

Healthy Families Transition to Medi-Cal

The following is designed to answer common HFP to Medi-Cal transition questions.

Q1. Is HFP still my health Insurance program?

“Yes, until the move to Medi-Cal occurs, your child(ren) will have insurance coverage through HFP, please pay your premiums on time every month to continue to receive services.”

Q2. Will my child(ren) be covered if there is an emergency or is currently being treated for a special condition?

“Yes, please contact your HFP health plan or HFP.”

Q3. Will my child(ren) be in the same health/dental plan?

“Your child(ren) may still get health services from the same doctor/dentist as long as they accept Medi-Cal. You will be notified by mail prior to the move to Medi-Cal, if your child(ren) will have the same plan (s), a different plan(s), or information on what choices are available.”

Q4. Why is HFP Changing?

“Due to a new State law in California children in HFP must move to Medi-Cal.”

Q5. What is Medi-Cal?

“Medi-Cal is California’s Medicaid program. It provides medical, dental, mental health, alcohol and drug use treatment and vision care services. You can learn more about Medi-Cal at www.dhcs.ca.gov.”

Q6. What is Denti-Cal?

“Denti-Cal is Medi-Cal’s dental program. It provides dental services through Dental Managed Care plans or Fee- For- Service (FFS).”

Transitioned and New Eligible Member Questions

Q1. What services does Medi-Cal cover?

“The Medi-Cal program covers all of the same benefits that that the Healthy Families Program now covers. Benefits include: medical visits, dental, vision, mental health, alcohol and drug treatment, and other behavioral health services.”

Q2. Where will my child(ren) get Medi-Cal services?

“Your child(ren) will get **most** Medi-Cal services from the Medi-Cal Managed Care health plans (see matrix below). Contact the health plan they will inform you of your coverage and can help you find the services you need.”

Services	Covered by	Contact
Medical Visits	Medi-Cal Managed Care Health Plan	Health plan
Dental	Denti-Cal	Denti-Cal
Vision	Medi-Cal Managed Care Health Plan	Health plan
Behavioral Health		
Alcohol and Drug Treatment	Medi-Cal	<ul style="list-style-type: none"> • Health plan/Provider for assistance in coordinating services. • County Alcohol and Drug program.
Mental Health	Medi-Cal	<ul style="list-style-type: none"> • Health plan/provider for assistance in coordinating services. • County or local mental health dept. • DHCS Ombudsman Mental Health Services.

Q3. Will my child(ren) be able to see the same doctor/dentist?

“Your child(ren) will be able to see the same doctor/dentist as long as their doctor/dentist accepts Medi-Cal. If you need a new doctor, your health plan will help you find one. If you need a new dentist, you can contact your dental plan/Denti-Cal for assistance.”

Q4. Are there any Co-Payments, Premium Payments?

“There are **no** Co-Payments. Some beneficiaries may have Premium Payments. If you have a Premium Payment, you will receive a billing statement from Medi-Cal with your new premium amount.

- Please pay your premiums to continue to receive services.

- Medi-Cal premium rates are: \$13.00 per child, per month not to exceed \$ 39.00 for all children in one family per month.
- Please contact Medi-Cal Premium Payment for additional assistance at **1-800-880-5305.**”

Q5. Will there be any changes to my child(ren) California Children’s Services (CCS)?

“No, nothing will change. Your child(ren) will get the same CCS. If you have questions about CCS, please contact your local CCS program at: www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx.”

Q6. Where do I report any changes to my child(ren)’s information?

“Call your local County office/eligibility worker to update the address or phone number, or to ask questions about the Annual Eligibility Review (AER).”

Q7. Why does my child not qualify for a Medical Exemption?

“A Medical Exemption is for beneficiaries that are being enrolled in Medi-Cal managed care from Regular Medi-Cal, commonly referred to as Fee-For-Service. Since your child (ren) will not be enrolling in from Fee-For-Service, he/she does not qualify for a medical exemption. Your health plan should be able to provide all your necessary medical services or will help you find the services you need. If you have contacted your health plan and are not satisfied with the results, I can assist you.” (CSR to provide information on filing a complaint, grievance, referral to DMHC or/and Ombudsman).