

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.

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 county social services office. A list of county 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.

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 county 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.**

MEDI-CAL MANAGED CARE

You may have the opportunity to enroll in a Medi-Cal managed care plan which 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. Your county 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

As a Medi-Cal member, you must report any private health insurance you have to your county social services office. If you have a change in your private health insurance or a request to remove the private health insurance from your Medi-Cal record, please use the online form found at <http://dhcs.ca.gov/OHC>. If you cannot use the online form, please call (800) 541-5555 (outside of California, please call (916) 636-1980).

Having private health insurance does not prevent you from being eligible for Medi-Cal; however, if you do not report it, your Medi-Cal benefits can be stopped. State and federal law requires Medi-Cal to bill your private health insurance before billing the Medi-Cal program.

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.

Additionally, the Health Insurance Premium Payment (HIPP) program may pay your private health insurance premiums for you **if it is cost effective**. If you have high monthly health care costs and presently have private health insurance or have private health insurance available to you, you may qualify for this program. To contact HIPP please send an email to HIPP@dhcs.ca.gov.

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 of an accident or injury caused by someone else. Report all accidents or injuries on our website at <http://dhcs.ca.gov/PIForms>.

If you are unable to report through the website, please mail notification to: Department of Health Care Services Personal Injury Unit, P.O. Box 997425, MS 4720 Sacramento, CA 95899-7425.

If you receive any direct payments from an insurance company for services paid by Medi-Cal, send them to: Department of Health Care Services Other Coverage Branch, P.O. Box 997421, MS 4719 Sacramento, CA 95899-7424.

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.

ESTATE RECOVERY

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members for payments made, including managed care premiums, for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed. For more information, you may visit the Estate Recovery website at <http://dhcs.ca.gov/er> or call (916) 650-0590.