

NOTES
Medi-Cal Basics &
Serving the Dual Client

Plan Year 2016

LA County

Medi-Cal Programs

How to Qualify

To find out if you qualify for one of Medi-Cal's programs, look at your countable asset levels. You may have up to \$2,000 in assets as an individual or \$3,000 in assets as a couple. Some of your personal assets are not considered when determining whether you qualify for Medi-Cal coverage. For example, assets that do not count are:

- Your primary home
- One vehicle
- Household goods and personal belongings
- Life-insurance policy with a cash value of \$1,500 per person
- Prepaid burial plan (unlimited if irrevocable or up to \$1,500 if revocable) and burial plot

If you meet the asset requirements, your income determines the Medi-Cal program for which you qualify.

Medi-Cal Programs

Supplemental Security Income (SSI)

If you qualify for Supplemental Security Income (SSI), you automatically qualify for full Medi-Cal coverage. To qualify for SSI, you must be age 65 or older, blind or disabled. Your countable monthly income may not exceed \$753 for an individual or \$1,120 for a couple (higher income levels apply for individuals who are blind).

Aged & Disabled Federal Poverty Level (A&D FPL) Program

If you are aged (65+) or disabled and are not eligible for the SSI program, you may be able to get Medi-Cal through the Aged & Disabled Federal Poverty Level (A&D FPL) program. To qualify, you must:

- Be aged (65+) or disabled (meet Social Security's definition of disability, even if your disability is blindness).
- Have less than \$2,000 in assets for an individual (\$3,000 for a couple). Like SSI, this program does not count all of your assets.
- Have less than \$1,211 in countable monthly income for an individual (\$1,638 for a couple).

Medi-Cal Programs

Medi-Cal with a Share of Cost (SOC)

If your monthly income is higher than the limits to qualify for SSI or the A&D FPL program (see above), but you meet the asset-level requirements, you may still be eligible for Medi-Cal with a share of cost (SOC). An SOC functions like a deductible. You must pay this amount in any month you incur medical costs. After your SOC is paid, Medi-Cal will pay the remaining amount of your medical bills for that month.

Note: *An SOC is paid only for the months you have incurred medical expenses; it is not a monthly premium. Your SOC is determined according to your monthly income.*

Note: *If you have Medi-Cal with a SOC, Medi-Cal will no longer pay your Medicare Part B monthly premium. This means your Part B premium will be deducted from your Social Security check each month. One exception applies if you are in a Medicare Savings Program (MSP) that pays for your Part B premium (QMB, SLMB or QI). If you are in one of these MSPs, you will not be affected.*

If you meet your SOC with medical costs in any given month, Medi-Cal will retroactively pay your Part B premiums for the month(s) in which the SOC is met. Medi-Cal will send the payment to the Social Security Administration (SSA), which will refund you the amount of the premium. Any Part B premium refund received from the SSA will be counted as a resource, not income, in the month you receive it.

Medi-Cal Programs

250% California Working Disabled (CWD) Program

The 250% California Working Disabled (CWD) program helps Californians who are working, disabled and have income too high to qualify for free Medi-Cal. Californians who qualify may be able to receive Medi-Cal by paying a small monthly premium based on their income. Premiums range from \$20 to \$250 per month for an individual or from \$30 to \$375 for a couple.

To qualify, you must:

- ✓ Meet the medical requirements of Social Security's definition of disability, but you are not required to meet the agency's income and work requirements.
- ✓ Be working and earning income (this can be part-time work).
- ✓ Have assets worth less than \$2,000 for an individual or \$3,000 for a couple.
Note: IRS-approved retirement funds, such as 401(k)s and IRAs, are exempt and not counted.
- ✓ Have countable income less than 250% of the federal poverty level (in 2014, this equates to \$2,432/mo. for individuals or \$3,278/mo. for couples). Disability income does not count toward the limit, including:
 - Social Security Disability Insurance (SSDI)
 - Worker's Compensation
 - California State Disability Insurance (CSDI)
 - Federal, state and private disability benefits

Medicare Savings Programs

Program/Benefits	Income Limits	Asset Limits
<u>Qualified Medicare Beneficiary (QMB)</u> <ul style="list-style-type: none">Premiums for Parts A & BDeductibles for Parts A & BCoinsurance for Parts A & B	Single: \$1001/mo., \$12,012/yr.* Couple: \$1,348/mo., \$16,176/yr.*	Single: \$7,280 / Couple: \$10,930 Assets exclude: one home, household goods and personal belongings, one car, and prepaid burial plan (unlimited if irrevocable or up to \$1,500 if revocable) and burial plot
<u>Specified Low-Income Medicare Beneficiary (SLMB)</u> <ul style="list-style-type: none">Part B Premium	Single: \$1,197/mo., \$14,364/yr.* Couple: \$1,630/mo., \$19,560/yr.*	Single: \$7,280 / Couple: \$10,930 Assets exclude: one home, household goods and personal belongings, one car, and prepaid burial plan (unlimited if irrevocable or up to \$1,500 if revocable) and burial plot
<u>Qualified Individual (QI)</u> <ul style="list-style-type: none">Part B Premium	Single: \$1,345/mo., \$16,140/yr.* Couple: \$1,813/mo., \$21,756/yr.*	Single: \$7,280 / Couple: \$10,930 Assets exclude: one home, household goods and personal belongings, one car, and prepaid burial plan (unlimited if irrevocable or up to \$1,500 if revocable) and burial plot
<u>Qualified Disabled Working Individual (QDWI)</u> <ul style="list-style-type: none">Part A Premium (<u>exclusions apply</u>)	Single: \$1,962/mo., \$23,544/yr.* Couple: \$2,565/mo., \$30,780/yr.*	Single: \$4,000 / Couple: \$6,000 Assets exclude: one home, household goods and personal belongings, one car, and prepaid burial plan (unlimited if irrevocable or up to \$1,500 if revocable) and burial plot

