



Accelerated Enrollment Now Live for More Medi-Cal Applicants

Starting July 1, 2021, the Department of Health Care services is granting Accelerated Enrollment to Medi-Cal applicants who apply through the CoveredCA.com web application or by phone to Covered CA's service center. AE implements the settlement agreement in [Rivera v. Kent](#). This practice tip describes how the AE process is being rolled out and includes a chart on different ways to apply for Medi-Cal.

What is Accelerated Enrollment (AE)? AE provides Medi-Cal applicants with temporary Full Scope benefits while their *self-attested* eligibility information, including income, is being verified.

- What does “self-attested” information mean?
 - The info that the person provides with their application.
 - Medi-Cal applications are signed under penalty of perjury, so the application itself is a type of “attestation” that can show eligibility.
- That means AE results in:
 - **Conditional eligibility**
 - for **Full Scope** Medi-Cal
 - **while waiting for income or other verification**
 - that lasts **until** verifications are complete and **a final eligibility determination is made on the application.**

When did AE implementation begin?

AE started July 1, 2021. Before July 1, AE was available only to children under 19 applying through Covered CA. Now it's available to adults, too. Starting **July 1, 2021**, AE is being granted to eligible adults and children who apply for Medi-Cal through these two pathways:

- [CoveredCA.com](#) online website portal; **or**
- By telephone call to the Covered CA Service Center at (800) 300-1506.

In 2023, AE will be added, for both children and adults, applying directly to the county (SAWS) application. Why not now? This phase of implementation is delayed because of other major work happening on the CalSAWS migration. Even though many more applicants apply for Medi-Cal at the county instead of through Covered CA, by far most Medi-Cal applications that get delayed are submitted through Covered CA, according to DHCS.

Who qualifies for AE?

AE applies to **“new” applicants**. Advocates are pressing for clarification on what exactly “new” means, urging DHCS to specify as follows: “Not currently enrolled in any other Medi-Cal program.” And the applicant must be eligible for a **“MAGI”** Medi-Cal group to get AE. As a refresher, MAGI Medi-Cal includes those who:

- Are not in Medicare



- Have income at or below 138% for adults ages 19 to 65, and below 266% for kids under age 19
- Stay tuned for confirmation on the following MAGI groups' inclusion in AE:
 - Pregnant adults over 138% to 213%?
 - Former Foster Youth age 18 - 26 (no income limit)?
- **Immigration status** does not matter for AE, which is Full Scope
- Pending **verification of incarceration** status does not matter for AE
- Pending **verification of CA residence** does not matter for AE. CA has long verified state residence "administratively."

Are the benefits under AE full scope? YES!

AE is Medi-Cal **aid code 8E**, which the state describes as: "Accelerated Enrollment. Provides immediate, temporary, FFS [fee-for-service], full-scope Medi-Cal benefits. . ." Per DHCS's verbal confirmation, both of the following groups receive Full Scope, not just "restricted" or "pregnancy-related", while in AE. Stay tuned for written confirmation in an All County Welfare Director's Letter:

- Undocumented adults to 138%; and
- Pregnant adults to 213%, undocumented or not.

How does a person get enrolled in AE? As noted above, applicants must apply for Medi-Cal through Covered CA ("CalHEERS"), either on the CoveredCA.com online website portal **or** by telephone call to the Covered CA Service Center at (800) 300-1506.

Applications that originate in CalHEERS have real time data-matching for income. That means that CalHEERS checks for reasonable compatibility between what income amount the individual input on their application and what income the IRS reports to the federal data hub. If income is verified in real time, the person immediately gets a final decision on their Medi-Cal application. If income is *not* verified in real time, but the income and other info on the application shows eligibility, applicants are to receive AE while their income is being verified in other ways (e.g., by submitting a scan or photocopy of current pay stubs).

When does AE start and how long does it last?

- If approved for AE, AE starts the first day of the month in which AE is granted.
- And AE lasts until the final eligibility determination is completed. Once the final eligibility decision is made, the AE is terminated, so be aware that AE *can* end mid-month.

How will the person know they have AE?

On the CoveredCA.com online website portal the "Program Eligibility" screen will say: "*Medi-Cal. Conditionally Eligible. You can visit a doctor this month. . .*" The applicant will also receive a **Beneficiary Letter** that is still in draft form and attached to the forthcoming All County Welfare Directors Letter.



It is unclear whether the person get a **Client Identification Number** (CIN) in real time. Advocates are pressing for this—stay tuned!

A person will *not* be informed if they are rejected for AE—they simply won't get AE. **Important to note:** Do not to confuse this with action on the Medi-Cal *application* itself. An approval or denial Notice of Action will be issued when the final eligibility determination is complete for the full Medi-Cal application.

Is there any reason a person would *not* qualify for AE?

