



BAY AREA LEGAL AID
HEALTH CONSUMER CENTER

MEDI-CAL, MEDICARE, AND COVERED CA

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HEALTH CONSUMER CENTER (HCC)

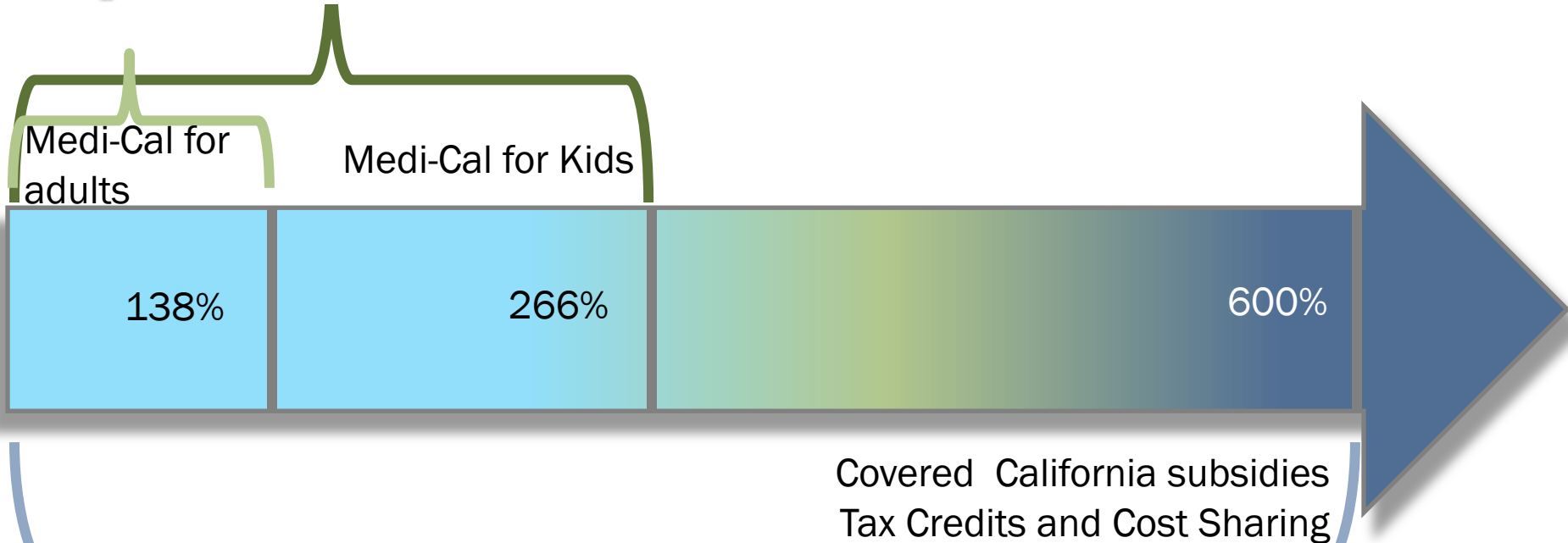
- Legal advice hotline providing free assistance on health care coverage and health access issues
- Legal advice, brief services, and extended representation, including representation at State Fair Hearings
- Free language interpretation services available via a telephone interpreter service
- Serves residents of 7 Bay Area Counties: Alameda, San Francisco, Contra Costa, Napa, Marin, Sonoma, and Santa Clara. (San Mateo residents served by our contractor, Legal Aid Society of San Mateo County.)
- All services are **FREE** and we welcome all income levels.



COVERED
CALIFORNIA

COVERED CALIFORNIA

THE ACA COVERAGE CONTINUUM



OVERVIEW

- Covered California is California's Health Insurance Exchange
- **Financial Assistance**
 - For 2023 - Help with monthly premiums so that households pay no more than 8.5% of income
 - Under 250% FPL = cost sharing reductions (co-pays, deductibles)
 - Four metal tiers of qualified health plans
 - Each plan tier level has a different actuarial value

FINANCIAL ASSISTANCE



- **Financial Assistance**
 - For 2022 - Help with monthly premiums so that households pay no more than 8.5% of income
 - Under 250% FPL = cost sharing reductions (co-pays, deductibles)

- **Four metal tiers of qualified health plans**



ADVANCED PREMIUM TAX CREDITS (APTCS)

