

Steve Shorr

To: Steve Shorr
Subject: RE: Getting out of Medi Cal? Getting Covered CA - Video to follow

Please review the Table – Matrix below.

- Often the most important – relevant screen shot is the **very last one**.
- If you want to **meet face to face, Skype or have a phone meeting** to review the table or this email, [please click here to set a time](#).
- If you **can't see the screen shots below**, jpg, png, bitmap? Please let us know and we will resend the material in pdf.
- If you want to **print this out, but the screen shots get cut off**, let us know and we will resize them.
- If you're on a **smartphone** and the screen shots are **small**, try turning the phone sideways

Exhibit #	Click on the URL – Internet Address – Link below to see the full webpage or brochure The Screen Shot of the webpage or brochure is NOT interactive or clickable
1	<i>***Response from - Steve Shorr</i>

Household Eligibility Results Summary

~~Person~~ (19)

Program Eligibility

Not Eligible

Learn more about this determination

~~Person~~ is not eligible for the following programs:

- Enhanced Silver Benefits
- Covered California
- Premium Assistance
- Medi-Cal

Eligibility determination factors:

- You do not qualify for Covered California plans or financial help. This is based on Medi-Cal case information provided by your local county. If you think this is an error, call the county office to find out what is still needed. [Click here to find your local county office] (<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).
- Household income is in the Medi-Cal program limits.
- Household does not have a qualifying life event.
- This person has been determined ineligible for Medi-Cal; please contact your local county office if you have any questions.

Click here to find your local county office (<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>)

- We checked our records, and you already have health coverage. If you think this is incorrect, please contact your local county office for help.

Click here to find your local county office (<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>)

- You are not part of the primary tax filer's household. If you want financial help to lower the cost of a Covered California health plan, you must apply on a separate application. Or, if this is a mistake, please update the tax filing household on your current application.
- You are already receiving Medi-Cal benefits on another case. If you think we made a mistake or you have more information to give us, please contact your local county office.

Click here to find your local county office (<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>)

- Household life event date is not within 60 days.

We will also send this information to you by mail.

Appeal

If you think our decision is wrong, you may file a request for a hearing within 90 days.

Appeal

Online account access will be unavailable on May 24



Get Started Health ▾ Dental

<https://www.coveredca.com/maintenance/>

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Household does not have a qualifying life event.

This means that Medi Cal has to cancel you, based on earning too much money, so that you can get Covered CA

You have to show Medi Cal that you are earning too much for the number of people in your household.

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not part of the primary tax filer's household. I

I need you to send me a copy of your 2021 tax return.

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<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Co-OPS-Sup/MAGIHouseholdSizeFlowChart.pdf>

<https://individuals.healthreformquotes.com/aca/magi/income-chart/household-definition/>

