Social Security Administration that covers hospital, doctor visits and prescription drugs for individuals who qualify.

Individuals are eligible for Medicare if they or their spouse worked for at least 10 years in Medicare covered employment, and they are 65 years of age or older and a citizen or permanent legal resident of the United States. Younger individuals with a disability or chronic kidney disease may also qualify.

Medicare is divided into two parts: Original Medicare (Part A, B, and D) and Medicare Advantage Plan (Part C)

Part A
Part A Hospital Insurance is available to qualifying persons at no cost and helps pay for inpatient hospital care, limited care in a skilled nursing facility, home health care, and hospice care. Individuals who do not qualify for free Part A coverage can purchase such coverage through payment of a monthly premium.

Part B
Part B Medical Insurance may be purchased from Centers for Medicare and Medicaid Services (CMS) through payment of a monthly premium. Part B helps pay for doctors' services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare.

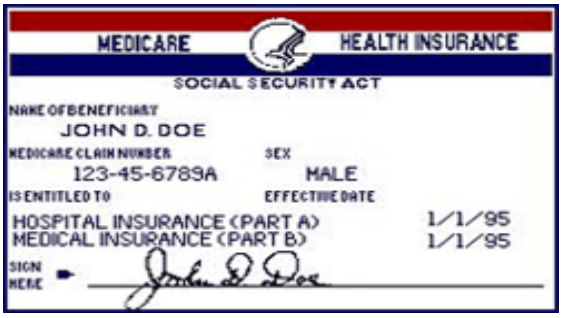
Part C
Medicare Advantage Health Plans may offer extra benefits and lower out-of-pocket costs than those in the Original Medicare Plan through enrollment in a Health Maintenance Organization (HMO) or Special Needs Plan (SNP). Most plans include prescription drugs.

Part D
Medicare Part D is a subsidized prescription drug insurance program. Part D plans are offered by private health insurance companies in contract with Medicare. Enrollment is voluntary. The general enrollment period for part D is November 15th through December 31st of each year.

For a plan comparison tool or to learn more about these plans, visit https://www.medicare.gov/ or call 1-800-MEDICARE.

Medicare Health Insurance Card

Medicare Health Insurance Cards are prepared and mailed by the Social Security Administration and the Railroad Retirement board to Medicare beneficiaries. The red, white, and blue card shows the name of the beneficiary, Medicare Claim Number, the sex of the beneficiary, entitlement to Medicare Part A and/or Part B, and the effective date of each. The card also contains a beneficiary's signature block. A Medicare beneficiary receives a new card each time Medicare eligibility status changes.



The actual card size is 3 ½" (length) by 2 ¼" (width).

For more information regarding Medicare, call toll free 1-800-633-4227.

Medicare Savings Programs

Qualified Medicare Beneficiary (QMB) Program

This program helps Medicare beneficiaries pay for their Medicare Part A and Part B premiums, co-insurance, and deductibles. To be eligible you must qualify for Medicare Part A, have income and property within a certain limit, and be otherwise eligible for full scope Medi-Cal. You do not have to actually apply for Medi-Cal benefits.

SSI/QMB Beneficiary

Individuals who receive Supplemental Security Income (SSI) may also apply for QMB benefits as they meet all Medi-Cal requirements by virtue of being eligible for SSI.

Specified Low-Income Medicare Beneficiary (SLMB) Program

Individuals who are over the income limit for QMB may qualify for SLMB. if their income is within the SLMB income limits. The SLMB program pays only for the Medicare beneficiary's Part B premium. All other QMB eligibility criteria apply.

Qualifying Individual (QI) Program

This program is similar to the QMB and SLMB programs except for a higher income limit. This program pays only for the Medicare Part B premium.

Frequently Asked Questions (FAQs)

Q. Who may be eligible to receive Medi-Cal benefits?

A. With the implementation of the Affordable Care Act (ACA), everyone is potentially eligible to Medi-Cal including:

- Low-income families, children, and individuals
- Pregnant women
- Blind and disabled persons
- Residents of nursing homes or long term care
- Refugees
- Persons infected with Tuberculosis
- Persons that need kidney dialysis or tube-feeding
- There are other specialized categories you may be eligible or such as
    - Payment of your Medicare premiums, deductibles and co-insurance
    - Breast and Cervical Cancer Treatment program
    - Organ Transplant Medication

You are automatically eligible to receive Medi-Cal if you receive cash assistance under one of these programs:

- Supplemental Security Income (SSI)
- California Work Opportunity and Responsibility to Kids Program (CalWORKs)
- Refugee Cash Assistance (RCA)
- Foster Care or Adoption Assistance

Q. What do I need to provide to apply for Medi-Cal?

A. Depending on the program, you may be asked to provide verification of income, property, identity, and California residency. Other verifications may be requested if they are needed. Disabled individuals or persons age 65 or over must also provide proof of property.

Q. How long does the application process take?

A. Forty-five days are allowed by law to process a Medi-Cal application.

Q. I have unpaid medical bills from past months. Can I apply for Medi-Cal for these months?

A. Yes. You can apply for any of the three months prior to the month of application.

Q. I am a minor (under 21) living with my parents; can I apply for Medi-Cal?

A. You may apply for yourself if you file your own taxes and your parents do not claim you as a tax dependent.

If you are living with your parents and they do claim you as a tax dependent you may apply for confidential Minor Consent benefits without parental consent. You must apply in person.