- Eligibility for APTCS (tax credits) will reduce the amount of monthly premiums
- APTCs are paid directly by the government to the health plan
 - Consumer pays the remaining premium balance to health plan
- Eligibility based on annual income
 - Applicants estimate annual income and should report changes throughout the year
- End of year reconciliation
 - Must file taxes every year!
 - Failure to accurately report income can lead to large tax debts
 - Earn **less income** than projected for year = **tax refund** to enrollee
 - Earn **more income** than projected = owe **repayment** to IRS

COST SHARING REDUCTIONS (CSR)

- Must have income below 250% FPL and select an enhanced silver plan
- How do cost sharing reductions work?
 - Government pays directly to the health plan
 - Reduces consumer's deductibles, coinsurance, and copay amounts (next year, deductibles set to **zero**)
 - No end of the year reconciliation

WHO IS ELIGIBLE FOR COVERED CA?

- **Covered CA marketplace vs. Covered CA benefits**
 - Many people who do not qualify for APTCs/CSRs may still enroll in a plan
- **Income between 139-600% FPL (through 2025)**
 - Or between 100-138% FPL and not eligible for Medi-Cal
 - Based on MAGI income counting rules
- **Immigration**
 - “Lawfully present” – **NOT PRUCOL** – with tax ID number (SSN or ITIN)
 - DACA status holders are not eligible
- **Must not be eligible for other “minimum essential coverage”**
 - “Affordable” employer coverage
 - Medicare with Premium-free Part A, already enrolled in Parts A & B, or Part C
 - If decline free Medi-Cal, not eligible for APTCs

MAGI INSURANCE HOUSEHOLDS



- Whether a consumer qualifies for CovCA APTCs/CSRs will depend on the MAGI household size and income of that household.
- MAGI household = household as reported on taxes. Generally, the household income equals the sum of each member's MAGI.
 - Example: A tax filer and his two dependents are a household of 3. The sum of their 3 MAGI equals their household income.
- NOTE: In order for a married couple to qualify for APTCs/CSRs, they must file their taxes jointly
- NOTE: There are a lot of exceptions, household size/income can be tricky to calculate!

WHEN CAN YOU ENROLL?

- **Open enrollment for Covered California is November 1 through January 31 every year**
 - Must sign up by December 15th for new plan to start January 1st
 - CA restored individual mandate effective 2020 → must have coverage or pay a penalty (unless exempt)
- **Special enrollment period**
 - Allows consumer to sign up for coverage outside regular open enrollment period
 - Qualifying event such as loss of a job, marriage, divorce, birth or adoption of a child, loss of affordable coverage
 - Enrollment period goes for up to 60 days after the qualifying event (some qualifying life events allow enrollment up to 60 days before date of qualifying life event, like loss of employer coverage)

COVERED CALIFORNIA ROADMAP

1) Can this person purchase a plan on Covered California?

- Do they have qualifying status to purchase a plan on the exchange? Eg.: Do they fit the immigration requirements? Is it open enrollment? Do they have a SEP?

2) Does this person qualify for financial assistance to lower the costs?

- To qualify for financial assistance, individuals must also lack other minimum essential coverage, be income eligible, and agree to certain tax filing requirements
 - Agreeing to file taxes for that tax year in which you received subsidies
 - If married, agree to file jointly w/ your spouse
 - Agree to repay back subsidies if you end up not being income eligible.

UNDOCUMENTED HEALTH INSURANCE OPTIONS



Health Coverage Options for the Undocumented:

- **Not allowed to purchase Covered California** private health insurance at full cost or with APTC and/or CSR;
- **Exempt** from individual mandate;
- **Not eligible for Medicare**
- Remain eligible for **emergency care** under federal law;
- If low-income:
 - Eligible for **free full-scope Medi-Cal** if under 26 and over 50 years old (*and next year— everyone!*)
 - Eligible for **emergency/restricted Medi-Cal** if 26-49 years old
- May seek **nonemergency health services** at community health centers or safety-net hospitals.
- Consider right to **financial assistance or charity care** at hospitals!



STATE FAIR HEARINGS & APPEALS

WHAT CAN I APPEAL?

