

Frequently Asked Questions (FAQ) About your health care benefits expanding in Medi-Cal

1. Am I still covered by Medi-Cal?

Yes. You still have Medi-Cal. Starting in **January 2024**, you will soon get more health care benefits with your Medi-Cal coverage. You will have these benefits as long as you continue to qualify for Medi-Cal.

2. Why am I getting more Medi-Cal benefits?

Starting **January 1, 2024**, a new law in California will give full Medi-Cal to people 26 through 49 years old who qualify for Medi-Cal. Unlike before, immigration status does not matter. This new law means that all California residents who qualify for Medi-Cal are eligible for full Medi-Cal benefits.

3. Do I need to take any action right now?

No. If you are eligible, you will automatically be given full Medi-Cal benefits on **January 1, 2024**. You do not need to do anything to get more benefits. If you get a packet in the mail to renew your Medi-Cal, you must fill it out and return it by mail, telephone, in person, or online. You can call your county office for help.

4. What services can I get with full Medi-Cal?

You can get:

Preventive care services

These include medical, dental, vision, hearing, mental health, and substance use disorder screenings. All preventive care and screening services are free.

To learn more, contact your Medi-Cal Managed Care Plan member services or Fee-for-Service (regular) Medi-Cal provider.

Dental services

You can get dental services through Medi-Cal. Your dental benefits do not change when you enroll in a Medi-Cal Managed Care Plan.

- For **most counties**, you get Medi-Cal dental services through the **Medi-Cal Fee-for-Service (regular) Program**. You need to go to a dental provider who takes Medi-Cal. To find an enrolled dental provider, call the Medi-Cal Dental Member Telephone Service Center at **1-800-322-6384** (TTY: 1-800-735-2922). The call is free.

You can also find a dental provider and more about Medi-Cal dental services on the “Smile, California” website at smilecalifornia.org/.

- If you live in **Los Angeles County**, you can get services through the **Medi-Cal Dental Program** with Fee-For-Service (regular) dental **or a Medi-Cal Dental Managed Care Plan**. To learn more about joining a plan, call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077). To choose a Medi-Cal Dental Managed Care Plan, fill out the dental choice form you got in your *My Medi-Cal Choice* Packet or call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077). If you do not choose a Medi-Cal Dental Managed Care Plan, you will be enrolled in Medi-Cal Dental Fee-for-Service (regular).
- If you are in a dental managed care (DMC) plan in Sacramento or Los Angeles counties, you can call your plan for help with getting dental services.

DMC Plan	Sacramento	Los Angeles
Access Dental Plan, Inc www.premierlife.com	(877) 821-3234 (CSL) (800) 735-2929 (TTY/TDD)	(888) 414-4110 (CSL) (800) 735-2929 (TTY/TTD)
Health Net of California, Inc www.healthnet.com	(877) 550-3868 (TTY/TTD)	(800) 977-7307 (TTY/TTD)
Liberty Dental of California, Inc www.libertydentalplan.com	(877) 550-3875 (CSL) (877) 855-8039 (TTY)	(800) 703-6999 (CSL) (877) 855-8039 (TTY)

- If you live in **San Mateo County**, you will get dental services through Health Plan of San Mateo (HPSM) or FFS.
 - If you are enrolled in HPSM, you will receive dental services through HPSM. To learn more about dental services through Health Plan of San Mateo, call the plan at **1-800-750-4776** or **650-616-2133** (TTY: 1-800-735-2929 or 711).
 - If you are enrolled in Kaiser, you will receive dental services through FFS dental. To find a dental provider, you can call the Medi-Cal Dental’s Customer Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m.

Mental health services

If you need mental health services, talk to your new Medi-Cal Managed Care Plan member services or your primary care provider. You may get some mental health services through your new Medi-Cal Managed Care Plan network. You may also qualify for specialty mental health services. Your county mental health plan provides specialty services. Your Medi-Cal Managed Care Plan must help you with your mental health care needs and help you find the right provider. The County Mental Health Plan Contact List for specialty mental health services is at bit.ly/mhp-contact-list.

Alcohol and drug treatment services

If you need help with alcohol or other substance use disorder treatment services, you can get an assessment from your Medi-Cal Managed Care Plan. You can also call your county Drug Medi-Cal Program for substance use disorder treatment services. Or call your Medi-Cal Managed Care Plan member services at bit.ly/mhp-contact-list.

