Medi-Cal

Medi-Cal Eligibility: What does it mean?

Eligibility for Medi-Cal in California is based on several factors, including:

- Income: Your income must fall below the state’s income guidelines for Medi-Cal eligibility.
- Household size: The size of your household affects your eligibility.
- Assets: You may have certain assets but still qualify for Medi-Cal.

If you think you may be eligible for Medi-Cal, please call the California Department of Health Care Services at 1-916-440-8980.

Medi-Cal covers:

- Hospital stays
- Doctor visits
- Prescription drugs
- Dental care

To apply for Medi-Cal, you can:

- Visit a local Medi-Cal office
- Call the California Department of Health Care Services at 1-916-440-8980
- Fill out an application online at www.dhcs.ca.gov/formsandpubs/

If you have questions about your coverage, please contact your local Medi-Cal office.

For more information, visit www.dhcs.ca.gov/Documents/ADA_Title_VI_Discrimination_Complaint_Form.docx

MC 219 (11/15) CAM1 | 1

Department of Health Care Services

Office of Civil Rights

1-916-440-8980

TTY: 1-916-440-7370

www.dhcs.ca.gov
2. The health plan must notify the enrollee of changes in enrollment status, such as changes in Medi-Cal eligibility or disenrollment.

3. The health plan must notify the enrollee of changes in the health care provider, such as changes in Medi-Cal eligibility or disenrollment.

4. The health plan must notify the enrollee of changes in covered services, such as changes in Medi-Cal eligibility or disenrollment.

5. The health plan must notify the enrollee of changes in eligibility for special needs services, such as changes in Medi-Cal eligibility or disenrollment.

6. The health plan must notify the enrollee of changes in the availability of services, such as changes in Medi-Cal eligibility or disenrollment.

7. The health plan must notify the enrollee of changes in the provider's network, such as changes in Medi-Cal eligibility or disenrollment.

8. The health plan must notify the enrollee of changes in the coverage of services, such as changes in Medi-Cal eligibility or disenrollment.

9. The health plan must notify the enrollee of changes in the provider's location, such as changes in Medi-Cal eligibility or disenrollment.

10. The health plan must notify the enrollee of changes in the benefits available, such as changes in Medi-Cal eligibility or disenrollment.

11. The health plan must notify the enrollee of changes in the enrollment period, such as changes in Medi-Cal eligibility or disenrollment.

12. The health plan must notify the enrollee of changes in the plan's network, such as changes in Medi-Cal eligibility or disenrollment.

13. The health plan must notify the enrollee of changes in the provider's contact information, such as changes in Medi-Cal eligibility or disenrollment.

14. The health plan must notify the enrollee of changes in the plan's coverage, such as changes in Medi-Cal eligibility or disenrollment.

15. The health plan must notify the enrollee of changes in the plan's services, such as changes in Medi-Cal eligibility or disenrollment.

16. The health plan must notify the enrollee of changes in the plan's enrollment period, such as changes in Medi-Cal eligibility or disenrollment.
17. If you are enrolled in a Medi-Cal program that covers these services but have not received them, you may contact the Department of Social Services (DHCS) at 1-855-795-0634 for assistance.

18. If you are enrolled in Medi-Cal, you may contact the Department of Social Services at 1-855-795-0634 for assistance.

19. If you are enrolled in Medi-Cal, you may contact the Department of Social Services at 1-855-795-0634 for assistance.

20. If you are enrolled in Medi-Cal, you may contact the Department of Social Services at 1-855-795-0634 for assistance.
ការបង្កើតការផ្សាយរបស់កម្មវិធី : មេឃឈឺឈឺ 

1. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ Medi-Cal

2. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ SSA

3. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ VA

4. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Social Security Administration) (SSA)

5. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Veterans Administration)

6. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Veterans Administration)

7. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ Railroad Retirement

8. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Social Security Administration) (SSA)

9. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Veterans Administration)

10. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ Railroad Retirement

11. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Veterans Administration)

12. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ Railroad Retirement

13. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ (Social Security Administration) (SSA)

14. ការបង្កើតការផ្សាយរបស់កម្មវិធី មេឃឈឺឈឺ ដោយ Railroad Retirement
1. Eligible applicants must be residents of California and meet the health care Program eligibility criteria.

2. Eligible applicants must be citizens of the United States or have a legal permanent resident (LPR) status.

3. Eligible applicants must provide their Social Security Number (SSN) and a Medi-Cal identification number.

4. Eligible applicants must be enrolled in Medi-Cal or the Covered California Health Plan (California Health Plans). Additionally, applicants must have been enrolled in Medi-Cal for at least 60 consecutive days before the end of the current benefit period.

