



### Medi-Cal Application Processing

The process for verifying Medi-Cal eligibility, from the time the completed application is received to a Benefits Identification Card (BIC) is received, normally takes 45 days. The general process for verification is as follows:

- Apply – complete the application, and submit either in person, by mail, by phone, or online
- Receive a Notification of Likely Eligibility by mail
- The county social services office may contact the applicant by mail or by phone to request paper verification if income, citizenship, and other criteria cannot be verified electronically
- Receive Final Notice of Action notifying the applicant of whether they can receive Medi-Cal or not
- Receive BIC – when the BIC is received in the mail, the individual can use the many Medi-Cal benefits available

### Reporting Changes on Mixed Household Cases

- Renewal dates for Medi-Cal are based on the application date and not a designated time period in the year
- When changes are reported and an individual becomes ineligible to MAGI Medi-Cal, the county must screen them for other Medi-Cal programs before discontinuing benefits
  - The individual will continue to receive Medi-Cal while the screening is taking place
- The county determines if individuals are eligible to any of the following programs:
  - Consumer protection program (still considered to be eligible to Medi-Cal and cannot qualify for tax credits)
  - Non-MAGI Medi-Cal
  - Refer individuals to the county with questions regarding the status of reported changes

### Income Reminders for Mixed Households

- Medi-Cal uses current monthly income to determine eligibility unless an individual reports a projected annual income amount that is less than the monthly income amount
  - Current monthly income is used even if the individual's annual income is over the MAGI Medi-Cal limits but the current monthly income is under the MAGI Medi-Cal limit
- **Individuals are responsible for self-attesting to income and should not be coached on how to answer income or tax household questions**
- When self-attested information does not match electronic sources, additional verifications are required
  - The county must use the beneficiary provided income verification to determine eligibility which may differ from the income amount that was self-attested
  - The income verification amount could lead to someone who was previously eligible to Covered California becoming eligible to Medi-Cal



### Please Note:

- If a household's income has decreased to under 138% monthly (266% dependents), they will correctly be referred to Medi-Cal.
- Most people will need to provide some proof of income to the County since these new changes to income will not likely be E-Verified. Remind consumers to be prepared with proof of income to provide to the County in order to aid in processing the referral.

### County Online Portals

Each county has online portals available where individuals can do the following:

- Apply for Medi-Cal
- Complete and Submit a Medi-Cal Renewal
- Upload verification documents
- View case status information
- View notices (Notices of Action)

### Online Portals by County

**Your Benefits Now:** Los Angeles County

**MyBenefits CalWIN:** Alameda, Contra Costa, Fresno, Orange, Placer, Sacramento, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, Sonoma, Tulare, Ventura, Yolo

**C4Yourself:** Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, and Yuba