Family planning and contraception services

You can get family planning services from any Medi-Cal provider, even if they are not in your Medi-Cal Managed Care Plan network. You do not need a referral or prior authorization (pre-approval). There is no co-payment. To learn more, contact your Medi-Cal Managed Care Plan member services or Fee-for-Service (regular) Medi-Cal provider.

Covered services include:

- Patient visits for the purpose of family planning
- Family planning counseling services given during a regular patient visit
- Contraceptive procedures, insertions or devices
- Tubal ligations
- Vasectomies
- Contraceptive drugs or devices
- Abortions
- Treatment for complications resulting from previous family planning procedures
- Laboratory procedures, radiology, and drugs associated with family planning procedures

Pharmacy services

Medi-Cal Rx covers prescription drugs that your provider prescribes for you to get from a pharmacy. Your Medi-Cal Managed Care Plan and Fee-for-Service (regular) Medi-Cal cover the drugs your provider gives you in person, such as at the doctor's office or clinic.

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to medi-calrx.dhcs.ca.gov. Or call the Medi-Cal Rx Customer Service Center at 1-800-977-2273 (TTY: State Relay at 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan's member services phone number.

Transportation

If you do not have a way to get to a covered Medi-Cal service or to pick up a medicine at the pharmacy, you may get free Non-Medical Transportation services. You may get a free ride by car, taxi, bus, or other public or private vehicle. You do not need a prescription from your doctor or provider for Non-Medical Transportation services.

If you cannot use a car, bus, taxi, or other public or private vehicle to your appointments due to your health conditions, you may qualify for free Non-Emergency Medical Transportation. This is by ambulance, wheelchair van, or litter van. It is for people who cannot use public or private transportation.

You will need a prescription from a licensed provider to ask for Non-Emergency Medical Transportation. Your primary care provider, dentist, podiatrist, mental health or substance use disorder provider can prescribe Non-Emergency Medical Transportation. Non-Emergency Medical Transportation is available for appointments covered by your health plan as well as pharmacy services.

If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. If you get Medi-Cal through a Medi-Cal Managed Care Plan, call member services to ask for a ride. If you get Medi-Cal through Fee-for-Service (regular) Medi-Cal, you can contact DHCS for assistance. Medi-Cal Members or their designees may email DHCSNMT@dhcs.ca.gov requesting assistance if their provider is not able to arrange Non-Emergency Transportation.

Home and community-based services (HCBS)

These include:

- In-Home Supportive Services (IHSS) attendant care to keep you in your home
- Home and Community-Based Alternatives Waiver services such as in-home nursing, home modification, and personal care services
- Community-Based Adult Services at a center
- Other benefits

To learn more about these services, go to bit.ly/IHSSProgram.

5. What if I have pregnancy-related Medi-Cal now?

If you currently have pregnancy-related Medi-Cal, you have all the medically necessary services that Medi-Cal covers. To learn more about full Medi-Cal benefits, go to bit.ly/medi-cal-ehb-benefits.

6. Will I pay co-payments?

No. There are no co-payments for medical care. The Medi-Cal Managed Care Plan covers all medical costs that are medically necessary.

7. Will I have a Share of Cost (SOC)?

Some people with Medi-Cal have a share of cost (SOC). A SOC is an amount you are responsible for paying before your Medi-Cal coverage starts that month. If you have Medi-Cal with a SOC and meet your SOC for a month, Medi-Cal pays for the rest of your health care costs for that month. You only need to pay your SOC one time in the month that you need to use Medi-Cal.

8. How will I use my new full Medi-Cal?

If you do not have a SOC, you will need to enroll in a Medi-Cal Managed Care Plan once you have full Medi-Cal. You can then go to doctors who work with the plan in the plan's service area. You can get checkups, go to a specialist, get care for a chronic condition like diabetes, or have surgery. Your Medi-Cal Managed Care Plan will cover any medically necessary service covered under Medi-Cal.

If you live in a county that provides Medi-Cal through a County Organized Health System (COHS) or a Single Plan, you will be enrolled in the COHS Plan, Single Plan, or Kaiser Permanente. You do not need to take any action. If your county has more than one Medi-Cal Managed Care Plan, you will get information on how to choose a plan.

To find out if you live in a COHS or Single Plan county, go to bit.ly/county-info.

If you have a SOC and live in a Long-term Care Facility, you may have to enroll in a Medi-Cal Managed Plan.

