State of California—Health and Human Services Agency
Department of Health Care Services

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July 22, 2016

To: ALL COUNTY WELFARE DIRECTORS Letter No.: 16-18
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Transitioning Beneficiaries from Medi-Cal to Covered California during Special Enrollment Periods and Assisting with Plan Selection in the California Healthcare Eligibility, Enrollment, and Retention System
(Ref: All County Welfare Directors Letters (ACWDL) 15-33; 15-01; 14-38; 14-31;14-27; 14-18; Medi-Cal Eligibility Division Information Letter 15-29; California Health Eligibility, Enrollment, and Retention System (CalHEERS) Information Transmittal (CIT) # 0059-15); Covered California's Task Guide SC.215; Covered California's Talking Points SC.267)

The purpose of this letter is to remind County Eligibility Workers (CEWs) to assist Modified Adjusted Gross Income (MAGI) and Mixed Household beneficiaries in getting immediate health coverage when they are being discontinued from Medi-Cal and transitioning to Covered California health coverage during Special Enrollment Periods (SEPs) in the Covered California website portal. Please refer to the Covered California Special Enrollment and Health Plan Selection Job Aids and training materials attached and found in CIT#0059-15 for additional guidance on functionality within the Covered California website portal.

Prior to transitioning any individuals to Covered California and pursuant to ACWDL 14-18, CEWs are to review the individual's case for potential linkage to Non-MAGI programs, including all Consumer Protection Programs (CPPs) for increased gross earnings for a family case and then send out the Non-MAGI informing letter, if applicable. The CEWs will keep the individual in their original MAGI aid code until a full Non-MAGI eligibility determination is completed (referred to as "soft pause"). As a result of the Non-MAGI determination, some individuals will have their choice of Share-of-Cost (SOC) Medi-Cal only, SOC and Advanced Premium Tax Credit (APTC), or APTC only. Per ACWDL 14-18, if the individual either chooses not to be evaluated for Non-MAGI or the individual selects either SOC Medi-Cal only, SOC and APTC, or APTC only, the CEW will lift the soft pause indicator and send a timely 10 day notice of discontinuance of MAGI Medi-Cal in accordance with ACWDLs 15-33 and 16-14. The discontinuance of MAGI Medi-Cal is

considered a loss of Minimum Essential Coverage (MEC) which is a Qualifying Life Event (QLE) in Covered California and coverage can begin the month following the final Medi-Cal eligibility determination if the beneficiary picks a Qualified Health Plan (QHP) and pays their APTC premium by the due date.

Qualifying Life Events

Pursuant to 45 Code of Federal Regulations (CFR) 155.420, the following life events or situations qualify individuals for SEPs in Covered California and allow an individual to enroll or change plans outside of Covered California's Open Enrollment periods:

- Lost or will soon lose their Medi-Cal eligibility or other health insurance (also known as loss of MEC) [45 CFR 155.420(d) (1) (i)]
- Permanently moved to/within California
- Had a baby or adopted a child
- Got married or entered into a domestic partnership
- Domestic violence survivors. (If married, abuser's income not counted if survivor lives apart and is unable to file joint tax return.)
- Returned from active duty military service
- Released from jail or prison
- Gained citizenship/lawful presence
- Federally Recognized American Indian/ Alaska Native
- Loss of Medically Needy Coverage (by certifying SOC) only once per calendar year [45 CFR 155.420(d)(1)(iv)]
- Other qualifying events as identified on the Covered California portal

Individuals have up to 60 days after the QLE to enroll in or change their Covered California plan. However, we want the CEW to take every opportunity to encourage the individual to pick a plan and submit their premium payments timely to minimize any gaps in coverage between the two programs. Most of these SEPs are subject to the 15th day of the month rule in determining the start date of coverage. The 15th day of the month rule pertains to the deadline in which consumers eligible for Covered California must select a QHP to have coverage become effective on the first day of the following month. However, there are applicable exceptions.

Exceptions to the 15th Day of the Month Rule

The following situations qualify as "**exceptions**" to the 15th day of the month rule for Covered California enrollment and can start coverage on an earlier date. Here are the most common exceptions:

Loss of MEC

Please note, CalHEERS is already programmed with the functionality to bypass the 15th day of the month rule for loss of MEC as well as to add the correct effective begin date when this QLE is identified in CalHEERS and/or the Statewide Automated Welfare System (SAWS). A loss of MEC can be reported up to 60 days prior or 60 days after the life event date. Please refer to the referenced job aids and training materials for instruction on how to process an individual case as an SEP case with a loss of MEC in CalHEERS.

