

Frequently Asked Questions 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 benefits to your Medi-Cal coverage. You will have more benefits in full scope Medi-Cal.

2. Why is my Medi-Cal changing?

Starting on January 1, 2020, a new law in California will give full scope Medi-Cal to young adults who qualify for Medi-Cal and are under age 26. Immigration status does not matter.

3. What is full scope Medi-Cal?

Medi-Cal provides free or low-cost health care to some people who live in California. Full scope Medi-Cal covers more than just emergency health care. It provides medical, dental, mental health, family planning and vision (eye) care. Full scope Medi-Cal also covers treatment for alcohol and drug use, medicine your doctor orders, and more. It can also provide transportation to doctor and dental visits and to get your medicine. You will have a primary care doctor. You can get referrals to specialists, if needed. To learn more about full scope Medi-Cal benefits, go to: https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx

Full scope Medi-Cal is different from the restricted scope Medi-Cal you have now. Restricted scope Medi-Cal covers limited services. It does not cover medicine or primary care. If you have pregnancy-related limited scope Medi-Cal, you will have the full scope of Medi-Cal benefits, if the service is medically necessary.

4. What if I am about to turn 26?

You will get full scope Medi-Cal until you are 26. Depending on the county you live in, if you will turn 26 between January 2, 2020 and June 30, 2020 you may be able to choose to stay in fee-for-service Medi-Cal or enroll in a Medi-Cal health plan.

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

Unless you turn 26 between January 2, 2020 and June 30, 2020, you will have to enroll in a Medi-Cal health plan once you have full scope Medi-Cal. Before you enroll in a Medi-Cal health plan, you will get full scope benefits through fee-for-service (regular) Medi-Cal.

In a Medi-Cal health plan, you can go to doctors who work with the plan. You can get checkups, see a specialist, get care for a chronic condition like diabetes, or have surgery. The Medi-Cal health plan will cover any medically necessary services.

6. What is a Medi-Cal health plan?

A Medi-Cal health plan is a health insurance plan that covers Medi-Cal services. The plan works with providers to make sure you get the services you need to stay healthy. A Medi-Cal health plan works with your doctors to manage your care. When you are in a Medi-Cal health plan, your plan provides most of your health care services.

7. How do I choose a Medi-Cal health plan?

Your Medi-Cal health plan choices depend on the county you live in. After you change to full scope Medi-Cal, you will get a letter in the mail. It will tell you about your Medi-Cal health plan choices and how to enroll. If you have a doctor or clinic now, ask them if they work with a Medi-Cal health plan in your county. If you want to stay with that doctor or clinic, you can choose that Medi-Cal health plan.

If you have a complex medical condition and see a doctor or clinic that does not work with a Medi-Cal health plan in your county, fill out and send the “Medical Exemption Request” form that comes with the packet of notices. You can get help from your doctor or clinic or from an advocate. If you live in a county that provides Medi-Cal through a County Organized Health System (COHS), you cannot ask for a Medical Exemption. This is because there are no fee-for-service providers. The COHS plan will contact you. They will send you enrollment materials.

If you do not choose a Medi-Cal health plan, Medi-Cal will choose a Medi-Cal health plan in your county for you. Each month, you have the right to change your Medi-Cal health plan.

If you want to change your plan, call Health Care Options at **1-800-430-4263** (TTY 1-800-430-7077). Or go to <https://www.healthcareoptions.dhcs.ca.gov>. If you change your Medi-Cal health plan, you must enroll in another Medi-Cal health plan in the same county. You cannot go back to fee-for-service.

8. How do I get care before I am in a Medi-Cal health plan?

The month you get full scope Medi-Cal, you will have fee-for-service Medi-Cal until you are enrolled in a Medi-Cal health plan. You can go to any doctor that takes fee-for-service Medi-Cal. To find a doctor, ask your local county welfare office for a list of providers. When you call a doctor’s office, ask if they are taking new “Medi-Cal fee-for-service” patients. You can also use the online list of doctors who are in the Medi-Cal fee-for-service program.

9. Who will be my doctor when I am in a Medi-Cal health plan?

Once you are enrolled in a Medi-Cal health plan, you need to choose a primary care doctor who works with your Medi-Cal health plan. You can ask your current doctor if they work with a Medi-Cal health plan in your county. If your doctor works with a Medi-Cal health plan in your county, you may be able to keep your doctor by choosing the Medi-Cal health plan they work with. Then choose that doctor when you enroll with the plan.