9. What is a Medi-Cal Managed Care Plan?

A Medi-Cal Managed Care Plan is a health plan that:

- Works with doctors, hospitals, and other health care providers in your service area to give you health care services
- Gives you the medically necessary Medi-Cal services you need
- Works with you and your provider to coordinate and manage your care

When you are in a Medi-Cal Managed Care Plan, you may still get some services through Fee-for-Service (regular) Medi-Cal instead of through your Medi-Cal Managed Care Plan. In most counties, these include:

- Certain home and community-based services
- Most Medi-Cal pharmacy services
- Substance use disorder (SUD) treatment services
- Dental services

If you get In-Home Supportive Services (IHSS), you will keep getting those services through Fee-For-Service (regular) Medi-Cal the way you do now.

To learn more about benefits available through Medi-Cal Managed Care Plans, go to healthcareoptions.dhcs.ca.gov.

10. How do I choose a Medi-Cal Managed Care Plan?

Your Medi-Cal Managed Care Plan choices depend on the county you live in.

To find out if you live in a COHS or Single Plan county, go to bit.ly/county-info.

If you live in a county that **does not have** a County Organized Health System (COHS) or a Single Plan, Health Care Options will send you a *My Medi-Cal Choice* packet. It will list Medi-Cal Managed Care Plans in your county. It tells you how to sign up.

If you have a doctor or clinic now, ask them if they work with a Medi-Cal Managed Care Plan in your county. If you want to stay with that doctor or clinic, you can choose any Medi-Cal Managed Care Plan your doctor or clinic accepts.

If you have a doctor or clinic that does **not** work with a Medi-Cal Managed Care Plan in your county, you might be able to keep your Fee-for-Service (regular) Medi-Cal. People with complex medical conditions like HIV/AIDS, pregnancy in the third trimester, ongoing cancer treatment, dialysis treatments, and more may qualify to keep Fee-for-Service (regular) Medi-Cal. If you think this applies to you, fill out and send the “Medical Exemption Request” form that comes with the *My Medi-Cal Choice* packet.

If you do not choose a Medi-Cal Managed Care Plan, Medi-Cal will choose a Medi-Cal Managed Care Plan in your county for you. You have the right to ask to change your Medi-Cal Managed Care Plan at any time. Call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077) or go to healthcareoptions.dhcs.ca.gov.

If you change your Medi-Cal Managed Care Plan, you must enroll in another Medi-Cal Managed Care Plan in the same county. You cannot go back to Fee-For-Service (regular) Medi-Cal if you have been enrolled in a Medi-Cal Managed Care Plan for more than 90 days.

11. What is Health Care Options?

Health Care Options is a Medi-Cal service that helps members learn about Medi-Cal Managed Care Plans. Health Care Options can help members make the right choices about your Medi-Cal.

The Health Care Options website is healthcareoptions.dhcs.ca.gov. To learn more, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077).

Health Care Options has information for non-COHS and Single Plan counties. If you live in a COHS county or a Single Plan county, contact your county social service agency to learn more.

12. Who will be my primary care doctor if I am in a Medi-Cal Managed Care Plan?

Once you join a Medi-Cal Managed Care Plan, you need to choose a primary care doctor who works with your Medi-Cal Managed Care Plan. If you do not choose a

doctor within **30 days** of the date you enroll in your Medi-Cal Managed Care Plan, the Medi-Cal Managed Care Plan will choose one for you.

If you want to **keep** your doctor:

- Ask your doctor if they work with a Medi-Cal Managed Care Plan in your county.
- Choose a Medi-Cal Managed Care Plan your doctor works with.

If you want to find a **new** doctor:

- Read the online list of doctors your Medi-Cal Managed Care Plan has to choose from. Or ask them to mail you a list of doctors.
- Ask to change to a doctor who works with your Medi-Cal Managed Care Plan network. You can ask to change your doctor at any time.
- For help finding a doctor or to change your doctor, call your Medi-Cal Managed Care Plan's member services phone number after you join.

13. Can I keep my Medi-Cal doctor if they don't work with a Medi-Cal Managed Care Plan?

Continuity of care means that you may be able to continue seeing your current doctor or therapist for up to 12 months, or more in some cases, after you have been enrolled in a Medi-Cal Managed Care Plan. This includes your Medi-Cal doctors, specialists, and therapists. The types of therapists you may be able to continue seeing include a physical therapist, occupational therapist, respiratory therapist, speech therapist, and behavioral health treatment provider. The provider has to agree to work with the Medi-Cal Managed Care Plan.