If individuals lose Medi-Cal full-scope or pregnancy coverage, job-based coverage or other MEC such as Medi-Cal Access Program or Children's-California Health Insurance Program, and they are otherwise eligible for Covered California, the start date of the Covered California health plan coverage can be as early as the first of the month following the month in which an individual's Medi-Cal or other MEC is discontinued. However, in order for this immediate coverage start date to happen, the beneficiary must select a plan and make the premium payment **timely.** Specific regulation is as follows:

- 10 California Code of Regulations (CCR) §6504(h)(3) -- In the case where a qualified individual, or his or her dependent, loses coverage, as described in subdivisions (a)(1) and (a)(7) of that section, the coverage and APTC and Cost Sharing Reduction (CSR), if applicable, shall be effective:

  (A) On the first day of the month following the loss of coverage if the plan selection is made on or before the date of the loss of coverage; or
  (B) On the first day of the month following plan selection if the plan selection is made after the date of the loss of coverage.

Marriage or Entry into Domestic Partnership

If an individual gets married or enters into a domestic partnership, the Covered California health plan coverage can start on the first day of the next month following plan selection and premium payment regardless of when the individual makes the plan selection during that month. Please note that a life event of marriage or domestic partnership can only be reported the day of, or any day after but not exceeding 60 days from the life event date. Specific regulation is as follows:

- 10 CCR § 6504(h)(2) -- In the case of marriage or entry into domestic partnership, the coverage and APTC and CSR, if applicable, shall be effective on the first day of the month following plan selection.

Birth/Adoption/Foster Care

If a child is born, an individual adopts a child, or a foster care child is placed in the individual's custody, the Covered California health plan coverage can start on the date of the birth of the child, adoption, or the placement of the foster care child or the first of the month following the event, based on the individual's choice. Specific regulation is as follows:

- 10 CCR § 6504(h)(1) -- In the case of birth, adoption, placement for adoption, or placement in foster care, the coverage shall be effective either:

  (A) On the date of birth, adoption, placement for adoption, or placement in foster care; or
  (B) On the first day of the month following the date of birth, adoption, placement for adoption, or placement in foster care, at the option of the qualified individual or the enrollee.

Miscellaneous – Less Common Exceptions

There are other, but less common, exceptions. Please refer to 10 CCR § 6504(h) for additional details.

Assisting Beneficiaries and Avoiding a Gap in Coverage

When a beneficiary transitions from Medi-Cal or other CPPs to Covered California and there is contact between the beneficiary and the CEW, the CEW shall assist the beneficiary in completing the enrollment process into APTC/CSR, including assisting with health plan selection, if requested, and advise the beneficiary of the need for timely health plan selection and premium payment to avoid a gap in coverage. **Specifically, in order to avoid a gap in coverage, the transitioning beneficiary must select a QHP in the same month as the Medi-Cal discontinuance date in order to have their Covered California plan start the following month.** If the beneficiary is not ready to make a plan selection at that time of contact with the CEW, the CEW should provide the beneficiary with the Covered California Service Center contact information at (800) 300-1506, or www.coveredca.com if the beneficiary wishes to select a QHP online. If CEWs experience difficulties with plan selection through CalHEERS, they should follow their county processes to report technical issues to the CalHEERS Help Desk, or escalate business process issues to the Covered California County Liaison Helpline.

CEWs may also assist the transitioning individuals losing Medi-Cal eligibility further by directing the transitioning beneficiary to a Covered California Certified Enrollment Counselor, Certified Insurance Agent, or Certified Plan Based Enroller for health plan enrollment assistance, if the beneficiary is not prepared to make a plan selection.

Outside of the Covered California Open Enrollment periods, when an individual experiences a loss of MEC or other QLE, individuals have up to 60 days before and after the date of the QLE to enroll in a Covered California health insurance plan or change their existing Covered California coverage. CEWs can assist the individual at any time during that 120 day period; however, when CEWs assist individuals earlier in the process, it reduces instances of gaps in coverage.