There are a few reasons why an applicant might not automatically qualify for AE. These include:

- Over income for their MAGI Medi-Cal group
- Qualify for non-MAGI program, e.g. Aged and Disabled Medi-Cal, that has an assets test
- Are eligible for MCAP, the Medi-Cal Access Program for pregnant persons with income over 213% and up to 322%, which is a separate CHIP program
- Have Medicare and are not a parent-caretaker relative with income below 109% FPL
- Death record – there is a death record on file for this person
- Already in Medi-Cal (Advocates are waiting to hear whether *every* Medi-Cal program counts. For example: will there be AE for the COVID-19 Uninsured (aid code V2)? Stay tuned.)
- Applying through the county via a paper application or online portal such as [C4Yourself](#), [YourBenefitsNow\(YBN\)](#) or [MyBenefitsCalWIN.org](#), or starting in September [BenefitsCal.com](#).

What problems should we watch out for that could result in an eligible person missing out on AE?

Advocate user testing of CalHEERS showed some inconsistencies around having other “minimum essential coverage” (MEC). Having an offer of MEC is a Covered CA premium subsidy issue that the federal hub checks for. A Medi-Cal beneficiary *is* allowed to have secondary insurance, often referred to other health coverage. A person who is eligible for Medicare, however, can only qualify for Non-MAGI Medi-Cal programs. And because Medicare-eligible applicants do not qualify for MAGI Medi-Cal program, they cannot get AE. Please alert us if you are seeing any cases where AE is denied because of “other MEC” or employer-sponsored insurance.

How does AE end?

AE ends with a Medi-Cal Notice of Action (NOA) on the application. The AE aid code for conditional full scope eligibility—8E—automatically shuts off when the NOA on the person's *application* is issued. As noted above, while AE starts the first day of the month in which it is granted, AE **can** terminate mid-month, coinciding with the date the NOA is issued. There are three types of Medi-Cal NOAs:

- **Application Approval NOA:** Continues Medi-Cal with a permanent aid code.



- **Application Denial NOA:** Denies eligibility for Medi-Cal. This may be because the applicant does not qualify for Medi-Cal or because the applicant failed to respond to requests for verification during the AE period.
- **Reduction NOA:** For undocumented applicants age 26 and over (i.e., those not claiming “satisfactory immigration status” (SIS) on the application) advocates are waiting hear whether a Reduction NOA will be issued before full scope 8E is reduced to a restricted-scope Medi-Cal program.

Is there a right to a hearing when AE ends? The NOA contains information about the right to an administrative fair hearing to contest the decision on the person’s Medi-Cal application, not the discontinuance of AE.

Is it ever better to apply through the county?

It depends. Until 2023, AE will be available *only* through the CoveredCA.com portal **or** by telephone call to the Covered CA Service Center at (800) 300-1506.

That said, here are some things to consider when deciding to apply before 2023 *without* getting AE through the county (e.g., online with [C4Yourself](#), [YourBenefitsNow\(YBN\)](#) or [MyBenefitsCalWIN.org](#), and starting in September [BenefitsCal.com](#)):

- Direct connection with County Advocate Liaisons and/or eligibility workers can be helpful in completing or expediting the application process.
- You might be able to combine the Medi-Cal application with applications for other programs, like CalFresh or CalWORKs, by applying directly to the county.
- After the COVID pandemic, applying in person at the county may be beneficial for some applicants.
- Applicants who will qualify only for *non-MAGI* programs, such as the Working Disabled and Spousal Impoverishment programs, among others, do not qualify for AE and would likely get enrolled more quickly by going directly to the county.

If you have any additional questions or comments, or are seeing any case issues or application problems, please contact Lucy Quacinella at lucyqmas@gmail.com



Comparing AE to a few of the provider-based programs for temporary Medi-Cal

Program	How to enroll?	How many times?	Start date?	Scope of Benefits?	Eligibility lasts until when?
Accelerated Enrollment	Uses Single-Streamlined Application (SSApp). Anyone can submit to CoveredCA.com	“New” applicant to be defined	First day of the month in which AE is granted	Full Scope	Until the final eligibility determination is made
Presumptive Eligibility for Pregnancy (PE4Preg)	Screening form. Only an approved PE provider can submit.	One time per pregnancy.	Prospective, i.e., from the date the PE request is submitted.	<u>Ambulatory</u> prenatal care (i.e., outpatient only)	Only until the end of the month following the month in which the request was made. Must submit the SSApp before the end of the PE period in order to have PE continue until the final eligibility determination.
Hospital PE (includes hospital’s outpatient clinics). During COVID, Includes <u>over 65 to 138%</u> . No status limit.	Screening form. Only an approved HPE provider can submit. Offsite OK.	2 times every 12 months for kids 18 and under. Same for adults 19 and over during COVID.	Prospective, i.e., from the date the HPE request is submitted.	Full Scope, <u>except for</u> individuals eligible only to Pregnancy-Related Medi-Cal: their benefits are limited to ambulatory prenatal care	Like PE4Preg
COVID Uninsured (<u>no</u> age, income, or status limits)	Short application. Only an approved provider can submit.	No limit	Prospective, i.e., from the date of application submission.	Covers COVID testing; treatment (including hospitalization) for COVID and related conditions; and vaccination	12-months, or until the end of the COVID public health emergency, whichever is first. Coverage also available retro to 4/8/2020 through direct provider request to the state.