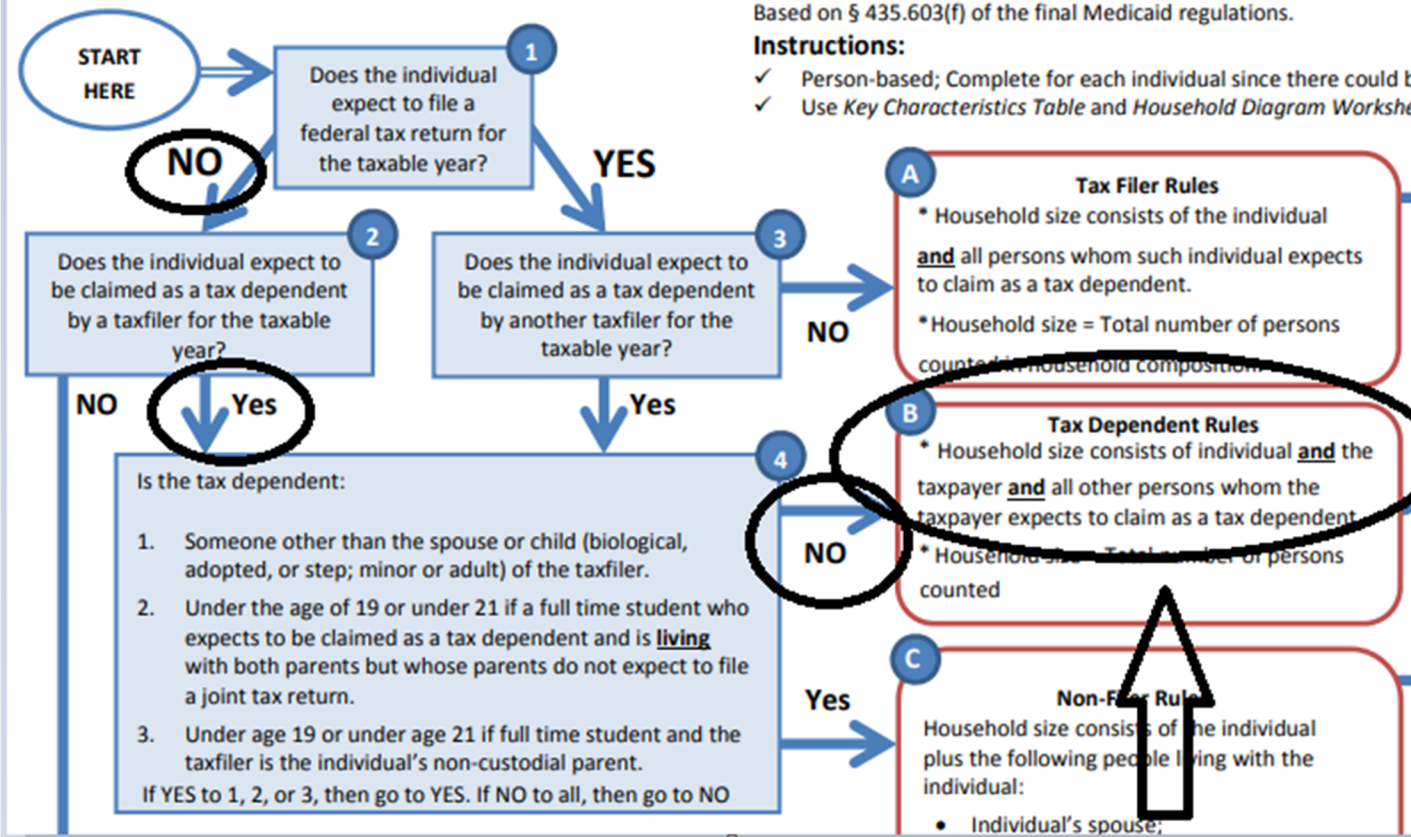
Can you show that Hussein is part of your household?

Household Size Flow Chart

Based on § 435.603(f) of the final Medicaid regulations.

Instructions:

- ✓ Person-based; Complete for each individual since there could be more than one household.
- ✓ Use Key Characteristics Table and Household Diagram Worksheet.





You'll need to plot this out for each member of your family.

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<https://individuals.healthreformquotes.com/aca/magi/income-chart/>

Program Eligibility by Federal Poverty Level for 2021

Medi-Cal and Covered California have various programs with overlapping income limits.

		SEE NOTE BELOW FOR INCOMES IN THIS RANGE											
		Federal Premium Tax Credit*											
		American Indian / Alaska Native (AIAN) Zero Cost Share											
		AIAN Limited Cost Share											
		Silver 94 (100%-150%) Silver 87 (>150%-200%) Silver 73 (>200%-250%)											
% FPL		0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*	600% and higher
Household size	1	\$0	\$12,760	\$17,775	\$19,140	\$25,520	\$27,435	\$31,900	\$34,261	\$38,280	\$41,474	\$51,040	\$76,560 +
	2	\$0	\$17,240	\$24,040	\$25,860	\$34,480	\$37,105	\$43,100	\$46,338	\$51,720	\$56,093	\$68,960	\$103,440 +
	3	\$0	\$21,720	\$30,305	\$32,580	\$43,440	\$46,775	\$54,300	\$58,414	\$65,160	\$70,712	\$86,880	\$130,320 +
	4	\$0	\$26,200	\$36,570	\$39,300	\$52,400	\$56,445	\$65,500	\$70,490	\$78,600	\$85,330	\$104,800	\$157,200 +
	5	\$0	\$30,680	\$42,836	\$46,020	\$61,360	\$66,116	\$76,700	\$82,567	\$92,040	\$99,949	\$122,720	\$184,080 +
	6	\$0	\$35,160	\$49,101	\$52,740	\$70,320	\$75,786	\$87,900	\$94,643	\$105,480	\$114,568	\$140,640	\$210,960 +
	7	\$0	\$39,640	\$55,366	\$59,460	\$79,280	\$85,456	\$99,100	\$106,720	\$118,920	\$129,187	\$158,560	\$237,840 +
	8	\$0	\$44,120	\$61,631	\$66,180	\$88,240	\$95,126	\$110,300	\$118,796	\$132,360	\$143,806	\$176,480	\$264,720 +
	add'l add	\$0	\$4,480	\$6,266	\$6,720	\$8,960	\$9,671	\$11,200	\$12,077	\$13,440	\$14,619	\$17,920	\$26,880
													