Example:

An individual reports an increase in income on June 17 to the CEW. After being reviewed for the appropriate Medi-Cal programs, this results in ineligibility for MEC Medi-Cal, with an end date of coverage effective June 30 (the QLE date) and a transition to Covered California. The individual is allowed until August 29 to choose a Covered California health plan and pay the first month's premium. If 60 days pass after the end of Medi-Cal coverage and an individual does not complete Covered California enrollment by selecting a health plan and paying the monthly premium by the billing due date, the individual will have to wait until the next annual Covered California Open Enrollment period to enroll in coverage.

If the above described individual selects a Covered California health plan on or before June 30 and then pays the premium by the billing due date, their health coverage will begin on July 1 and the individual will not have a gap in coverage. However, if the individual does not pick a plan until after June 30, the Covered California health plan coverage will not begin until August 1 or later, depending upon when the plan is picked and payment is made. For example, if the individual does not pick a plan until after July 31 but before August 29 and then pays before the billing due date, the Covered California health plan will not begin until September 1. Pursuant to state and federal regulations, Covered California does not offer retroactive start dates of coverage when an individual experiences a loss of MEC.

To ensure that the individual does not have a gap in coverage, the CEW should:
(1) Immediately notify the individual of the need to select a plan before the end of the month and timely pay their premium to start coverage under a Covered California plan the next month, and (2) offer to assist with the QHP selection process. The individual may pick a Covered California health plan once the Medi-Cal discontinuance has been processed, and CalHEERS has made an eligibility determination for Covered California and APTC. It is important that CEWs advise the individual that there may be a change in available providers when changing between the Medi-Cal plans and the Covered California plans.

Loss of Medically Needy SOC Coverage

A Medi-Cal beneficiary who has SOC Medi-Cal and no other health benefit coverage may meet the criteria for an SEP if they met their SOC in one of the preceding two months and have not received a SOC SEP consideration in the calendar year. Beneficiaries screened to this category are entitled to a SEP **once** per calendar year after meeting their Medi-Cal SOC once in the preceding two months. The Department of Health Care Services issued Medi-Cal Eligibility Division Letter I 15-29, to remind CEWs that a beneficiary who meets his or her SOC in a particular month can be screened for eligibility through Covered California based on an SEP in the following two months. Meeting SOC in one month and having to meet it again in a subsequent month is considered loss of medically needy coverage at the end of that month, or budget period. This life event is a triggering event for SEP once per a year. A qualified beneficiary may enroll in or change from one Covered California QHP to another, or a current Medi-Cal beneficiary may be screened for eligibility for APTCs.

When consumers contact Covered California through the Service Center, Service Center Representatives will direct current Medi-Cal beneficiaries to the county for assistance. If the beneficiary is currently eligible for Medi-Cal with a SOC and wishes to enroll in an APTC plan outside the open enrollment period, the county must determine whether or not the beneficiary meets the criteria for any possible SEP reason, including the loss of medically needy coverage. If the beneficiary has met their SOC in at least one of the two previous months, he or she is eligible for an SEP for the loss of medically needy coverage by certifying the SOC.

The counties should make every reasonable effort to verify that the beneficiary has certified his or her SOC or have lost eligibility for a medically needy SOC program. A beneficiary “certifies” or meets their SOC when they either incur necessary medical expenses or pay medical costs that meet or exceed their SOC amount. If the Medi-Cal Eligibility Data System Online Provider Inquiry, or SOC Case Make-up Inquiry Request, show the SOC was certified in one of the two previous months, the CEW may proceed with the screening for APTC.

However, if these electronic sources show that the SOC was not certified in one of the two previous months, the county may accept the beneficiary’s attestation that the SOC was certified in one of the two previous months, and document it in the case file before screening for APTC. To complete the transaction, the CEW will select “loss of MEC” as the appropriate SEP reason in SAWS. The date of the “loss of MEC” is the last day of the most recent month in which the beneficiary’s SOC was certified and medically needy coverage was lost. If the individual is eligible for APTC, this information will automatically and immediately open plan selection in CalHEERS. The beneficiary will have up to 60 days from the date of loss of medically needy coverage to choose and enroll in a QHP. The county should assist the individual with plan selection, as described in the section

above. The Covered CA plan coverage will be effective as of the first of the month following plan selection and timely premium payment. The county should also inform the beneficiary that he or she has the option to keep their Medi-Cal with a SOC in addition to the QHP coverage, and to choose a plan and pay their premium timely to avoid a gap in coverage.