If you need a doctor, the Medi-Cal health plan will tell you where to find a list of doctors online. You may also ask them to mail a list of doctors to you. If you do not choose a doctor, the plan will choose one for you. You can change your doctor at any time. For help finding a doctor or to change your doctor, call your Medi-Cal health plan’s member services. If you are in a COHS county, you can call member services of the COHS Medi-Cal health plan in your county. Ask if you can still see your doctor when you enroll in the Medi-Cal health plan.

10. Can I keep my doctor if my doctor does not work with a Medi-Cal health plan?

If you have seen a doctor within the past 12 months and that doctor does not work with a Medi-Cal health plan, you can ask for Continuity of Care. If the doctor and the Medi-Cal

health plan agree to work together, this means you may be able to keep seeing your doctor for up to 12 more months.

If you want Continuity of Care, call your Medi-Cal health plan's member services. If you have a complex medical condition and your doctor is not part of a Medi-Cal health plan in your county you can ask to fill out the "Medical Exemption Request" form so you can keep seeing your doctor.

11. Will I pay co-payments?

No. There are no co-payments. The Medi-Cal health plan covers all medical costs that are medically necessary.

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

It depends. If you pay an SOC now, you will keep paying a SOC.

13. What other services can I get?

Dental Services

You can get dental services through Medi-Cal.

- 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 you can fill out the Dental Choice Form in your Enrollment Choice Packet.
- If you live in Los Angeles County, you can get services through the Medi-Cal Dental Program through fee-for-service dental or 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 you can fill out the Dental Choice Form in your Enrollment Choice Packet.
- For all other counties, you will get fee-for-service dental services (regular Medi-Cal for 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 you can call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday through Friday, from 8:00 a.m. to 5:00 p.m. The call is free. You can also find a dental provider on the Medi-Cal Dental Program's Smile, California website: <http://smilecalifornia.org/>.

Family Planning Services

Family planning services include reproductive and sexual health services. Services include contraceptives, testing and treatment of sexually transmitted infections, pregnancy services, and abortion. As a Medi-Cal beneficiary, you have the right to choose any family planning provider. This includes providers outside of your plan. Contact your Medi-Cal health plan to learn more.

Mental Health Services

If you need mental health services, talk to your new Medi-Cal health plan or your doctor. You may get mental health services through your new Medi-Cal health plan. Or the plan may refer you to the Medi-Cal mental health plan in your county for mental health services. You may also seek mental health services through your county mental health plan, without a referral.

Alcohol and Drug Treatment Services

If you are struggling with alcohol or other substance misuse, you can get an assessment to see if you have a substance use disorder (SUD). An SUD is a treatable chronic relapsing brain disease. Medi-Cal covers many SUD services. Your new Medi-Cal health plan will help you find a provider. Or you can call your county behavioral health department for services.

Non-Medical Transportation

If you do not have a way to get to the doctor, clinic, dentist, or to pick up a medicine or other Medi-Cal covered service, you may qualify for Non-Medical Transportation. Once you are in a Medi-Cal health plan, call member services to ask for transportation. When you are in fee-for-service Medi-Cal, you may be able to find a transportation company at <https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx>.

If there is no provider listed for your area, you can ask for help by email to DHCS-Benefits@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. It helps to ask for the service at least five days before your appointment.

14. How can I get more information or help?

Call the Department of Health Care Services (DHCS) Medi-Cal Helpline at 1-800-541-5555. This call is toll-free. You may also call the DHCS Ombudsman Office at 1-888-452-8609, Monday through Friday 8:00 a.m. to 5:00 p.m. This call is free. The Ombudsman Office helps people with Medi-Cal make use of their rights and responsibilities.

You can also learn more on the DHCS web site at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx>

15. What if I have questions regarding Medi-Cal benefits and my immigration status?

Please consult a qualified immigration attorney regarding any questions related to your immigration status and Medi-Cal benefits. The California Department of Social Services (CDSS) funds qualified nonprofit organizations to provide services to immigrants who reside in the state of California. A list of providers is available on the CDSS website at: <https://www.cdss.ca.gov/Benefits-Services/More-Services/Immigration-Services/Immigration-Services-Contractors>

For additional immigration information and resources, please visit California's Immigrant Guide website at: <https://immigrantguide.ca.gov/>