

KEEP THIS FOR YOUR RECORDS

What you need to know when you apply for and enroll in Medi-Cal

When I apply for Medi-Cal, how will my information be used?

County social services offices and/or Covered California will ask for personal information about you to decide if you, or a person you are responsible for, qualify for Medi-Cal benefits. You must give this personal information to get Medi-Cal benefits.

The personal information gathered about you may be used in the following ways:

- By Covered California and the county social services office to find out if you are eligible for Medi-Cal or enrollment into Covered California.
- By the State's administrative vendors to process claims and/or premium payments and to issue Benefits Identification Cards (BICs).
- By the United States Department of Health and Human Services for audits and quality control reviews and to verify Social Security Numbers (SSNs).



To read about your privacy rights and Medi-Cal, see the Department of Health Care Services Notice of Privacy Practices.

You can find it at:

www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx

- To verify immigration status with the Department of Homeland Security (DHS), if required. Information shared with DHS cannot be used for immigration enforcement unless you are committing fraud.
- By medical services providers and Health Maintenance Organizations (HMOs) to confirm that you qualify for services.
- To identify other health insurance coverage and to recover costs when necessary. In other ways, but only if required by law.

What are my rights when I apply for Medi-Cal?

1. You have a right to fair and equal treatment regardless of race, color, national origin, religion, age, sex, sexual orientation, gender identity, marital status, political beliefs, veteran's status or disability.
2. You have the right to be evaluated to see if you may be eligible for any Medi-Cal program.
3. You have the right to information about the Medi-Cal program and help applying for Medi-Cal.
4. You have a right to an interpreter if you need help applying for Medi-Cal, have questions, or have difficulty speaking, reading or understanding English.
5. You have a right to a face-to-face interview with a county social services worker.
6. If you think you are disabled, you can ask that Medi-Cal review your application to see if you qualify for coverage for disabled persons.

You have a right to file a complaint if you think that the Medi-Cal program has discriminated against you or has failed to provide the reasonable accommodations required by state and federal law.

You can make a complaint by calling the Department of Health Care Services (DHCS), Office of Civil Rights at 1-916-440-7370 (TTY: 1-916-440-7399) or by going online at:

[www.dhcs.ca.gov/ Documents/ADA_Title_VI_Discrimination_Complaint_Form.docx](http://www.dhcs.ca.gov/Documents/ADA_Title_VI_Discrimination_Complaint_Form.docx)

7. If you received health services in the three months before the month of your application, you have a right to be evaluated to see if you are eligible for Medi-Cal to pay for those services. This is called *retroactive eligibility*. Contact your county social services office to find out more or ask for retroactive eligibility.
8. You have a right to be told in writing whether you qualify for Medi-Cal or whether there are any changes to your eligibility status.
9. You have a right to have all the information you give to the county social services office or Covered California kept confidential. You can look at the personal information during your county social service office's regular office hours.
10. You have a right to an "immediate need" Medi-Cal card if you are eligible and have a medical emergency or you are pregnant.
11. You have a right to get Medi-Cal while waiting for your immigration status to be verified, if you meet all other eligibility requirements.
12. You have a right to choose the Medi-Cal health plan you want if there is more than one Medi-Cal plan offered in your county of residence.
13. By giving Medi-Cal past medical bills that you still owe, you can lower your Share Of Cost (SOC), if any. For more information about SOC, please contact your county social services office.

14. If your property counts toward qualifying for Medi-Cal benefits, you have the right to reduce your property to meet the Medi-Cal property limit by the last day of the month that you applied for Medi-Cal. The county social services worker can tell you more information about the property limit and meeting property requirements.
15. If you, or your spouse, enter a long-term-care facility on or after January 1, 1990, you and your spouse have the right to be told by the Medi-Cal program the amount of separate and community property you can keep and still be eligible for Medi-Cal.
16. You have a right to a state hearing if your application for Medi-Cal benefits has not been timely determined. Medi-Cal is required to determine your eligibility within 45 days of the date of your application, or 90 days if the basis of your eligibility is a disability, unless you have been asked to provide additional information and have not yet done so.
 - If you want a state hearing on the timeliness of your Medi-Cal eligibility determination, you must ask for it. You may ask for a hearing on the timeliness of your Medi-Cal eligibility determination any time after the 45th or 90th day has passed.

- You can ask for a hearing by 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on a Notice of Action (form NA Back 9) to request a hearing and send the form, or other written request, to your nearest county social services office. The form is available through your county social services office or at www.dss.cahwnet.gov/Forms/English/NABACK9.PDF.
17. You have a right to a state hearing if you are not satisfied with decision by the local county social services office, DHCS, or Covered California, except relating to the Health Insurance Premium Payment (HIPP) program. HIPP is not an entitlement program; therefore, there are no appeal rights for HIPP.
- If you want a state hearing to appeal the decision, you must ask for it within **90 days** of the date the Notice of Action (NOA) was given or mailed to you.
 - If you do not get a NOA, you must ask for a hearing within **90 days** from the date you discovered the action or inaction you are not satisfied with unless the inaction is due to a delay in determining your application for Medi-Cal benefits.

