

# OVERVIEW OF THIS GUIDE

## Background

In 2005, Western Center on Law & Poverty published its *Medi-Cal Eligibility Guide: How to Get and Keep Low-Income Health Coverage* to help advocates around the state have ready access to the relevant statutes, regulations, and guidance needed to ensure access to the Medi-Cal program. Over the years, program changes have occurred, reminding us of the need to update the guide. With the implementation of the Affordable Care Act in 2014 – including the expansion of the Medi-Cal program and the newly available subsidized plans through Covered California – suddenly, not only was the guide out-of-date, it was nearly obsolete.

When we started this project, we thought we would be producing a second edition of the Medi-Cal Eligibility Guide. However, due to the drastic changes in program requirements, income counting methodology, groups of eligible people, and newly available resources, this second edition has really become an eligibility guide for the primary low-income health programs in California. While several of the descriptions of specific Medi-Cal programs and procedures will be familiar, we have significantly reorganized sections and added information on the new Modified Adjusted Gross Income (MAGI) methodology, the new Medi-Cal programs for previously ineligible populations, Covered California, and options for the remaining uninsured.

## Programs Covered by This Guide

As a result of the Affordable Care Act, several structural changes took place in health care programs available to low-income Californians. This guide covers the programs that are collectively known as “Insurance Affordability Programs,” as well as some programs available to the remaining uninsured. Insurance affordability programs include Medi-Cal, the Children’s Health Insurance Program (CHIP), and premium tax credits and cost-sharing reductions available to individuals enrolled in Covered California health plans.<sup>1</sup>

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1. Govt. Code § 100501.1(a).

Medi-Cal is now largely divided into MAGI programs that use the Affordable Care Act's new income counting rules and non-MAGI programs that use the old income counting rules or do not count income at all.

In California, CHIP includes the former Healthy Families program, which was transferred into the Medi-Cal program in 2013 as the Targeted Low-Income Children's Program and is now being rebranded as "Medi-Cal for Families." Medi-Cal for Families operates as part of the Medi-Cal program, following the same rules and procedures as any other Medi-Cal program. We have fully integrated any discussion of the program in this manual into the general Medi-Cal discussion.

CHIP also included Access for Infants & Mothers (AIM), a program for moderate income pregnant women which is now being administered by the Medi-Cal program as the Medi-Cal Access Program (MCAP). Despite its move to Medi-Cal, it still functions as a separate program with its own application and is not yet administered through county social services agencies as other Medi-Cal programs; it may be further integrated into Medi-Cal in the future. We have included MCAP in our discussions of the Medi-Cal program, though have noted where program requirements differ.

Like those in CHIP, enrollees in the Low-Income Health Programs administered by most counties in California were also transitioned into the Medi-Cal program on January 1, 2014. Thus, while county indigent health programs still exist and are discussed in their own chapter, many former recipients now receive Medi-Cal in the new expansion adult group.

Finally, Covered California is California's new program offering subsidized health insurance for Californians who are outside of the Medi-Cal income limits, yet are still low-to-moderate income. Covered California shares the MAGI income counting rules with MAGI Medi-Cal, with a few exceptions, though otherwise has distinct eligibility rules.

## **Organization of this Guide**

Part I of the guide walks through the basic eligibility requirements of Medi-Cal and

Covered California. The introduction gives an overview of the factors that determine eligibility and gives direction on where to find more information for each program. Chapter 1 outlines the eligibility requirements that are common to all Medi-Cal programs. Chapter 2 covers the Medi-Cal programs that use the MAGI methodology, known as MAGI Medi-Cal. Chapter 3 covers the non-MAGI Medi-Cal programs that use a different criteria for determining financial eligibility than MAGI, use no income criteria but rely on links to other programs, or offer only limited services. Chapter 4 covers Covered California program rules.

Part II of the guide covers the procedures required to enroll in or maintain coverage through Medi-Cal or Covered California. Chapter 5 covers enrollment, including timelines, procedures, and choosing a health plan. Chapter 6 covers requirements to report changes, renew coverage, and what to do when coverage is threatened.

Part III of the guide describes two of the options for the remaining uninsured and underinsured to pay for health services. Chapter 7 covers the obligations of counties to provide services through safety net programs. Chapter 8 covers eligibility rules for reducing hospital bills for patients who cannot afford to pay, whether due to not having coverage or having coverage that is unaffordable.

### **What the Guide Does Not Cover**

This guide does not cover many of the access to care issues that arise after enrolling in a health program, including managed care regulations and protections. Nor does it cover other issues individuals may face with providers, such as balance billing or the availability of linguistically appropriate services. In addition, while CHIP programs, as discussed above, are insurance affordability programs, the three CHIP-funded County Children's Health Initiatives that operate in San Francisco, San Mateo, and Santa Clara counties are not included due to the local nature of those programs. Similarly, there are other local children's programs and programs with very limited services, such as cancer screening, that may be available in some areas and are not addressed in this guide.

Finally, as a guide is only as good on the day it was published, please note that as we drafted this guide, many of the regulations were still in temporary or emergency form and some are yet to be written. As state and federal agencies continue with the full implementation of the Affordable Care Act, new guidance is constantly released. Even when the Affordable Care Act is fully implemented, state law in California is constantly in flux. Legal services advocates should be sure to use the footnoted references as a starting point rather than a final answer. Inevitably, portions of the guide will be out of date as events or policies change. Please contact us if you notice errors or omissions we can correct in later versions, or if you have questions or suggestions for improvements.