Q. What is Minor Consent?

A. The Minor Consent Program is for minors under 21 years of age who live with their parents (claimed on parent's taxes) and are unmarried. This Program covers certain confidential medical services such as family planning, pregnancy, drug/alcohol abuse, sexually transmitted diseases, sexual assault, and mental health treatment.

Q. What if I don't qualify for Medi-Cal, what are my options?

A. All lawfully present individuals who are over the income limit for Medi-Cal will automatically be evaluated for coverage through Covered CA and will be mailed information about eligibility to their plans. Persons who are between 21 and 64 years of age and don't qualify for Medi-Cal may be eligible for the Ability to Pay Program Determination (APD) at Valley Medical Center (refer to page 24 of this pamphlet for contact information).

Q. Can I apply for Medi-Cal if I own a home and a car?

A. Yes. Not all Medi-Cal programs have a property limit. For those that do, the home you live in is not counted toward your property limit and one car may be exempt. Your property limit is based on the size of your family.

Q. How will Medi-Cal benefits effect my estate?

A. Medical expenses paid by Medi-Cal after age 55 are subject to recovery by the State. After receiving notification of the death of a person on Medi-Cal, the State of California will decide whether or not the cost of services must be paid back. For more information, call Department of Health Care Services Estate Recovery Section: (916) 650-0590.

Q. I am leaving the State for a while. What will happen to my Medi-Cal?

A. If you remain a resident of California you can continue to receive Medi-Cal benefits. However, communicate with the us if you plan on leaving California for more than 30 days. Not all services are covered out of state and not all providers accept Medi-Cal. Ask the out of state provider before receiving services.

Q. I moved to another county, will Medi-Cal cover my medical bills in the new county?

A. As soon as you move, please report your new residence address and phone number to Social Services. We will send all the necessary paperwork to your new county so that there will be no interruption of your Medi-Cal benefits. If you are in a Medi-Cal Managed Care Plan, please call your health plan right away to report the change of address.

Q. My husband has returned to our home. I want to add him to my Medi-Cal case. What do I do?

A. Please report this change to Social Services within 10 days. You will be asked to provide his income information along with other needed verifications. The worker will mail you any required forms for you to complete and return.

Q. ***If I don't agree with the County's decision. What can I do?***

A. You can file a request for an appeal. The back of every Notice of Action has information and a phone number about your hearing rights and explains how to ask for a hearing. You have 90 days to ask for a fair hearing. The 90 days start the day after the county gives or mails the Notice of Action.
You may complete the hearing form on the back of the notice and return to the address indicated on the form or you can call the toll free number 1-800-952-5253.

Q. What is Transitional Medi-Cal and why am I aided under this program?

A. This program is for individuals who were discontinued from CalWORKs/cash assistance. It provides additional months of no cost Medi-Cal. If you have further questions, contact Social Services at (408)758-3600.

Q. ***I was discontinued from SSI. Can I apply for Medi-Cal?***

A. When SSI is discontinued, your Medi-Cal benefits will continue until an evaluation of on-going eligibility is completed by the Social Services Agency. You will be notified and contacted if additional information is needed.

Contacting the Social Services Agency

Call (408) 758-3600 to:

- Report any changes within ten days
- Check on your Medi-Cal eligibility status
- Add or remove a family member
- Report address or phone number changes
- Report income changes
- Request a replacement Medi-Cal card

Contact Information

Resource Name	Contact Info
Patient Access, Financial Counseling Center (Valley Medical Center)	1-866-967-4677
Adult Protective Services	1-800-414-2002
Anthem Blue Cross	1-800-407-4627
California Children's Services in Santa Clara County	408-793-6200 or 408-793-6250
California Nursing Home Guide (CANHR)	www.canhr.org
Child Health and Disability Prevention Program	1-800-689-6669 or 408-937-2256
Child Support or Medical Support	1-866-901-3212
Child Abuse Hotline	408-299-2071
Children's Health Initiative	1-888-244-5222
Covered CA	1-800-300-1506
Denti-Cal	1-800-322-6384
Health Insurance Counseling and Advocacy Program	408-350-3200
Housing Authority	408-275-8770
In-Home Supportive Services	408-975-4899
MAXIMUS	1-800-880-5305
Medi-Cal Access Program (MCAP)	1-800-433-2611
Medi-Cal Billing	916-636-1980
Medicare	1-800-633-4247
Medicare Part D (Low Income Subsidy)	1-800-772-1213
Medi-Cal Fraud	1-800-822-6222
Mental Health Services	408-885-5673
Next Door Solutions to Domestic Violence	408-501-7550 Hotline: 408-279-2962
Planned Parenthood	408-297-5090
Santa Clara Family Health Plan	1-800-260-2055
Santa Clara Public Guardian's Office	408-755-7610
Santa Clara County Veteran Affairs Office	408-553-6000
Senior Adult Legal Assistance (SALA)	408-295-5991
Social Security	1-800-772-1213
Support Network for Battered Women	1-800-572-2782
Valley Medical Center	408-885-5000
Women Infants and Children (WIC)	408-792-5101
4 Community Child Care Council of Santa Clara County	408-487-0762