Tax Penalty

It is also important to note that the Internal Revenue Service tax penalty (also known as the "Individual Shared Responsibility Payment") for not having health coverage, does not apply until there has been at least a three-consecutive month or greater lapse in coverage or two or more lapses in coverage of a month or more.

If you have any questions or would like to request additional information on SEPs, please contact Deborah Palmer at (916) 440-7855 or by email at Deborah.Palmer@dhcs.ca.gov. If you have any questions or would like to request additional information on loss of medically needy coverage and SOC, please contact Brooke Hennessy at (916) 327-0412 or by email at Brooke.Hennessy@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosures (2)

Task Guide

Title	Special Enrollment
Identifier	SC.215
Task Group	Service Center General
Job Roles	Service Center Representative (SCR)
Revision Date	3/11/2016 AF

Summary

Special Enrollment Periods (SEPs) are periods of time, which may be outside of an open enrollment period, during which a consumer can apply for coverage. These SEPs are triggered by Qualifying Life Events (QLEs). These events are reported through the Report a Change (RAC) process for existing consumers or at the onset of a new application. There are ten (10) general types of QLEs.

The CalHEERS system requires the SCR to assign one of three Coverage Date Categories (CDCs), creating different Estimated Start Dates for coverage. These categories include:

- Birth/Adoption/Appeals.
- MEC or Marriage/Domestic Partnership.
- Regular.

SCRs need to understand how to work with the date of the QLE and assigning the Coverage Date Category to bring about the correct Estimated Start Date of Coverage.

Different events may have different time requirements associated with them. It is important to understand Special Enrollment Periods to make sure consumers get covered.

New for this Task Guide

- The ***Special Enrollment*** screen functions to determine eligibility for a **Qualifying Life Event** are present all year to accommodate members experiencing Qualifying Life Events. The menu names for ***Coverage Date Category*** have changed: The new menu looks like this:

- Policy clarification has been added that when a consumer meets their Medi-Cal Share of Cost for a month, they qualify for Special Enrollment due to a loss of MEC. See page 4.

- There are three situations where the determination of a Qualifying Life Event is escalated for special handling by a supervisor.
    - IF the answer to: "This application qualifies for Special Enrollment as a result of a Qualifying Life Event." is no.
    - IF Other qualifying life event is an Error by applicants, Covered California, Carrier, or Authorized Representatives.
    - IF Other qualifying life event is a Serious Medical Condition

SCR Procedure

- Say words like, "Thank you for calling Covered California, my name is" __. "How may I help you?"
- Authenticate the caller.

This matrix provides an easy way to see the coverage date category for QLEs for new applicants and existing enrollees.

QLE	Date	New Enrollee	Existing Enrollee	Note
MEC	Loss of MEC	60 days before and 60 days after the loss	RAC – 30 Select Plan – 60 days before and 60 days after the loss	30 to 45-day advance notice workaround
Birth/Foster/ Adoption/Appeals	Date of birth, placement or appeal date	60 days	RAC – 30 Select Plan – 60	
Move: – newly to CA, or Within CA – with change to QHP availability	Date of Move	60 days	RAC – 30 Select Plan – 60	
Military	Date of Release	60 days	----	
Prison/Jail	Date of Release	60 days	----	
Citizenship/Lawful Presence	Date of Status	60 days	----	
AI/AN	Date of Application	----	----	
Other	Date of Event	60 days		
None	No date	----	----	

Determine if caller is **Medi-Cal, mixed household**, **MCAP enrollee, new**, or **existing**, Reporting a Life Event:

IF current eligibility shows **Medi-Cal or Mixed household view the following as such:**.

a. On the *Eligibility by Person* page, Aid Codes starting with "X" are Covered California Plan eligible, **all others <u>must be referred to the county to report changes</u>**.

b. If the case is in Plan Selection mode for any member, it is very important to assist the consumer as they may be transitioning from Medi-Cal coverage and need to avoid a gap in coverage.