		Medi-Cal for Adults				Medi-Cal for Pregnant Women				Medi-Cal Access Program (for Pregnant Women)			
						Medi-Cal for Kids (0-18 Yrs.)				County Children's Health Initiative Program			

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal tax credit, Silver (94, 87, 73) plans and AIAN plans.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

If you received unemployment benefits anytime in 2021, report this to Covered California. Starting in the Summer of 2021, we will redetermine your eligibility. If eligible, you will receive the same benefits as someone with 138.1% FPL.

3/26/2021

- 6 <https://individuals.healthreformquotes.com/medi-cal/eligibility/faq-magi/notification-make-much-medi-cal/>
- <https://www.dhcs.ca.gov/formsandpubs/forms/forms/mc239a.pdf>

**MEDI-CAL NOTICE OF ACTION
DENIAL/DISCONTINUANCE
OF BENEFITS**

(County Stamp)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

We have reviewed all information available to us about your circumstances, and we find that:

- ☐ Your application for Medi-Cal, dated _____, has been denied.
(Month Day Year)

- ☐ Your eligibility to receive Medi-Cal will be discontinued effective the last day of _____ (Month)

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<https://individuals.healthreformquotes.com/medi-cal/redetermination-3/>

I need to see a copy of your last Medi Cal Redetermination Form.

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I15-14.pdf>

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Your Current Household

Please check the information below and tell us if there are any changes.

Is the address below correct? ☐ Yes

If correct, go to **Section 2**.

[RECIPIENT NAME]

Home Address:

[ADDRESS 2]

[ADDRESS 3]

Mailing Address:

[HOME ADDRESS]

[ADDRESS 2]

[ADDRESS 3]

Phone:

Home: [NUMBER1]

Other: [NUMBER2]

☐ No. If not, please write the correct information below.

Name (first, middle, last & suffix)

Home address

Apartment #

City (home)

State

ZIP code

Mailing address, only if different from above.

Apartment #

City (mailing)

State

ZIP code

What number can we call to contact you? ☐ Home ☐ Cell ☐ Work

Number:

What is the best time to reach you at this number?

(Optional) Is there another number we can use to call you? ☐ Home ☐ Cell ☐ Work

Number:

(Optional) What email address can we contact you?

Who is in Your Household?

Please check the information below about people in your household who want to renew Medi-Cal. Please tell us if there are any changes to the information we have about people living with you or who are listed on your federal tax return.

				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

If the information above is not correct, please write the correct information into the space provided below. If there are other members...

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receiving Medi-Cal benefits on another case. I

Please send names, dates of birth & Social Security #'s for the four people in your family. Yes, I know I might have it so but it's difficult to look. Where Covered CA has it, I can only get to the last four digits, even if I put the numbers in.

While I would have access to your other cases, I still can't call Medi Cal and get them to release you. You have to deal with Social Workers.

<https://individuals.healthreformquotes.com/aca/magi/report-a-change/create-account-covered-ca/covered-ca-agent-appointment-instructions/>

	<p style="text-align: center;"><u>March 2021 Update</u></p> <p style="text-align: center;">Just email Steve@SteveShorr.com the #information below and we will submit to Covered CA</p> <p style="text-align: center;">Video Explanation of how to use this method</p> <p>First & Last Name</p> <p>Date of Birth</p> <p>Social Security #</p> <p style="text-align: center;">Cell Phone – Texting #</p> <p>Our email both ways is encrypted by Paubox.com or use secure upload.</p> <p style="text-align: center;">Delegation Form Step 1 of 4</p> <p style="text-align: center;">Enter information below to delegate yourself to this Consumer's case. The information to be entered below is confidential. Please consider before proceeding.</p>	
9	<p>https://individuals.healthreformquotes.com/medi-cal/contact-info/ https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices3.aspx</p> <p>Los Angeles County Department of Public Social Services Customer Service Center (866) 613-3777 (626) 569-1399 (310) 258-7400 (818) 701-8200</p> <p>(Search for the nearest District office to Apply) Los Angeles County Public Services Website Link doesn't work</p> <p>Try https://individuals.healthreformquotes.com/medi-cal/contact-info/enroll-online-los-angeles/</p> <ul style="list-style-type: none"> toll free # 866-613-3777 Email: dpssinfo@dpss.lacounty.gov 	
10	<p>https://dpss.lacounty.gov/en/resources/offices.html?program=medical&title=Medi-Cal%2520Offices</p>	

