

## **IMPORTANT MEDI-CAL PROGRAM INFORMATION FOR NEW SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS**

You are eligible for Medi-Cal benefits because you have been approved for SSI/SSP benefits. The first month of your eligibility for Medi-Cal benefits is the month you applied for SSI/SSP, as long as you were eligible for SSI/SSP in that month.

### **BENEFITS IDENTIFICATION CARD**

You have now received or will shortly receive a plastic Benefits Identification Card (BIC). This BIC is used to verify your eligibility for Medi-Cal benefits, allowing your Medi-Cal providers to bill for your medical and/or dental care. If your doctor or your health care provider tells you that your Medi-Cal eligibility is listed for a county in which you do not reside, you must contact your Social Security Administration (SSA) office to have them correct their records.

**DO NOT THROW AWAY YOUR BIC.** If you received Medi-Cal in the past, you may already have a plastic card that can be used again. If you lose your card, contact your local county of social services office and ask for a new card.

**If you are issued a new card, then your old card will no longer be valid.**

### **HOW TO PAY FOR PAST MEDICAL BILLS SINCE APPLYING FOR SSI/SSP**

If you received Medi-Cal covered medical and/or dental services from a Medi-Cal provider since you applied and became eligible for SSI/SSP, that provider can bill Medi-Cal for those services. This may include a number of months before you receive your BIC. However, you must contact the Medi-Cal providers you saw during this period so that these providers can bill Medi-Cal.

Payment for services over one year prior to receiving your BIC, requires a Letter of Authorization (Form MC180) showing the initial payment information. You can obtain this form by bringing your award letter or a letter from the SSA to your county social services office. You also should bring in copies of your medical and/or dental bills to assist in determining what month(s) you need to request Medi-Cal benefits.

**IMPORTANT: You should make this request within six months of the date of the award letter.**

### **PAYMENT OF MEDICAL BILLS IN THE THREE MONTHS BEFORE THE MONTH OF YOUR SSI/SSP APPLICATION**

The Medi-Cal program may be able to help pay for medical and/or dental expenses that you had in any of the three months before the date of your SSI/SSP application. To receive this help, you must be eligible for Medi-Cal in the month(s) Medi-Cal covered services were provided. You must make the request for Medi-Cal coverage for those months within a year of the month you had the medical and/or dental services. To make your request for coverage for those months, please contact your local county of social services office in your area. A list of county of social services offices is enclosed. Call the telephone number listed for your county. The county worker will help you locate the Medi-Cal office nearest your home.

### **MEDI-CAL MANAGED CARE**

Depending on where you live, you may have the opportunity to enroll in a Medi-Cal managed care plan. A Medi-Cal managed care plan is a health care plan that arranges or provides all covered Medi-Cal services for you through a network of physicians, clinics, hospitals, pharmacies, and other health care providers. In some counties, enrollment in a Medi-Cal managed care plan is required and in other counties you may have a choice to enroll in a health plan on a voluntary basis. All Medi-Cal managed care plans offer a selection of primary care physicians and other providers within the plan. If your county does not offer health care services through a Medi-Cal managed care plan, you will be able to obtain services directly through individual providers that participate in the Medi-Cal program. Your local county of social services office can provide you with information about Medi-Cal managed care plans that may be available in your county.

**IF YOUR SSI/SSP IS STOPPED**

If you are getting SSI/SSP disability benefits and SSA later decides that you are no longer disabled, you will receive a notice telling you that you will continue to receive Medi-Cal benefits until your county social services office re-determines if you are eligible for other Medi-Cal programs. Once your county social services office completes the Medi-Cal eligibility redetermination, you will be notified regarding your continuing eligibility or ineligibility for the Medi-Cal program.

**IF YOU HAVE MORE THAN ONE PROVIDER**

If you receive treatment from more than one doctor, you should tell each doctor about the other doctor(s). Do not abuse your Medi-Cal benefits. It is a crime to get drugs through false statements or allow others to use your BIC.

**IF YOU HAVE PRIVATE HEALTH INSURANCE**

A Medi-Cal beneficiary may have both private health insurance and Medi-Cal. As a Medi-Cal beneficiary, you must report any private health insurance you have to your county social services office. If you have a change in your other health coverage, please use one of the secure online forms at <http://dhcs.ca.gov/OHC> or call (800) 541-5555.

If your private health insurance is through a Prepaid Health Plan or Health Maintenance Organization (PHP/HMO), you must go to your health plan to receive health care services. Medi-Cal may not pay for services available through a PHP/HMO plan if you choose to seek treatment elsewhere.

**INFORMATION YOU MUST REPORT**

You must report any changes in your income, resources, or living arrangements to the SSA.

You must report when you get Medi-Cal services because someone else caused an accident or injury. Report all accidents or injury to the Medi-Cal Personal Injury Program using the secure online forms found at <http://dhcs.ca.gov/PI>.

If an insurance company directly pays you for services Medi-Cal paid, please make an online payment at <http://dhcs.ca.gov/PI> or mail the payment to:

Department of Health Care Services  
Personal Injury Unit  
P.O. Box 997421, MS 4720  
Sacramento, CA 95899-7421

**MEDICARE**

If you do not already have Social Security benefits, you must apply for Medicare benefits at the local SSA office if you are 64 years and 9 months of age or older.