IF existing MCAP enrollee, follow the ***MCAP*** task Guide.

c. On *the Eligibility by Person* page, Aid Code "0D" is MCAP. (Zero D)

IF New, use the Quick Sort Calculator,

a) **IF** not Medi-Cal eligible, select ***Apply Now***, and STOP at the ***Application Signature*** page, ***Special Enrollment*** section, and follow the instructions below.

IF Existing (non-mixed household), ask words like: "Can you tell me what the qualifying event is?"

Notes:

- Do not lead the caller or read the entire list.
- Verify your interpretation of the Qualifying Life Event with **open-ended questions**.
- Read back **only** your best-matched choice.

On the Application Signature page, Special Enrollment section, choose the best-fit Qualifying Life Event from the drop down list: "Do any of the following qualifying life events or situations apply to you?"

Note: Non-MAGI-Medi-Cal consumers with a Share of Cost (SOC) **are not considered to have MEC**. Therefore, when they have met their SOC in a given month, they are considered to have lost full scope no cost Medi-Cal (which counts as MEC) and they are able to enroll in a QHP under the "loss of coverage" qualifying life event. This can only happen once per calendar year.

Notes:

- **ONLY IF** the caller's life event is **not listed, uncertain, or an Exceptional Circumstance**, select **Other qualifying life event**.
- Note in CRM the specific nature of the life event as the caller describes it.

Information: Less common and **Other** qualifying life events:

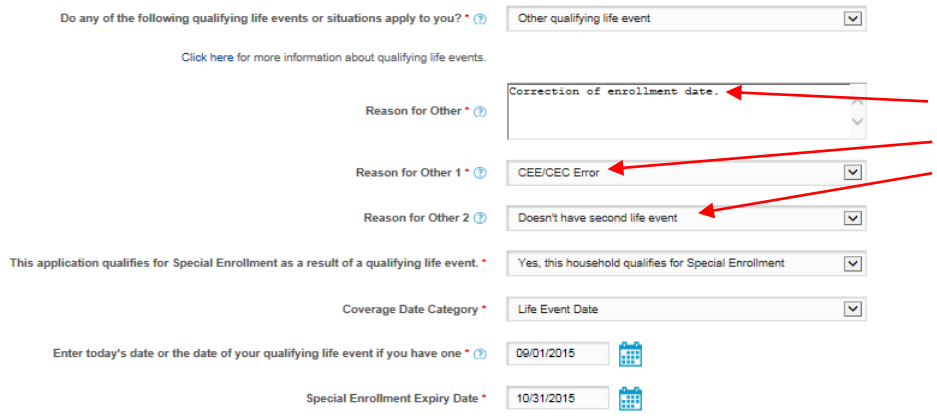
- Loss of Hardship Exemption.
- Separation due to domestic abuse or spousal abandonment.
  - (On a new application, add member as "unmarried" or "Head of Household")
- Loss of dependent status due to divorce or death.
- **Errors** by applicants, Covered California, Carrier, agents/assisters, or Authorized Representatives.
  - **Do not determine errors,**
  - **Follow the Escalation process for special handling by a supervisor.**
  - **Do not complete the page.**
- Newly eligible or ineligible for **Advanced Premium Tax Credit**, or a change in Cost Sharing Reduction.
- Death of a family member.
- A child required by court order to have Minimum Essential Coverage and is ineligible for other programs.
- Exceptional Circumstances

- Natural disasters (a Governor's declaration of disaster).
- **Serious medical conditions**
  - **Do not determine serious medical conditions,**
  - **Follow the Escalation process for special handling by a supervisor.**
  - **Do not complete the page.**
- Time-Limited Special Enrollment Period. (Special instructions are provided when these occur.)
  - A temporary ***Qualifying Life Event*** announced by Covered California
    - **i.e.,** Special Enrollment for Tax Penalty Awareness, (Spring of 2015).

IF selecting *Other qualifying life event*, three new functions appear:

d. Reason for Other, type the consumer's description of the event.
e. Reason for Other 1, select from the drop down.
f. Reason for Other 2, (used only when 2 events are described).

Selecting Other qualifying life event



When selecting **Other-QLE**, three additional entries appear in the Special Enrollment section:

1. ***Reason for Other*** (text box)
2. ***Reason for Other 1*** (mandatory)
3. ***Reason for Other 2*** *(If 2 events are reported, otherwise not required.)*

Coverage Date Category (CDC), for the QLE type:

Answer the question: "This application qualifies for Special Enrollment as a result of a Qualifying Life Event."

g. **<u>Only answer if Yes</u>**. **IF Yes:** Continue to <u># 11</u>.
h. IF No: Do not select an answer.
i. Inform the caller with words like: "This life event does not match the standard choices" and "I will escalate the determination for further review."

   i. STOP, Do not complete the page.
   ii. Follow the Escalation process for special handling by a supervisor.

