* Can we enroll over 65 into Medi-Cal?
  + Yes
* Seniors 65 or older are evaluated for non-MAGI Medi-Cal taking income and property into consideration. Income determines if you are going to qualify with a shared cost. If you have $2000 in the bank and you spend down in the bank then you can qualify for Medi-Cal. It is not a transfer, it needs to be proof that they spent the money. A penalty can occur if they are shown to
* How does SOC (Share of Cost) work? It does not have a monthly premium. Medi-Cal is a month to month program.
* Non-Magi- Income determines what they qualify for
* SSI: If they qualify for Medi-Cal, you will have to address it with Social Securities
* In order to avoid duplicate cases, you should call the CEC helpline to retrieve case number
* Utilize form MC306 for authorization form (this can also be done over the phone, consumer must state authorization to be case specific or ongoing.
* There is no public charge under Medi-Cal currently
* DACA- get full scope status under deferred action status
* Medi-Cal renewals are every 12 months and must report within 10 days to their workers
* Seniors: Property limits do apply. Must be under certain property limits. Must spend down resources.
* Any documents submitted through Covered CA does not automatically come down to Medi-Ca
* YBN (Your Benefits Now) for LA County only, what about other counties.
  + YBN is only for Lal
  + Riverside/San Bernardino has ‘See for yourself’
* If Medi-Cal was termed within 90 days and they paid will they be reimbursed
  + 90-day cure period to submit renewal, if they incur medical costs during this 90-day period they will be out of pocket. If renewal is submitted and approved, we will retroactive their coverage and request a reimbursement. This will be done directly with the provider as long as the provider bills Medi-Cal
* If Medi-Cal with share cost they will not receive a 1095-B, this does not meet MEC
  + 1095 is Medi-Cal
* Emergency Medi-Cal?
  + There is no such thing, there is only Medi-cal. They can apply with CC or Medi-Cal
  + WE do have ER situations and we have county workers that can take an application.
  + 45-day period is implemented but an application can be processed before then for example a pregnancy
* Can a LA Medi-Cal seek help in Orange County
  + No, a provider must be within the same county
  + Fee for service Medi-cal: no share of cost Medi-cal must be with managed care (LA Care) if plan is not chosen Medi-cal will choose for you. If you are in this program you can go to any Medi-cal provider in any county
* How can you tell if you are fee for service?
  + Examples: Former Foster children, or during the period you are choosing for a plan. 30-60 days
  + If you are enrolled into a shared cost, you are not in a fee for service
* Do
  + Not all staff have access to CalHEERS, some county workers have access
  + If our staff needs to view info they will go to an accessed staff
* Does MC-216 need to be pre-populated, how can we keep track of clients we assist?
  + Form will go out pre-populated, if the consumer did not get sent out they can call to request a form. We will not send a blank form.
  + Having YBN account access will let you know what process the MC-216 form status is
* Under MAGI-medical are you under a state recovery
  + Yes, there is a state recovery for Medi-Cal, if not kids, spouse, the state can take property to recover charges,
  + Now only if long term care is subject to state recover MAGI and Non-MAGI
* Regular Medi-cal household of 1 = income of $600/month, if over, they are eligible to shared cost
* Family open case: needing to add a newborn??
  + Call county to add a child to case
  + Send statement to case worker by mail: name and DOB to add baby, SS will not be required until baby is 1 year old
* Why is state auto-enrolling babies into managed care?
  + If a baby is enrolled into MC, they will add baby to same managed care the parents are in
* Babies are being auto-assigned to a health plan, but the baby is not enrolled into same carrier,
  + If baby is reported to us, the process should be the baby is enrolled into the same plan a baby within 30-60 days
* Does Medi-Cal still fine people with no insurance?
  + Penalty is gone, but for 2018 it is still a penalty
  + Mandate is still in place but the penalty is zero
* Does MC have Field reps for outreach events?
  + No, we have outreach departments with staff stationed at mobile units and community locations.
  + Send Daniel - CC events you think we will benefit from attending and we will send to outreach dept.
* Can family apply outside OE
  + MC does not have OE, anyone can apply year-round via any application channel
* If you have MC will you have trouble applying for citizenship
  + As of now MC is not a public charge and will not affect you when you apply for citizenship
* How can we help consumers if County does not want to deal with agents?
  + Have consumer designates you as an authorized rep to speak on their behalf and receive copy of their documents
* Why do MC staff blame CC agents for soft pause?
  + Soft pause is a CalHEERS process when a MAGI benefits will be lost, MC determines they are not eligible to other MC programs for ex Non-MAGI usually takes 30 days, we send package with SC604 IPS Non- MAGI screening packet.
  + While in soft pause they are still receiving MC benefits
* How does Medi Medi work, do they have 2 cards?
  + Yes, you have Medi-Cal and Medicare with 2 cards
* What is the difference with Social worker and eligibility workers
  + We have social workers
  + We have 3 Customer service centers we take calls and help consumer over the phone without speaking to case worker, if case worker is needed a ticket will be sent to case worker, it then gets escalated to upper management for help when the case worker is not answering to the ticket.
  + If consumer is not being contacted request to speak to upper management
* Feedback: Always call and set-up an appt, it works best – El Monte is the best
  + Set up appt if possible
* Why so complicated? MAGI vs Non MAGI
  + We agree.
  + 1931B program used in the past, but now it is different we don’t agree but that is what it is.
* How can we remove negative action from MC to enroll into CC?
  + When we discontinue benefits that is negative action, may be not turning in packets or over income
  + We send notice to let people know
  + No negative action can be taken that will affect CC cases, we are to let them know that this had no issue
* As an agent do we only use CC application?
  + Other option is using YBN with your consumer
* We applied to MC with CC but it did not show up as MC eligible
  + Once we get a referral we check for benefits
  + You don’t need to go in person to correct
  + If no response, reach out to District Director
* Monthly income vs expected income?
  + It is whatever the consumer reports to us whatever it is either annual income or monthly income
  + If income checks out then we take the income reported
  + Unless a case specific sample we can look at the case specifics
* Daniel speaking: Closing remarks