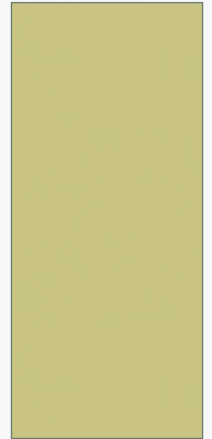


MEDI-CAL PROGRAM

**LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES - DPSS**

**WORKFORCE DEVELOPMENT BOARD AJCC
PARTNERS**



MEDI-CAL PRESENTATION

- Medi-Cal Overview
- Health Care Reform
- Eligibility Requirements
- MAGI Medi-Cal
- Non-MAGI Medi-Cal
- Minimum Essential Coverage
- Application Process
- How to Apply

MEDI-CAL OVERVIEW

- The Medi-Cal Program provides comprehensive medical coverage to eligible individuals.
- Medi-Cal eligibility can be established under two categories
 - Modified Adjusted Gross Income (MAGI) Medi-Cal
 - Non-MAGI Medi-Cal

HEALTH CARE REFORM OVERVIEW

- Health Care Reform (HCR) is also known as the Affordable Care Act (ACA).
- All U.S. Citizens and Legal Permanent Residents are required to have health insurance coverage, or face tax penalties (Individual Mandate).
- Requires insurance plans to provide Minimum Essential Coverage (MEC) benefits.
- HCR established the Health Insurance Exchange known as Covered California.

MEDI-CAL ELIGIBILITY REQUIREMENTS

- California residency
- Identification
- Citizenship/Immigration status
- Income
- Medical Support Enforcement (MSE)
- Property/resources are **ONLY** required for Non-MAGI Medi-Cal.

MODIFIED ADJUSTED GROSS INCOME (MAGI) MEDI-CAL

MAGI Medi-Cal is the new Medi-Cal program created under HCR that covers:

- Adults (19-64)- Income up to 138% FPL
- Children (under age 19)- Income up to 266% FPL
- Parents/Caretaker relatives –Income up to 109%FPL
- Pregnant Women- Income up to 213%FPL

MAGI MEDI-CAL

- Modified Adjusted Gross income (MAGI) is a methodology based on IRS tax rules.
- MAGI methodology determines household composition and how income is treated for the new HCR programs.
- Assets and property are waived under MAGI methodology.

NON-MAGI MEDI-CAL

Non-MAGI Medi-Cal is the new term for the Medi-Cal programs that existed before HCR and still remain with the same rules:

- Supplemental Security Income (SSI)
- Foster Care/Former Foster Youth Medi-Cal Program
- Seniors (65 or over) and Persons with Disabilities
- Long Term Care (LTC)
- Home and Community Based Waiver
- Medicare Savings Programs (MSP)
- 250% Working Disabled Program
- Pickle Program
- Dialysis and Related Services
- Medically Needy (MN) and MN Sneed
- Minor Consent

MINIMUM ESSENTIAL COVERAGE (MEC)

Under HCR, insurance plans must provide **Minimum Essential Coverage (MEC)**, which includes:

- Ambulatory Services
- Emergency Services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision

Note: As of May 2014, Medi-Cal Covers dental care for adults.

HOW TO APPLY

- To apply on-line via the Your Benefits Now webpage:
www.dpssbenefits.lacounty.gov
- To have an application mailed directly to you, or to find the nearest office to you, call of one Customer Service Center:

Toll Free Number (866) 613-3777

- Covered California: www.coveredca.com

MEDI-CAL APPLICATION

SINGLE STREAMLINED APPLICATION (SSApp)

- The SSApp is used to apply for the following health insurance affordability programs:
 - Medi-Cal (MAGI & Non-MAGI)
 - Subsidized Coverage (APTC/CSR)
- SSApp captures tax filer and tax dependent information, including income and immigration status.

Start application here

Step 1: Tell us about the adult who will be our main contact for this application

First name Middle name Last name Suffix (examples Sr., Jr., III, IV)

Home address Apartment #

City (home address) State ZIP code County

Check here if you do not have a home address. You must give us a mailing address below.

Check here if your mailing address is the same as your home address. **If it is not the same**, you must give us your mailing address below:

Mailing address (if different from home address) Apartment #

City (mailing address) State ZIP code County

Best phone number to reach you Home Cell Work Other phone number Home Cell Work
Number: () - Number: () -

What language should we write to you in? What language do you want us to speak to you in?

How would you like to get information about this application? Phone Mail

Email Email address: _____

Step 2: Tell us about your family

Your income and family size help us decide what programs you qualify for. With this information, we can make sure everyone gets the best coverage possible.

You must include these people on this application:

- Your spouse
- Your children who live with you
- All parents living in the home with their child
- Anyone on your federal income tax return, if you file one. You don't need to file taxes to apply for health insurance.

★ Anyone else who lives with you will need to file his or her **own** application if they want insurance.

Complete Step 2 for each person in your family. Start with yourself!

- ★ To apply for more than four people on this application, **make a copy of pages 7-9** for each additional person.
- ★ We'll keep all your information private as required by law. We'll use personal information only to check if you are eligible for health coverage. You do not need to provide the immigration status or Social Security number (SSN) for those in your family who are not applying for health coverage.

Step 2 continued on next page ▶

¿Preguntas? Llame a Covered California al 1-800-123-4567 (TTY: 1-800-765-4321). La llamada es gratuita. Usted puede llamar de lunes a viernes de 8 a.m. a 6 p.m. y los sábados de 8 a.m. a 5 p.m. O visite CoveredCA.com.

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COVERED CALIFORNIA

- **Covered California**

Is a statewide marketplace where individuals can shop on-line or over the telephone for insurance coverage.

- **Covered California provides subsidized assistance to individuals with income over MAGI Medi-Cal limits but under 400% FPL via:**
 - Advanced Premium Tax Credits (APTC)
 - Cost Sharing Reduction (CSR) Subsidies

WHEN TO APPLY

- There is no open enrollment to apply for Medi-Cal.
- Medi-Cal applications are accepted all year-round.

QUESTIONS