Determine the ***Expected Start Date*** based on regulations **described below**.

Information:

- CalHEERS assigns the ***Expected Start Date*** by the ***Coverage Date Category*** you select and **date you enter**.

- The ***Expected Start Date*** becomes the ***Coverage Start Date*** once the 1st premium payment is processed by the carrier.
- Regulations require the MEC ***Expected Start Date*** to be the 1st day of the month following ***Plan Selection*** *or the 1st day of the month following the* ***loss of coverage****, whichever is later*.
- Regulations allow MEC ***Plan Selection*** up to 60 days **ahead** of the loss of MEC.
  - When plan selection is desired 32 to 45 days ahead, use Regular. See the table below.
  - If ***Plan Selection*** is more than 45 days ahead, escalate the call for further review.
- Babies are covered under the mother's policy for the birth month

Note: If the caller delays ***Plan Selection*** to a later date, **Please inform them with words like:**

- **"If you select a plan on or after the 1st day of next month, the *Estimated Start Date* will move to the 1st of the next month following *Plan Selection*.** This could result in a gap in your healthcare coverage."

Choose the ***Coverage Date Category*** to assign the correct ***Expected Start Date***. See the chart below for details.

j. ***Birth*** is the date you enter.
k. ***MEC*** (Minimum Essential Coverage) is the 1st day of the month following ***Plan Selection***.
l. ***Regular*** is the 15-day Rule.

For "Enter today's date or the date of your qualifying life event if you have one."

m. Enter the date that results in the **correct** ***Expected Start Date*** when combined with the ***Coverage Date Category***. See the chart below for details.

Special Enrollment Expiry Date auto-populates to 60 days after the date entered.
Click on the ***Determine Eligibility*** button that appears.
Ensure the ***Eligibility Results*** page displays the appropriate information for the consumer.

Information:

- Applicants receive a letter detailing eligibility results for each member of the household
- The mailing includes multiple pages ***explaining how to file complaints and appeals, referrals to other programs, and other healthcare options.***

Explain any ***Eligibility Results*** requirements and time limits to the caller.

Note: Newly Eligible For Medi-Cal

If the *Report a Change* resulted in an eligibility decision making the consumer **Medi-Cal eligible**, the new eligibility information is transmitted automatically to the Medi-Cal system.

- **Do not** run the ***Quick Sort Calculator*** or transfer the consumer to a County phone number.
- A County Eligibility Worker will receive the Medi-Cal case.
- If the consumer needs to contact Medi-Cal about their application:
  - They should wait at least 5 business days before contacting their county of residence.

- If needed, provide the phone number of the consumer's county.

Enter CalHEERS Case Notes and CRM Incident Notes.
Follow the ***Call Wrap*** protocol and ***end the call***