- You can ask for a hearing by 1) contacting your nearest county social services office; 2) calling the Department of Social Services at 1-855-795-0634 or TDD 1-800-952-8349; or 3) making the request in writing to your county social services office. You may complete the back section on the NOA (form NA Back 9) to request a hearing and send the form, or other written request, to the location or fax number on the form. You may also visit your local county social services office and submit your request for appeal. The form is available through your county social services office or at www.dss.cahwnet.gov/Forms/English/NABACK9.PDF.
- 18. You have a right to review your Medi-Cal file and all Medi-Cal program rules and regulation manuals that were used to decide if you are eligible for Medi-Cal.
- 19. You have a right to information about these programs and help getting these services:
 - Child Health and Disability Prevention Program
 - Special Supplemental Food Program for Women, Infants, and Children
 - Personal Care Services Program
 - Early and Periodic Screening, Diagnosis and Treatment Program
 - Family Planning Access Care and Treatment Program
- 20. You can talk to a social worker or county social services worker about other public or private services or resources such as CalFresh and CalWORKs.

What are my responsibilities if I get Medi-Cal?

You must tell your county social services worker about any of the following changes that have occurred within 10 days of the change:

1. You or a family member in your household has a change in income. This applies if the income goes up or down or starts or stops. This includes income from the Social Security Administration (SSA), loans, settlements, employment, unemployment and any other source.
2. You change your home or mailing address.
3. A person moves into or out of your home, whether or not the person is related to you or your family. This includes newborns and foster children.
4. You or a family member in your household gives birth, becomes pregnant, or ends a pregnancy.
5. You, your spouse, or any family member in your household enters or leaves a nursing home or a long-term-care facility.
6. You receive, transfer, give away, or sell real or personal property (including money), or open or close any bank accounts. This requirement only applies if property is counted for the Medi-Cal program you are enrolled in or are being evaluated for. You must also report if someone gives you or a family member in your household things such as a car, house or insurance payments. in or are being evaluated for.

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7. You have expenses paid for by someone else.
 8. You or a family member in your household gets a job, changes jobs or no longer has a job.
 9. You have a change in expenses related to your job or education, such as child care or transportation.
 10. You or a family member in your household, including children, becomes physically or mentally disabled.
 11. You or a family member in your household applies for or receive disability benefits with the SSA, Veterans Administration or Railroad Retirement.
 12. You or a family member in your household who is applying for or getting Medi-Cal has a change in citizenship or immigration status.
 13. You or a family member in your household has a change in health insurance coverage.
 14. If you are enrolled in the Medi-Cal program for former foster youth, tell your worker if your home or mailing address changes. You do not need to tell your worker about other changes, such as changes to your income, job, or expenses.

You also must:

1. Give proof that you are a resident of California, when you are asked for it.
2. Declare your citizenship or immigration status, when you are applying for Medi-Cal.
3. Give a Social Security Number (SSN) for anyone who is applying for Medi-Cal benefits.
 - If you are a United States (U.S.) Citizen, a U.S. national, or a person with satisfactory immigration status, you must provide an SSN. If you do not have one, you must apply for an SSN and give the number to the county social services office within 60 days of your application.
4. Apply for other income or benefits you or any family member in your household are entitled to, unless there is good cause for not applying. This includes pensions, government benefits, retirement income, veterans' benefits, annuities, disability benefits, Social Security benefits (Old Age, Survivors and Disability Insurance) and unemployment benefits.
- You can get help applying for an SSN from the county social services worker. You must work with the Social Security Administration (SSA) to clear up any questions that arise or your Medi-Cal will be denied or stopped.
- If anyone on your application who otherwise qualifies for Medi-Cal does not have a satisfactory immigration status, he or she can apply for restricted Medi-Cal benefits without giving an SSN.

This does not include public assistance benefits such as CalWORKs or CalFresh.

5. Apply for Medicare, if you are eligible. Individuals are eligible for Medicare if they are blind, disabled, have End Stage Renal Disease, or are 64 years and 9 months of age or older.

You are responsible for telling your providers that you have both Medi-Cal and Medicare coverage.

6. Apply for and enroll in any health insurance that is available to you and your family at no cost.

7. Report to the county social services office and the health care provider any health care coverage or insurance that you have or are entitled to use, including Medicare. If you willfully do not give this information, you may be billed by your provider and be guilty of a crime.

You understand that:

1. You must use your other health care plan (such as Kaiser, TRICARE or a Medicare HMO) for medical care if you have other health insurance that covers that service. Medi-Cal may not pay for any services that are covered by other insurance.

