What is Medicaid / Medi-Cal?
- Medicaid is jointly funded by federal and state governments and offers health coverage to specific segments of the population at or near the poverty level. Each state determines the eligibility rules that apply to residents of that state
- Medi-Cal is the California Medicaid program

Eligibility
- Income requirements
  - California: Households under 138% of the poverty level are eligible for low or no-cost Medi-Cal coverage (see chart below)
  - If you are not under the maximum income level, you may still be eligible for reduced-cost health coverage.
  - Can register indivudal or family

Household Size*	Maximum Income Level (Per Year)
1	$18,075
2	$24,353
3	$30,630
4	$36,908
5	$43,186
6	$49,463
7	$55,741
8	$62,018

- Other requirements:
  - To be eligible for California Medicaid, you must be a resident of the state of California, a U.S. national, citizen, permanent resident, or legal alien, in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income.
- You are eligible to receive additional benefits and/or lower cost if you are:
  - Over the age of 65
  - Blind or disabled
  - Pregnant
  - In a nursing or intermediate care home

- ○ Under the age of 21
- ○ A refugee living in the U.S. temporarily
- If you are enrolled in one of these programs, you can also get Medi-Cal benefits
  - ○ CalFresh
  - ○ SSI/SSP
  - ○ CalWorks (AFDC)
  - ○ Refugee Assistance
  - ○ Foster Care or Adoption Assistance Program

Applying for Medi-Cal
- How to apply
  - ○ Options:
    - ■ Online: https://www.coveredca.com/
    - ■ By mail: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/2014_CoveredCA_Applications/ENG-CASingleStreamApp.pdf
    - ■ In-person at local county office or by phone. County locator: https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx
- The process
  - ○ The process for verifying your Medi-Cal eligibility, from the time your completed application is received to when you receive your Benefits Identification Card (BIC), normally takes 45 days.
  - ○ The general process for verification is as follows:
    1. Apply – complete the application, and submit either in person, by mail, by phone, or online (see above)
    2. Receive a Notification of Likely Eligibility by mail
    3. Your county's social services office may contact you by mail or by phone to request paper verification if income, citizenship, and other criteria cannot be verified electronically
    4. Receive Final Notice of Action notifying you of whether or not you can receive Medi-Cal
    5. Receive your BIC – when you receive your BIC in the mail, you are able to use the many Medi-Cal benefits available to you.

Aspects of the plan
- Cost

- For many individuals who enroll in Medi-Cal, there is no premium, no co-payment, and no out of pocket cost.
- Some households will see affordable costs, such as a low monthly premium. For some Medi-Cal children, the monthly premiums are $13 per child up to a family maximum of $39 per month.

- Benefits
  - Medi-Cal covers most medically necessary care. This includes doctor and dentist appointments, prescription drugs, vision care, family planning, mental health care, and drug or alcohol treatment. Medi-Cal also covers transportation to these services.

- Advantages
  - Low copays:
    - Typically, these can be as low as just $2, and there are even some procedures that don't even require any copay at all.
  - Financial protection
    - Medicaid guarantees some amount of financial protection, as many medical care expenses are covered under this program. This means that those who are on a lower income and end up having to go into the hospital for a serious procedure won't be as financially burdened as a result.
  - Many people eligible
    - In California, the maximum income to be eligible for Medicaid is higher than in other states (138% poverty level). This means that more people qualify for Medicaid here.

- Disadvantages
  - Potentially lower quality care
    - In the event that someone on Medicaid ends up suffering an emergency, they can sometimes end up enduring lower-quality treatment simply because they are on Medicaid. On Medicaid, the affected individual may not be able to undergo some of the necessary treatment.
  - Some procedures may be fully denied
    - Medicaid covers most necessary procedures. However, some specific procedures can end up getting denied even after services have been rendered to an individual. This is because there are some services that are considered to be experimental or unnecessary, meaning that they are not covered by Medicaid.

- Who usually has this plan?
  - Nearly 1 in 3 Californians are on Medi-Cal. This includes 4 in 10 children, 1 in 5 nonelderly adults, and two million seniors and people with disabilities

- Coverage
  - Blue Shield of California Promise Health Plan currently serves Medi-Cal members in Los Angeles and San Diego Counties.
  - https://www.blueshieldca.com/bsca/bsc/wcm/connect/sites/sites_content_en/bsp/medi-cal-members/medi-cal-members

- How do I use Medi-Cal?
  - When you first qualify for Medi-Cal, you're covered under Medi-Cal Fee-for-Service but you must choose a managed care health plan (choices specific to your county) within 30 days or the state will choose a plan for you. (some counties only offer one plan to choose from)
    - Some services require prior approval
  - A managed care health plan is just like a private insurance plan - specific in-network providers/locations
  - When you are under Medi-Cal Fee For Service, you do not have a "network" yet so you must ask your provider if they accept Medi-Cal Fee for Service payments. You show them your BIC for them to bill you. They have a right to refuse Medi-Cal.
    - You may have to pay a co-pay

- Full List of Medi-Cal Managed Care Health Plan Directory by county-
  https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx#sandiego
    - Break down of San Diego County's health plan options -
      https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/ssp/Healthy%20San%20Diego/HDS%205%2012%2021%2017.pdf

- Medi-Cal benefits Identification Cards - 2 versions

References

[1]
https://www.healthforcalifornia.com/covered-california/health-insurance-companies/medi-cal/eligibility-requirements

[2] https://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx

[3]
https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-CalFAQs2014a.aspx#:~:text=For%20many%20individuals%20who%20enroll,maximum%20of%20%2439%20per%20month

[4] https://www.coveredca.com/health/medi-cal/individuals-and-families/

[5] https://quickclaimersinc.com/2019/09/15/the-advantages-and-disadvantages-of-medicaid/

[6] https://www.chcf.org/publication/2021-edition-medi-cal-facts-figures/

[7] https://www.dhcs.ca.gov/Documents/myMediCal.pdf