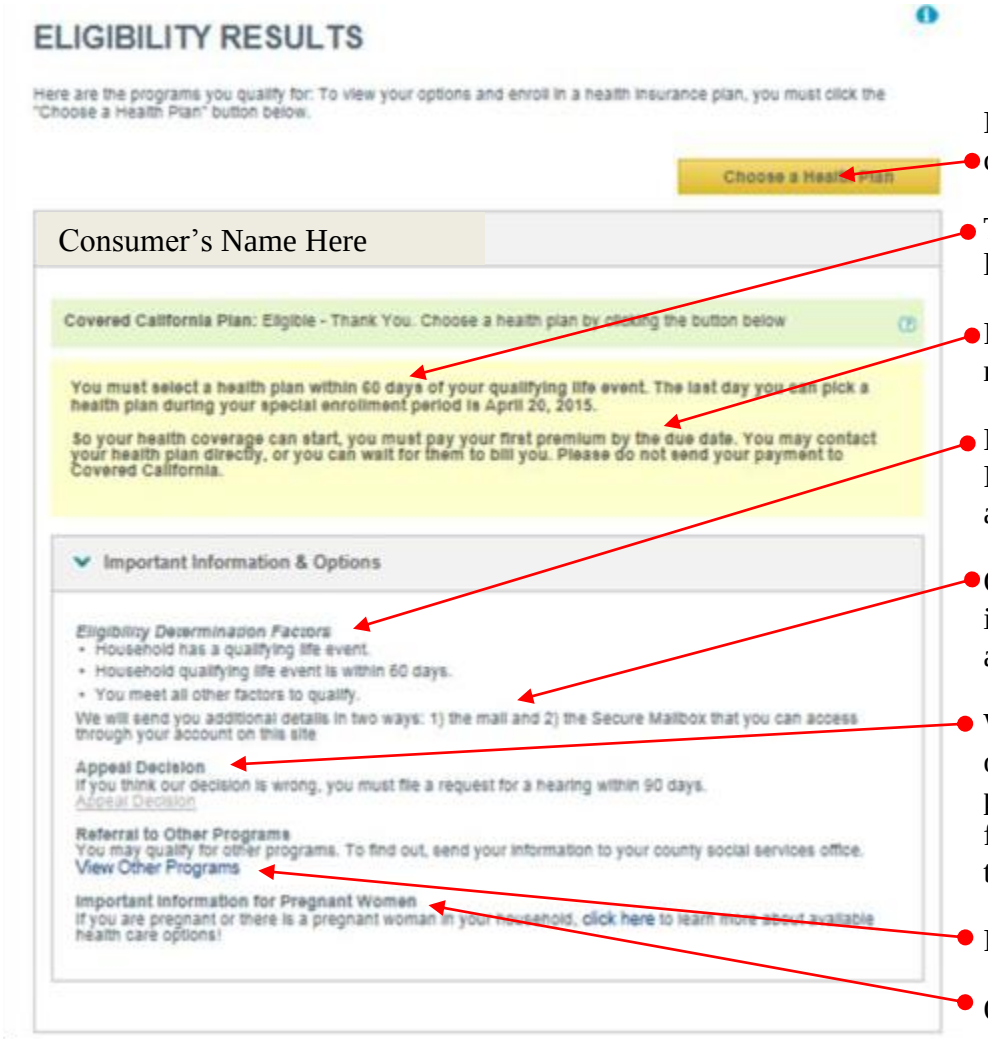
Using CalHEERS Coverage Date Categories to Assign the Correct Expected Start Date		
Covered Date Category / Expected Start Date	Qualifying Life Event (QLE) Type	Expected Start Date
Birth / Date Entered. Today and back to the Application Date. Used for correcting past dates.	Birth, adoption, foster care	Enrollee's choice: Event date or, 1st day of next month
	Error correction, contract violation, hardship exemption, abuse	The appropriate date, to be determined by Customer Service Representative, case-by-case, based on circumstances.
	Dependent change by court order	The Court ordered enrollment date.
	Dependent change through death	Termination date is the date of death.
MEC / 1st day of next month. Today and past 60 days to the Application Date, no future dates.	Loss of Minimum Essential Coverage*, error correction, marriage, or domestic partnership	1st day of month after date entered, **however**, *Expected Start Date* is not assigned until **Plan Selection**. Used for correcting to 1st of a past month. Ex: If Medi-Cal coverage ends 5/31/16 and consumer calls on 5/25/16, use MEC so that the plan will start on 6/1/16 and the consumer will not experience a gap in coverage.
Regular / 15-Day Rule. Used for correcting future dates 1 or 2 months out.	Permanent move, *New APTC eligibility/ineligibility* or CSR change. Citizenship/lawful presence status change, release from incarceration, or error correction.	1/1 - 15, is 1st day of the following month: 2/1
		1/16 - 31, is 1st day of 2nd following month: 3/1, also used for 32 - 45 day future MEC.

* If a member's QLE is due to the loss of MEC and they are calling between 30 and 45 days prior to the end of their coverage use ***Regular*** to assign the correct start date.

- **30 to 45 day** example: Consumer calls on 7/20 **losing MEC** on 8/31. They **want 9/1** *Coverage Start Date*, **which is 43 days in the future. You can give the caller the correct Estimated Start Date.** Regular will assign 9/1, (the **1st day of the 2nd following month)** with any entry of 7/16 to 7/20**.**

CalHEERS does not use future dates. If the consumer is calling **more than 45 days prior**:

- Use **MEC** and **Plan Selection**. From 7/20, you can use MEC to get 8/1 ESD. CalHEERS does not assign the ESD until *Plan Selection*. Inform the caller they can make their plan selection between 8/1 and 8/30 for a 9/1 start date.