2. If you dispute that you have other health coverage, you can either: 1) contact your local county social services worker; 2) call 1-800-541-5555; or, 3) complete the other health coverage removal form on the DHCS website at <http://dhcs.ca.gov/ohc>.
3. If you, or any family member in your household, obtain money from a legal settlement for injuries, including medical expenses that Medi-Cal paid for, Medi-Cal is entitled to be reimbursed from the medical expense portion of the settlement.
4. If you do not make a choice about how you want to get your benefits, you and family members in your household may be placed in a Medi-Cal health plan near your home.
5. You must sign your Benefits Identification Cards (BICs) and use it only to get necessary health care for yourself or eligible family members.
6. You must take your BIC to your medical provider when you are sick or have an appointment. In emergencies when you do not have your BIC, you must get the BIC to the medical provider as soon as possible.
7. You must tell DHCS at <http://dhcs.ca.gov/pi> when Medi-Cal paid for medical services you received that were the result of an accident or injury caused by another person. This includes a work place injury when a workers' compensation claim may be filed.
8. You must cooperate with the State or county to establish paternity and identify any possible medical coverage that you or your family may be entitled to through an absent parent, unless you are pregnant.

9. You must cooperate with the State if the quality control review team chooses to review your case. If you refuse to cooperate, your Medi-Cal benefits will be stopped.
10. If you don't apply for or keep no-cost health coverage or state-paid coverage, your Medi-Cal benefits and eligibility will be denied or stopped.
11. If you do not give necessary information or if you give information that you know is false, your Medi-Cal benefits may be denied or stopped. Your case may also be investigated for suspected fraud.
12. The information you give when applying for Medi-Cal will be checked by computer with facts given by employers, banks, SSA, Internal Revenue Service, Franchise Tax Board, social services and other agencies. This is to confirm income, citizenship, satisfactory immigration status, tax information and other related information to see if you and your family members in your household qualify for health insurance. You have the right to give proof to your county social services worker and/or Covered California to correct any wrong information.

13. Any changes in your information or the information of any family member in your household may affect the eligibility of other household members.
14. Only persons who are applying for Medi-Cal must give their SSN and information about their immigration or citizenship status. People who are not applying for Medi-Cal are not required to give an SSN or proof of immigration or citizenship status. You may choose to give a non-applicant's SSN to help find if other family members qualify.
15. Persons who do not have satisfactory immigration status and who otherwise qualify for Medi-Cal can apply for restricted Medi-Cal benefits without applying for or giving an SSN.
16. Information about a person's immigration status given on the Medi-Cal application is kept private and secure, as required by law.
17. Based on your income, you may have to pay a monthly premium for some Medi-Cal programs. For other programs you may have to pay some of the cost depending on your monthly income. If you have Medi-Cal with a SOC, you may have to pay or promise to pay for your medical expenses each month, up to the amount of the SOC, before Medi-Cal will pay for services.

18. If you do not report changes to your personal information right away, and then receive Medi-Cal benefits that you do not qualify for, you may have to repay DHCS.
19. You, or any family member receiving Medi-Cal, must **not** be getting public assistance from another state.
20. If you are receiving Medi-Cal based on disability and you apply for disability benefits from SSA, and SSA denies your disability claim, your Medi-Cal may be stopped.
 - If you appeal your SSA denial right away, you will keep getting Medi-Cal until SSA makes a final decision.
 - If SSA approves your appeal, you will keep getting Medi-Cal benefits.
- If SSA denies your appeal, then your Medi-Cal benefits may stop.
21. As a condition of Medi-Cal eligibility, the State is automatically assigned all rights to medical support and payment for medical services for you and any eligible persons you have legal responsibility for.
22. If medical support is court-ordered from an absent parent for your children, the insurance carrier must allow you to enroll and must provide benefits to your children without the absent parent's consent.
23. Medi-Cal providers cannot collect private insurance co-payment, co-insurance or deductibles from you unless the payment is used to meet your Medi-Cal SOC, co-payment or both.

24. When you apply for Medi-Cal you will be evaluated to find out if you qualify for other medical assistance programs, including the HIPP Program.
25. If you have other health insurance coverage, you may only use Medi-Cal for services not covered by the other health care plan. Your Medi-Cal provider must verify that the service is not covered before billing Medi-Cal.
26. If you are admitted to a nursing facility and you do not intend to return home, the State may put a lien against your property.
27. After your death, the State must seek reimbursement from your estate for all Medi-Cal services you received after age 55 (including premiums paid on your behalf). This does not apply during the lifetime of your surviving spouse or registered domestic partner or if you are survived by a child under age 21, or by a child of any age who is blind or disabled (as defined by the federal Social Security Act), or if the recovery would create a hardship for your heirs. Please inform your heirs of this potential collection activity.

28. If you leave assets at the time of your death, when your surviving spouse or registered domestic partner dies, the State has the right to claim against your surviving spouse's or registered domestic partner's estate or against any recipient of those assets. Recovery is limited to the amount of Medi-Cal benefits paid on your behalf or the value of assets you own at the time of death, whichever is less.
29. The State may seek reimbursement from your estate for services you received (including premiums paid on your behalf) prior to your 55th birthday if you were an inpatient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution. For more information please contact your county social services worker or go to DHCS's website at <http://dhcs.ca.gov/er>.

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