

Frequently Asked Questions (FAQ)

About your benefits expanding in Medi-Cal

1. Am I still covered by Medi-Cal?

Yes. You still have Medi-Cal. The state is adding more health care benefits to your Medi-Cal coverage. You may get more benefits soon.

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

Starting **May 1, 2022**, a new law in California will give full scope Medi-Cal to Californians ages 50 and older who qualify for Medi-Cal. Immigration status does not matter.

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

No. Your Medi-Cal benefits are not changing right now. You do not need to do anything yet. You already have restricted scope Medi-Cal, so you do not need to fill out a new application for full scope Medi-Cal. If you get a packet in the mail to renew your Medi-Cal, fill it out and return it. You can call your county office for help.

4. What is full scope Medi-Cal?

Medi-Cal has free or low-cost health care for people who live in California and qualify. Full scope Medi-Cal is different from the restricted scope Medi-Cal you have now. Restricted scope Medi-Cal only covers some services. It does not cover things like medicine and primary care. Full scope Medi-Cal covers more. You will have a primary care doctor (PCP). You will have these benefits:

- Alcohol and drug use treatment
- Dental care
- Emergency care
- Family planning
- Foot care
- Hearing aids
- Medical care
- Medicine your doctor orders
- Medical supplies
- Mental health care
- Personal attendant care and other services that help people stay out of nursing homes
- Referrals to specialists, if needed
- Tests your doctor orders
- Transportation to doctor and dental visits and to get your medicine at the pharmacy
- Vision care (eyeglasses)

If you have pregnancy related Medi-Cal now, you have all the medically necessary services that Medi-Cal covers.

To learn more about full scope Medi-Cal benefits, go to <https://bit.ly/medi-cal-ehb-benefits>.

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

An SOC is the monthly amount you must pay for health care before Medi-Cal pays. Once you meet your SOC, Medi-Cal pays for the rest of your health care costs for the month. Your SOC is based on your income. If you have an SOC now and your income is the same, you will have an SOC when you get full scope Medi-Cal. You will get full scope benefits through Fee-for-Service (regular) Medi-Cal. In Fee-for-Service Medi-Cal, you can see any doctor who accepts Fee-for-Service.

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

If you do not have an SOC, you will need to enroll in a Medi-Cal Managed Care Plan once you have full scope Medi-Cal. You can then go to doctors who work with the plan in their 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), you will be enrolled in the Medi-Cal Managed Care Plan in that county automatically. If your county has more than one Medi-Cal Managed Care Plan, you will get information on how to choose a plan.

If you have an SOC and live in a county that does **not** provide Medi-Cal through a COHS, you will get full scope benefits through Fee-for-Service (regular) Medi-Cal.

To find out if you live in a COHS county, go to <https://bit.ly/mmcd-county-map>.

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

A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers in the plan's service area. They work together to give you the medically necessary Medi-Cal services you need. It will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call for medical advice
- Have member services to help you answer your questions about health care
- Help you with rides to medical visits and pharmacies
- Help you get services you may need that the plan does not cover
- Give you language assistance services you need

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

Your Medi-Cal Managed Care Plan choices depend on the county you live in. 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 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), Monday – Friday, 8 a.m. to 6 p.m. Or, go to <https://www.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 Medi-Cal if you have been enrolled in a Medi-Cal Managed Care Plan for more than 90 days.

9. What is Health Care Options?

Health Care Options is a DHCS service. It helps beneficiaries learn about Medi-Cal Managed Care Plans. This helps you make the right choices about Medi-Cal coverage and services. Plans may include medical and dental care services. The Health Care Options website is at <https://www.healthcareoptions.dhcs.ca.gov>. Health Care Options has information only for non-COHS counties. If you live in a COHS county, contact your county social service agency to learn more.

10. How do I get health care with Fee-for-Service (regular) Medi-Cal?

People in Fee-for-Service (regular) Medi-Cal and some who will be enrolled in a Medi-Cal Managed Care Plan in June 2022 can go to any doctor who accepts regular Medi-Cal. To find a new doctor, use the online list of doctors in the Medi-Cal Fee-For-Service program at <https://bit.ly/profile-enrolled-ffs-providers>.