- **Almost anything!**
 - Application denials or delays
 - Plan terminations
 - County/Covered CA action or inaction
 - Amount of Covered CA subsidies
 - Share of cost amount
 - Medi-Cal network adequacy problems
 - Medi-Cal denial of health service
 - Misc. problems with Medi-Cal/Covered CA
 - Ex: Issues with Benefits Identification Card, incorrect gender marker on case records, language access problems, etc.

APPEAL RIGHTS – MEDI-CAL/COVERED CA

- Request a **State Fair Hearing** and appeal adverse action
 - Eligibility Issues: 90 days from date of the Notice of Action** (210 days for issues arising during Public Health Emergency)
 - Denials for Health Services: If you are appealing a managed care plan decision, must request within 120 days from date of denial** (240 days for issues arising during Public Health Emergency)
- **Aid Paid Pending:** if an appeal is submitted before the action goes into effect, benefits will continue as is until you receive a final State Fair Hearing decision.
 - Example: Notice of Action terminates benefits **September 30**. You file for a State Fair Hearing **August 16**, requesting aid paid pending. Your benefits will continue until after the hearing.

APPEAL RIGHTS – MEDI-CAL/COVERED CA

- State Fair Hearings (“SFH”) are before by an Administrative Law Judge, almost always by phone
- Usually informal and beneficiaries can represent themselves
- Right to present case, provide oral testimony, and to submit relevant documents/evidence to support case
- County or managed care plan also has opportunity to attend and provide a statement of their case.
- After SFH decision is released, 30-day deadline to request a rehearing if the beneficiary disagrees with SFH decision.

“THE UNWINDING”

2023 PUBLIC HEALTH EMERGENCY UNWINDING

- **During** the Public Health Emergency, terminations or reductions in Medi-Cal services were prohibited for reasons other than fraud or beneficiary request
 - Beneficiaries may not have had their info updated with the county
 - Beneficiaries may have kept their Medi-Cal though ineligible now
 - Beneficiaries may have had both Covered CA and Medi-Cal
- **Now...** Counties are performing **normal annual Medi-Cal renewals**, requesting updates for people with Medi-Cal to confirm their eligibility
 - Sending packets to last address on file
 - Info in packets may be extremely out of date!
 - Terminating Medi-Cal if automatic renewal can't be performed and the beneficiary doesn't respond, or if the returned info shows someone is ineligible

2023 PUBLIC HEALTH EMERGENCY UNWINDING

- Terminations for being overincome should be automatically referred to Covered CA to enroll in the cheapest Silver plan available
- **But Covered CA and the counties are not always communicating.** People are falling through the cracks.
- Make sure beneficiaries watch for and complete their packets even if they think they don't qualify!
- **File a state fair hearing on any termination, discontinuance, or switch between Medi-Cal and Covered CA that should not have taken place, *right away!***

In the month of June, more than 200,000 people were sent terminations for administrative reasons like failing to complete their packet!

**MEDI-CAL FOR THOSE
EXPERIENCING
HOMELESSNESS**

NAVIGATING MEDI-CAL

- **Where to get it:** People experiencing homelessness can move between counties for benefits, but must designate one county as their “permanent residence.” **This is very important because...**
- Most Medi-Cal recipients must pick a managed care plan specific to their “permanent residence” county. That means that most people experiencing homelessness will need to return to county of residence to access services to get care in-network. **Call us for access issues related to this problem.**
- **Proving residency:** If no mailing address, letter from a homeless shelter or other public or community service agency stating applicant is receiving services from the agency will suffice
- Counties are required to accept **telephonic attestations and affidavits** for Medi-Cal eligibility (except for citizenship or immigration status).

NAVIGATING MEDI-CAL

- **Getting notices:** Notice of Actions, renewal forms, and other requests for information will be sent by mail. Most can be checked on benefitscal.com.
 - General delivery is an option, a P.O. Box, a family/friend's mailing address, or pick up at county office
- **State Fair hearings:** By telephone preferentially. In-person is available on request. Hearing info can be sent by email or through the ACMS web portal
- **Accommodations & renewals:** Applicant/beneficiary can request accommodation for more time to provide additional documents or a renewal. **Any needed information can be provided verbally and a telephonic signature given. The information requested in the packet can be supplied by mail, by fax, by email, in person, or over the phone.**