Office Locations

Belvedere – 05



Civic Center - 14



Compton - 26



Cudahy - 06



East Valley - 11



El Monte - 04



Exposition Park – 12



Florence - 17



Glendale - 02



Lancaster - 34



**Lancaster General Relief Sub
Office - 67**



**Lincoln Heights Sub Office -
66**



Medi-Cal Long Term Care - 80



Metro East - 15



11	<p>https://individuals.healthreformquotes.com/medi-cal/eligibility/faq-magi/drop-medi-cal/</p> <p>Trying to get out of Medi-Cal and go to Covered CA?</p> <p>Earning too much for Medi-Cal??? Get Covered CA Quote here</p> <p>How to Voluntarily Get out of Medi-Cal and Go to Covered CA if you reported the wrong Income</p> <p>News Clip VIDEO on guy who couldn't get out of Medi Cal</p> <p>Here's the May 20, 2020 Covered CA bulletin on how to do this. Please Note that Medi-Cal & Covered CA have different definitions of the \$600/week PUC Pandemic Unemployment Compensation and if it counts as MAGI Income!</p> <p>Covered CA states that this is the correct process:</p> <p>If your case has already transferred to the county, you must:</p> <ul style="list-style-type: none"> • contact your county to request a voluntary discontinuance. <ul style="list-style-type: none"> • Form MC 215 Request for Withdrawal • The county will process the voluntary discontinuance request. • The system will end-date the consumer's Medi-Cal eligibility and re-run eligibility**. (Your income will still show as within Medi-Cal limits, so the system will determine the consumer not eligible to financial help through Covered California.) • You must log into their portal to report a change, now correctly reporting their income. <ul style="list-style-type: none"> • We will do this as part of our services, when you appoint us as your broker, no extra charge, 17 Reasons to use Steve Shorr Insurance • You will be found eligible to Covered California programs. (If your corrected income makes you eligible to financial help through Covered California, that financial help eligibility will now show.)
12	<p>https://www.dhcs.ca.gov/formsandpubs/forms/Forms/mc215.pdf</p>

FOR COUNTY USE ONLY

Case name: _____

Case number: _____

Worker number: _____

Telephone number: _____

**REQUEST FOR WITHDRAWAL AND/OR WAIVER
OF TEN-DAY ADVANCE NOTICE**☐ **MEDI-CAL APPLICATION WITHDRAWAL**

I, _____, ask that my application for Medi-Cal, _____
_____, be withdrawn because _____

I understand that my Medi-Cal eligibility will not be determined at this time. I can reapply at any time.

☐ **MEDI-CAL ELIGIBILITY DISCONTINUANCE**

I, _____, ask that my Medi-Cal eligibility be discontinued
effective _____/_____/_____ because _____

I understand that I can reapply at any time.

☐ **BENEFICIARY WAIVER OF TEN-DAY NOTICE**

I, _____, understand that based upon the information
I have reported, effective _____/_____/_____,

☐ my Medi-Cal eligibility must be discontinued.

☐ my Medi-Cal share-of-cost must be increased.

I understand that I am supposed to be given a ten-day notice before this action becomes effective. However, since I know the above action must be taken based on the information I reported, it is not necessary for the county to send me this notice within the ten-day limit.

I understand that the above request will not interfere with my right to a state hearing, and that I can reapply for Medi-Cal at any time. I understand that if I ask for a state hearing before the effective date of the action, the county's action will be delayed.

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Appeal

If you think our decision is wrong, you may file a request for a hearing within 90 days.