If you want continuity of care, call your Medi-Cal Managed Care Plan's member services phone number once you join the plan. If you have more questions about continuity of care, go to bit.ly/DHCSCOC.

14. Who does not have to join a Medi-Cal Managed Care Plan?

If you live in a non-COHS or Non-Single Plan county, you may not have to join a Medi-Cal Managed Care Plan if you:

- Are an American Indian/Alaska Native
- Are an individual who gets assistance under Foster Care, the Adoption Assistance Program, or Child Protective Services
- Live in a California Veteran's home
- Already have an approved medical exemption from the requirement to join a Medi-Cal Managed Care Plan; or
- Get a medical exemption from the requirement to join a Medi-Cal Managed Care Plan

If you are a member who gets assistance under foster care, the Adoption Assistance Program, or Child Protective Services, and you live in a Single Plan county, you have the choice to enroll in a Medi-Cal health plan or FFS Medi-Cal.

To learn more about exemptions from joining a Medi-Cal Managed Care Plan, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077).

To find out if you live in a COHS, Single Plan or non-COHS, non-Single Plan county, go to bit.ly/county-info.

15. Can I get a medical exemption from joining a Medi-Cal Managed Care Plan?

If you have a complex medical condition and your Medi-Cal doctor or clinic is a Fee-for-Service (regular) Medi-Cal provider who is not in a Medi-Cal Managed Care Plan network in your county, you might be able to get a medical exemption to keep your provider for **up to 12 months**.

If you live in a county that does **not** have a County Organized Health System (COHS) or a Single Plan County and want to ask for a temporary medical exemption, use the “Medical Exemption Request” form. This can be found in the *My Medi-Cal Choice* Packet you got. If you want to stay in Fee-for-Service (regular) Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot qualify for an exemption from managed care enrollment after you have been in a Medi-Cal Managed Care Plan for **90 days**. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form. Return the completed form to Health Care Options.

There are two ways you can ask for a medical exemption:

- Call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077)
- Go to Health Care Options website at healthcareoptions.dhcs.ca.gov.

If your exemption is approved, you can stay in Fee-for-Service (regular) Medi-Cal and keep your doctor until the medical exemption ends.

If you have certain health conditions and want to keep your Medi-Cal provider for **more than 12 months**, you may be able to ask for a medical exemption extension. If you want to ask for an extension, you must wait until at least **11 months** from your existing medical exemption’s start date. Health Care Options will tell you when it is 45 days before your medical exemption ends. They will tell you how to ask for an extension.

If your exemption is denied, you might be able to keep your doctor if you ask your Medi-Cal Managed Care Plan for “continuity of care.” Read more about continuity of care in Question 11. If you live in a COHS county or Single Plan county, you may **not** be able to ask for a medical exemption.

To learn more about exemptions and how to ask for one, go to the Health Care Options website at healthcareoptions.dhcs.ca.gov.

16. What if I have questions about Medi-Cal and my immigration status?

The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services does NOT consider health, food, and housing services as part of the public

charge determination. Therefore, using Medi-Cal benefits (except for nursing home or mental health institution care) will NOT hurt your immigration status. The Age 26 through 49 Adult Expansion is a state-funded program. When you apply for state-funded benefits, your information is only used to see if you can get Medi-Cal. State laws protect the privacy of your information.

DHCS and county social services agencies cannot answer questions related to immigration or public charge. If you have questions about your immigration status and Medi-Cal benefits, talk to a qualified immigration lawyer.

The California Department of Social Services funds qualified nonprofit organizations to give services to immigrants who live in California. There is a list of organizations at bit.ly/immigration-service-contractors.

For immigration information and resources, go to California's Immigrant Guide at immigrantguide.ca.gov/.

To learn about public charge, go to the California Health and Human Services Agency Public Charge Guide at chhs.ca.gov/public-charge-guide/.

17. Where can I learn more or get help?

- Call the DHCS Medi-Cal Helpline at **1-800-541-5555**. The call is free.
- Call the DHCS Ombudsman Office at **1-888-452-8609**. The call is free. Or email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and understand their rights and responsibilities.
- Learn more about Medi-Cal on the DHCS website at bit.ly/MyMedi-Cal.
- Learn more on the DHCS Adult Expansion website at bit.ly/AdultExpansion.
- Email AdultExpansion@dhcs.ca.gov