Enrollee is eligible and can now choose a plan.

Time considerations and limitations.

Payment information and requirements.

Eligibility Determination Factors specifically for this application.

Complete details and information are mailed to the applicant.

When applicants disagree with our determination, the appeal process is always offered and fully explained by mail and through this link.

Referrals to other programs.

Other healthcare options.

COVERED CALIFORNIA UNIVERSITY
We do great things together

Covered California Talking Points
3/9/16

Medi-Cal to Covered California Transition SC.267

Summary

Consumers may report changes to their county that make them ineligible for Medi-Cal and eligible for Covered Ca with APTC. The loss of their Medi-Cal is considered a loss of Minimum Essential Coverage (MEC). Loss of MEC consumers, including Medi-Cal consumers, have 60-days to select a plan during special enrollment. However, unlike a regular Special Enrollment start date, a loss of MEC start date is not subject to the 15th day of the month rule. Consumers who lose their Medi-Cal can start their Covered CA coverage on the 1st of the month after plan selection, even if they select a plan after the 15th day of the month, provided that they pay their premium by the due date to get their coverage effectuated.

Consumers may contact Covered California for assistance in selecting a plan.

The following Talking Points are intended to assist SCRs when speaking to consumers transitioning from Medi-Cal to Covered California.

- As with other consumers losing MEC, Consumers are not subject to the 15th day of the month rule for coverage start dates meaning they can select a plan anytime in the month and their effective date will be the first date of the next month.
- To avoid a gap in coverage, the consumer must select a plan before their Medi-Cal coverage ends. They must timely pay the premium for the new plan.
- If the consumer selects a plan after the Medi-Cal coverage ends, the plan effective date will be the first day of the following month and there will be a gap in coverage.

See the table below for an explanation of the difference between a loss of MEC start date and a regular Special Enrollment start date:

Covered California Coverage Start Dates		
Covered Date Category / Expected Start Date	**Qualifying Life Event (QLE) Type**	**Expected Start Date**
MEC / 1st day of next month.	Loss of Minimum Essential Coverage (includes loss of Medi-Cal coverage).	1st day of month after plan selection. (Example: Plan selected on March 25. Effective date of plan = April 1.)

		Important: *Expected Start Date* is not assigned until **Plan Selection** is made.
Regular / 15-Day Rule.	Rating region, *Advanced Premium Tax Credit* or CSR change. Citizenship, release from incarceration.	1 - 15 = 1st day of the following month
		16 - last day of the month = 1st day of 2nd following month

Start Date for Covered California Coverage if Plan Selection is Made BEFORE the Medi-Cal Coverage End Date

The consumer must select a plan by the last day of their Medi-Cal coverage in order to have their Covered California coverage begin the first of the next month.

IF the Consumer Home Page displays the Continue Health Plan Update button, help the consumer select a plan.

IF the Consumer Home Page displays the Report a Change button, check for Mixed Household status.

> **IF** the case is a Mixed Household, refer the consumer to the county. The county will need to redetermine eligibility in order to open Plan Selection for the consumer. Please see County Referral Escalation process below should consumer report difficulties with the county process.
>
> **NOTE:** The consumer's case may be in Soft Pause. Check the Budget Worksheet to determine if the consumer is in Soft Pause. If they are, explain to the consumer that their case is under additional review for other Medi-Cal programs and refer the consumer to the county for further assistance. Inform the consumer that while their case is under review they have not lost their Medi-Cal coverage and can continue using their services.

Start Date for Covered California Coverage if Plan Selection is Made AFTER the Medi-Cal Coverage End Date

If the consumer calls after the last day of their Medi-Cal coverage, they will not be able to have their Covered California plan start until the first day of the following month after the plan is selected. The consumer will have a gap in healthcare coverage.

NOTE: Covered California and federal regulations do not allow for retroactive coverage start dates due to a loss of MEC.

County Referral Escalation

If the consumer reports difficulty in issue resolution with the county that prevents plan selection and may result in a gap in coverage, escalate the case per existing protocol.