5. Eligible applicants must be registered for Medicare and have been enrolled in Medi-Cal for at least 60 consecutive days before the end of the current benefit period.

6. Eligible applicants must have been enrolled in Medi-Cal for at least 60 consecutive days before the end of the current benefit period.

7. Eligible applicants must have been enrolled in Medi-Cal for at least 60 consecutive days before the end of the current benefit period.
លោកអ្នកយល់ថា:

លោកអ្នកមិនមានការត់ជួរ។ក្នុងករណីមានអាសន្នល្លាញ។

វលដើម្ីទទួលការដំប់សប់ដ៏ច្បាស់សបមានគលបមាងសបុខភាពធម៌ លោកអ្នកទទួលបបាក់ការទូរទាត់បបាក់ដផ្នកDHCSប្រសិនល្រើលោកអ្នកសមាជិកមានក្នុង្រន្ទបុកបគរួសារល្រើលោកអ្នករដិលសធថាសមុស្លារលោកអ្នកឬសមាជិកមា្នក់ក្នុង្រន្ទបុកបគរួសារ ។

1-800-541-5555
Medi-Cal ||DHCS www.dhcs.ca.gov/ohc

BIC (workers’ compensation)

2) រ្រស់លោកអ្នកនិងសមាជិកក្នុង្រន្ទបុកបគរួសារ រ្រស់លោកអ្នកឬសមាជិកមា្នក់ក្នុង្រន្ទបុកបគរួសារមានសិទ្ិបកសួងសង្គមកិចក្ដារីសំគ្ល់ការរ៉ារ់រងសបុខភាព។

3) មានថផ្ទលពាលះ។តាមឪ្បុកឬមា្ដយអវត្តមានដលងដតលោកអ្នកបានទទួល្រញ្ញឹង្្ក់សបុខភាពជិតផ្ទលះ។

4) មានថផ្ទលពាលះ។តាមឪ្បុកឬមា្ដយអវត្តមានដលងដតលោកអ្នកមានការោក់លាដារ។

5) អ្នកបានទទួលការរ៉ារ់រងសបុខភាពពីរដ្ឋឬលខានធីលដើម្ី ។

6) អ្នកបានទទួលការរ៉ារ់រងសបុខភាពពីរដ្ឋឬលខានធីលដើម្ី ។

7) លោកអ្នកអាចទទួលការបំរុះទូរទាត់បបាក់ពីDHCSជាមួយនឹងរដ្ឋឬលខានធីលដើម្ី ។

8) លោកអ្នកអាចទទួលការរ៉ារ់រងសបុខភាពពីMedi-Cal ។

9) មានការរ៉ារ់រងសបុខភាពពីឈ្មោះប្រឈម ។

10) មានការរ៉ារ់រងសបុខភាពពីឈ្មោះក្លឹប ។

11) មានការរ៉ារ់រងសបុខភាពពីឈ្មោះប្រឈមក្នុងការបំរុះទូរទាត់បបាក់ឬអវត្តមានដលងដត ។

12) មានការរ៉ារ់រងសបុខភាពពីឈ្មោះប្រឈមក្នុងការបំរុះទូរទាត់បបាក់ឬអវត្តមានដលងដត ។
13. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

14. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

15. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

16. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

17. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

18. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

19. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

20. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

21. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

22. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

23. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

24. The state of California Health and Human Services Agency Department of Health Care Services State of California Health and Human Services Agency Department of Health Care Services

MC 219 (11/15) CAM7 7
25. ប្រសិនប្រើ Medi-Cal បានសប្តូររងសបុខភាពអន្តរកាល សូមជំនួសសួរសុខភាពអន្តរកាលដោយដាក់ឈ្មោះ Medi-Cal ដល់ការបែងចែក
សំណង់សុខភាព បានសួរសុខភាពអន្តរកាលដោយឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាលដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក

26. ប្រសិនប្រើការមានការមិនបានសរសេរប្រសិនប្រើ Medi-Cal បានសំណង់សុខភាពអន្តរកាល ដោយដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះការបែងចែក

27. ប្រសិនប្រើ Medi-Cal បានសួរសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល បានសួរសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal
ដាក់ឈ្មោះការបែងចែក

28. ប្រសិនប្រើ Medi-Cal បានសួរសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក

29. ប្រសិនប្រើ Medi-Cal បានសួរសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក
សំណង់សុខភាព កំពុងបង្កើតការសុខភាពអន្តរកាល ដោយដាក់ឈ្មោះ Medi-Cal ដាក់ឈ្មោះការបែងចែក

http://dhcs.ca.gov/er