When you call a doctor’s office, ask if they take new “Medi-Cal Fee-For-Service” patients. To get help choosing a Fee-For-Service Medi-Cal doctor, call the Department of Health Care Services (DHCS) Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

If you live in a county that provides Medi-Cal through a COHS, you will get care from your Medi-Cal Managed Care Plan starting on **May 1, 2022**.

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

Once you are enrolled in a Medi-Cal Managed Care Plan, you need to choose a primary care doctor (PCP) in your Medi-Cal Managed Care Plan network. You can ask your current doctor if they are in a Medi-Cal Managed Care Plan in your county. If you choose a plan they work with, you may be able to keep your doctor.

Your Medi-Cal Managed Care Plan has an online list of doctors to choose from. You can also ask them to mail you a list of doctors. If you do not choose a doctor, the plan will choose one for you. You can change anytime to a doctor in your Medi-Cal Managed Care Plan network. For help finding a doctor or to change your doctor, call your Medi-Cal Managed Care Plan's member services after you join.

12. Can I keep my doctor if they do not work with a Medi-Cal Managed Care Plan?

It depends. If you have gone to a doctor in the past 12 months and that doctor does not work with a Medi-Cal Managed Care Plan, you may be able to keep your doctor if you ask your plan for "continuity of care." Your doctor has to agree to work with the Medi-Cal Managed Care Plan. This can last up to 12 months or more in some cases. If you want continuity of care, call your Medi-Cal Managed Care Plan's member services once you join the plan.

13. Can I get a temporary medical exemption from enrollment in managed care?

If you have a complex medical condition and your doctor or clinic does not work with a Medi-Cal Managed Care Plan in your county but accepts Fee-For-Service (regular) Medi-Cal, you might be able to keep going to them for up to 12 months. You will have to ask for a medical exemption.

If you live in a county that does **not** have a County Organized Health System (COHS) and want to ask for a temporary medical exemption, use the "Medical Exemption Request" form. It came in the *My Medi-Cal Choice* Packet in April. Your doctor will need to fill out part of the form. Once you and your doctor fill out the form, you must return it to Health Care Options. You can get help from your doctor or clinic or from an advocate.

If you get a Medical Exemption Request, you will stay in Fee-For-Service Medi-Cal. You will keep your doctor until your exemption ends. If you have certain health conditions, you may be able to ask to keep your doctor for more than 12 months. You must ask for a longer extension 11 months or more after the date your exemption starts.

Health Care Options will tell you their decision 45 days before your exemption ends. They will tell you how to ask for an extension. If you want to stay in Fee-for-Service Medi-Cal, fill out the exemption form right away. Usually, you cannot qualify for an exemption from managed care once you have been in a plan for more than 90 days.

If you live in a COHS county or a county with a Coordinated Care Initiative (CCI) program, 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 <https://www.healthcareoptions.dhcs.ca.gov>.

14. 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.

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

You can get:

Dental services

These include partial and full dentures, teeth cleanings, x-rays, fillings, crowns, root canals, and more.

- If you live in **Sacramento County**, you will get services through a Medi-Cal Dental Managed Care Plan. To learn more about Medi-Cal Dental Managed Care plans, call Health Care Options at **1-800-430-4263** (TTY 1-800-430-7077). Or fill out the Dental Choice Form in your *My Medi-Cal Choice Packet*.
- If you live in **Los Angeles County**, you can get services through the Medi-Cal Dental Program. This is Fee-for-Service dental. Or you can choose a Medi-Cal Dental Managed Care Plan. To learn more about enrolling in a Medi-Cal Dental Managed Care Plan, call Health Care Options at **1-800-430-4263** (TTY 1-800-430-7077). Or fill out the Dental Choice Form in your *My Medi-Cal Choice Packet*.
- If you live in **San Mateo County**, you will get dental services through Health Plan San Mateo. This is a Managed Care Plan. To learn more about dental services through Health Plan San Mateo, call Monday – Friday, 8 a.m. to 6 p.m. at **1-800-750-4776** or 650-616-2133. TTY: Call California Relay Service (CRS) at 1-800-735-2929 or 7-1-1.
- For **all other counties**, you will get Fee-for-Service (regular) Medi-Cal dental services through the Medi-Cal Dental Program. You will need to go to a dental provider that accepts Medi-Cal Dental. To find a dental provider, call the Medi-Cal Dental Telephone Services Center at **1-800-322-6384** (TTY 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m. The call is free. You can also find a dental provider and learn about dental services on the Medi-Cal Dental Program’s “Smile, California” website at <http://smilecalifornia.org/>.