What Medi-Cal Covers

Medi-Cal pays for "medically necessary" health care such as:

- Physician visits
- X-ray and laboratory tests
- Hospital and nursing-home care
- Home health care
- Certain prescription drugs excluded as a Medicare Part D benefit
- Prosthetic and orthopedic devices*
- Hearing aids*
- Medical equipment
- Ambulance services
- Hospice care

Medi-Cal will only cover these costs and services if you use providers that accept Medi-Cal. If you have both Medicare and Medi-Cal, Medicare is the primary payer (meaning Medicare will pay first for Medicare-covered benefits) and Medi-Cal is the secondary payer. If you qualify for full Medi-Cal (Medi-Cal without a share of cost (SOC)), Medi-Cal will also cover your Medicare Part A and B deductibles and copayments, and pay your monthly Medicare Part B premium

- ***Note:** Medi-Cal covers prosthetic and orthopedic devices but not the initial visit, exam, and/or follow-up appointments with a podiatrist, due to cuts made in July 2009. Similarly, Medi-Cal pays for hearing aids but not hearing exams or follow-up hearing aid tests to make sure the devices continue to work properly over time. Coverage for beneficiaries who live in a licensed nursing home, such as a skilled nursing facility, remains the same as it was before July 2009; their Medi-Cal benefits were not affected by the cuts.

How to Apply for Medi-Cal

☐ Apply Online

Click on the "Your Benefits Now" link at:

<https://www.dpssbenefits.lacounty.gov/ybn/Index.html>

YourBenefitsNow! is a website for Los Angeles County Residents to apply for and to view their benefits online. Click any of the navigation links in the center panel to get started. Currently, YourBenefitsNow! supports CalWORKs, CalFresh, and MediCal applications

☐ By Mail

Click on the Applications link, fill out the application, and mail it to the local DPSS office:

<http://dpss.lacounty.gov/dpss/health/mcApplication.cfm>

☐ In Person

Visit the nearest **Office Location**. Look it up at:

<http://dpss.lacounty.gov/dpss/maps/maps.cfm?program=medical>

Benefit Overview



Fully-Qualified Dual Eligible (100% Subsidized) **(AARP Medicare Complete Plan 3):**

Key Benefits & Considerations:

- No copayments or coinsurance for most Medicare-covered services for Full Duals & QMBs
- No Part D Premium
- Preventive screenings, labs, diabetes supplies.

Additional Benefits*

- Over the Counter Health Products Benefits Catalog
 - \$45 Quarterly Credit for mail-order health care products
- Transportation – 24 one-way trips / year
- Acupuncture (6 visits per year - \$10 co-pay)
- Routine Podiatry Visits (up to 4 visits per year)
- Nurse Hotline
- Hearing Exam
- Vision - Exam & Credit for Eyewear
- Hearing Exam and \$2000 allowance for Hearing Aids
- Silver Sneakers

Share of Cost Dual Eligible **(AARP Medicare Complete Plans 1 & 2):**

Key Benefits & Considerations:

- \$0 co-payment for core benefits
- Some co-payments and/or coinsurance
- No Part D Premium
- Preventive screenings, labs, diabetes supplies
- Access care before having to spend monthly SOC

Additional Benefits*

- Transportation – 24 one-way trips / year
- Routine Chiropractic and Acupuncture (up to 18 visits per year combined - \$10 co-pay)
- Silver Sneakers
- Educational Newsletter
- Routine Podiatry Visits (2 visits per year)
- Nurse Hotline
- Hearing Exam & Hearing Aid Rider
- Dental Riders available (premiums of \$3.50 or \$16)
- Vision - Exam & Credit for Eyewear (\$0 co-pay)

***Transportation, Routine Podiatry, Routine Chiropractic, and Acupuncture with Plan 2 Only**

Client / Member Retention

- **Retention Tips:**

- Call your client a few days before the 1st of the month following their enrollment or within a week of their effective date, to 1) ensure they received their ID Card & that it's accurate and 2) encourage scheduling an appointment with their PCP
 - Call 1 month after the effective date and ask how the PCP appointment went
 - Call the 2nd month to “check in” with the client
- Call your client approx. 3 months after their effective date to remind them to use their Health Products Catalogue credits.
- Regularly check in w/ your client to proactively address concerns they may have.
- If an issue arises, be their advocate and do a 3-way call with Member Services, the Doctor's office, etc.

Best Practices in Serving Duals

- Sales to dually-qualified clients should be conducted in a “high-touch” manner. Call and follow-up often the first 3 months!
- Conducting a thorough *Needs Assessment* is imperative.
- Be sure to get to know your client’s needs, priorities & network (providers).
- Create a list of items to review with their PCP on the first visit
 - ❑ Take their medication list, or bag up their meds to take
 - ❑ Ask for an Authorization for Diabetic Supplies
 - ❑ Ask for a referral to any Specialists needed
 - ❑ Ask for a referral for an eye exam, hearing exam, etc.
 - ❑ Make an appointment for a full Routine Physical