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<https://individuals.healthreformquotes.com/appeal-grievances/#reasons>

#Reasons for filing a Covered CA appeal

Your eligibility notice explains what you are eligible for and the programs for which you do not qualify. Depending on your eligibility results, you may appeal any of the following (check as many boxes as you would like):

- I was denied enrollment into a Covered California health plan
- The amount of Premium Assistance (tax credits that help pay my monthly premium) is not correct – [Get Calculation](#)
- The level of [Cost Sharing Reduction](#) (help paying my out of pocket expenses) is not correct
- I was denied eligibility for an [exemption](#) from the individual responsibility CA Mandate Penalty
- Covered California did not process my information in a timely manner
- Covered California stated that I am not a US Citizen or US National or a [lawfully present](#) individual living in the United States
- Covered California stated that my application was incomplete
- I do not have other health coverage (such as free Medi-Cal or employer sponsored insurance) that prevents me from qualifying for insurance through Covered California
- Covered California stated that I am not a [California Resident](#)
- Covered California stated that I [did not pay my premiums by my due date](#)
- Covered California stated that my [MAGI income](#) is too low [chart](#) to qualify for Covered California coverage [Get Calculation](#)

Other [Tell us more](#) about why you disagree with Covered California's decision. You may attach additional sheets of paper if you need more space to write. [Covered CA Appeals Request Form](#) *

We STRONGLY suggest you attach additional sheets of paper and explain your case, with citations, evidence & exhibits. Be sure to read all the helpful aids we have on this page. You are going up against well versed opponents!

We are not attorneys and can just point out the law, rules, relevant sections in the [EOC Evidence of Coverage](#).

Check out the forms and [Appeals Procedure on Covered CA's Website](#), the materials below and to the right, our main page on [Appeal & Grievances?](#) and the child & sibling pages.

We also need you to [write out your story](#) and including all the proofs – evidence & exhibits.

See also our [main page on appeals](#), namely [how to gather your evidence and exhibits](#). Here's an [example of a decision](#) from the Administrative Law Judge for Covered CA.

We *might* be able to help you file and process your [appeal \(click for form\)](#), IF

Covered CA Appeals Decision #Polk Case

COVERED CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Hearing No. ACA 042

In the Matter of Claimant(s)/Appellant(s):

[REDACTED]
[REDACTED]
[REDACTED]

PROPOSED DECISION

Adopted by the Director
August 17, 2015
Covered California
Department of Health Care Services

I submit the attached proposed decision for review and recommend its adoption.

Edward Barnes
Edward Barnes
Administrative Law Judge

Cert Date: August 17, 2015

Sample Letter for Appeal

[Explanation](#) on Insure Me Kevin . com - Polk Case

Check out where administrative law judge said he wished he could have had Covered CA pay the costs of their bogus advise but didn't have the authority click to scroll down - view more commentary [Polk Case](#)

(4) The other party must rely on the conduct to his injury.

It is found that the appellant relied on the conduct of Covered California. He accepted care coverage based on the information he received concerning its cost. He credibly testified that, if he had known the true cost, he would have sought other coverage. It is found that the appellant has been injured, in that he now owes taxes he did not anticipate, and has incurred costs for medical coverage that he would not have otherwise accepted.

In addition to meeting the four required elements, it is found that justice and right require application of estoppel in this case. The appellant was without fault in creating the error; the error was caused by misinformation on the part of Covered California representatives. Providing relief to the appellant is consistent with the public policy behind the Affordable Care Act, which includes providing consumers accurate information so that they can make informed choices concerning health care coverage.

This tribunal does not have jurisdiction to require Covered California to pay the appellant's taxes, or otherwise award damages. It does not have the authority to issue an order of Government Code Section 810. However, it does have jurisdiction over eligibility determinations of Covered California, including retroactive terminations of coverage, at the option of an appellant. (10 CCR §§ 6602, 6618.)

[Q & A on our Website](#)

[Cover Page for Covered CA's Brief to the Administrative Law Judge](#)

[Click to enlarge](#)



www.SteveShorr.com

310.519.1335 Office Landline Press 1 to bypass message

562.286.1592 Texting, but email is preferred

Set up a [Phone or Zoom meeting](#)

["Zeal for Excellence"](#)

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NAIC National Producer # 2710578



SteveShorr.com
Insurance

- Employer Group & Individual Health including Covered CA
- Life, Disability, Retirement & Long Term Care
- Extensive, Informative and Easy to Read Website
 - Complimentary Anonymous Q&A
- Instant Quotes

Phone & Zoom
by Appointment
CA DOI # 0596610

Steve@SteveShorr.com
Texting: 562.286.1592

If I make some mistake, or something happens and you get this email and it's not for you, please let me know, do not show or forward to anyone else and delete this email. [18 U.S.C. §§ 2510-2521](#)