Preventive care services

These include screenings for medical, dental, vision, hearing, mental health, and substance use disorders. All preventive care and screening services are free. To learn more, contact your Medi-Cal Managed Care Plan member services.

Family planning 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. Covered services include:

- Patient visits for the purpose of family planning
- Family planning counseling services given during a regular patient visit
- Intrauterine device (IUD) and intrauterine contraceptive device (IUCD) insertions, or any other invasive contraceptive procedures 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

Mental health services

If you need mental health services, talk to your new Medi-Cal Managed Care Plan. Or, talk to your doctor. 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. You can get specialty mental health services through your county mental health plan. Your Medi-Cal Managed Care Plan must help you with your mental health care needs. They must help you find the right provider. The County Mental Health Plan Contact List for specialty mental health services is at <https://bit.ly/mhp-contact-list>.

Alcohol and drug treatment services

If you need help with alcohol or other substance use, your Medi-Cal Managed Care Plan can help you find out if you have a substance use disorder (SUD). You can also call your county Drug Medi-Cal Program for services. Or, ask your Medi-Cal Managed Care Plan member services for help to get treatment for an SUD.

Pharmacy services

Medi-Cal Rx covers prescription drugs from your health care provider. It also covers prescription drugs not covered by other prescription drug coverage. If you have Medicare, Medicare Part D covers most prescriptions. You must pay any Medicare co-payments. Medi-Cal will only pay for a few medications not in your Part D plan.

Transportation

If you do not have a way to get to the doctor, clinic, or dentist, or to pick up a medicine or other medical supplies, you may qualify for free transportation services. You can get a ride by car, taxi, bus, or other public or private vehicle. If you have

medical needs that don't allow you to use a car, bus, taxi, or other public or private vehicle to get to your appointments, you may qualify for free Medical Transportation. This is by ambulance, wheelchair van, or litter van. It is for those who cannot use public or private transportation.

To ask for Medical Transportation, you will need a prescription from a licensed provider. Your doctor, dentist, podiatrist, mental health, or SUD provider can prescribe Medical Transportation for you. You can contact your Medi-Cal Managed Care Plan to ask for transportation. When you are in Fee-for-Service (regular) Medi-Cal, you can ask your medical providers for help finding a transportation company. You can also find help at <https://bit.ly/medi-cal-transportation>.

If there is no provider listed for your area, you can ask for help by emailing DHCSNMT@dhcs.ca.gov. Please do **not** put personal information in your first email. Department of Health Care Services (DHCS) staff will reply with a secure email. They will ask for your information. Please contact DHCS as soon as you know you need transportation. It helps if you ask at least five days before your appointment.

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 (CBAS) at a center
- Other benefits

To learn more about these services, go to <https://www.cdss.ca.gov/in-home-supportive-services>.

16. Where can I learn more or get help?

- Call the DHCS Medi-Cal Helpline at **1-800-541-5555**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free.
- Call the DHCS Ombudsman Office at **1-888-452-8609**, Monday – Friday, 8 a.m. to 5 p.m. The call is free. The Ombudsman Office can help you with managed care.
- Learn more on the DHCS web site at <https://bit.ly/older-adult-expansion>.
- Email OlderAdultExpansion@dhcs.ca.gov.

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

DHCS cannot answer questions about 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 (CDSS) funds qualified nonprofit organizations to give services to immigrants who live in California. There is a list of organizations at <https://bit.ly/immigration-service-contractors>.

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

To learn about public charge, go to the California Health and Human Services Agency Public Charge Guide at <https://bit.ly/calhhs-public-charge-guide>.