

Contra Costa HIV/AIDS System of Care
Health Insurance Information and
Steps to Assist Clients with Medi-Cal and Basic Health Care (BHC) Applications
For use by Medical Case Managers and Care Coordinators/Outreach Workers

One of the main roles of Medical Case Managers is to ensure clients have access to medical care. Clients must have no other form of coverage to apply for Medi-Cal and Basic Health Care. If client is not eligible for Medi-Cal or Basic Health Care due to residency status (undocumented) contact the Medical Social Worker for assistance to access health care.

If a client was employed and is eligible for COBRA benefits there may be another program to maintain coverage through the State Office of AIDS Health Insurance Payment Plan (OAHIPP) or if they have had no coverage, they may qualify for the Office of Aids Pre-Existing Conditions Insurance Plan (OAPCIP) in partnership with the Managed Risk Medical Insurance Board (MRMIB). Contact a Medical Social Worker for assistance in determining eligibility and applying for either of these programs.

For those with no medical coverage and needing to apply for Medi-Cal or Basic Health Care follow these steps.

Clients will need to make the phone calls, but this can be done during the visit with the Medical Case Manager or Care Coordinator to support the client and ensure the task is completed.

Applying for Basic Health Care (BHC)

Contact: Contra Costa Health Services Financial Counseling 800-771-4270 (only works if enrolled in or enrolling in Contra Costa Regional Medical Center (CCRMC) services. If planning to get medical care elsewhere, call the Medi-Cal application phone number 1-800-709-8348.

For BHC: 7 a.m. to 6 p.m. Monday to Friday.

Get the name of the person and their return number should you have any questions or become disconnected.

The client will need to respond to the verification letter that the Financial Counselor will send to them 5-7 days after the telephone interview. The client can review this document with the Medical Case Manager. Clients should respond to each request in the letter, call the financial counselors if they need additional time to get verifications into them.

Required documents may include, but are not limited to the following:

- Signed copy of the Rights and Responsibility Statement included in their letter from the Financial Counselor.
- Provide copies of the following:
 1. Picture Id
 2. Proof of Income (may need a couple of types)
 3. Proof of Residency
 4. Birth Certificate – If they do not have one, financial counseling can assist with obtaining this document.

It is a good idea to follow-up with the Financial Counselor after submitting the verifications to see that the Financial Counselor received them.

If the Financial Counselor believes that there is linkage into Medi-Cal (because of disability, age, dependant children, etc.), the client will then need to proceed to the Medi-Cal Application Steps.

Applying for Medi-Cal

- Client must call 1-800-709-8348 Monday to Friday 9 a.m. to 11 a.m. or 1 p.m. to 3 p.m.
- Client will then receive a package in the mail. The client can review this package with the Medical Case Manager to ensure they understand. There will be a blue sheet with a list of all the verifications that are requested.
- Complete the package with the requested verifications and bring it back in person to the local district office nearest you (see the *Medi-Cal and You* brochure for locations of district offices. Get a receipt for the submission.
- Clients can go to the local office to apply, but lately it seems more reliable to get a package through the telephone unless the client wants a face-to-face interview.

Tips for smooth enrollment for both Basic Health Care (BHC) and Medi-Cal:

- Read the letter from the Financial Counselor and provide all verifications requested to the best of the client's ability by the stated deadline. Please ask the Financial Counselor for more time if it is needed (BHC Only).
- Keep copies of client's documents listed above in your client file for future use for re-certification or if there are problems with original submissions (Both BHC and Medi-Cal).
- If client agrees, list Medical Case Manager's name on the application to be able to check on the status of the application and to advocate for your client's needs.
- Put the client's Medical Record number on the top of every document submitted to Financial Counseling (BHC Only).
- Verifications can be submitted by mail, in person at health centers (check the schedules with Financial Counselors), or by fax 925-313-6676 (BHC Only).
- If the client ends up with a partnership fee, client **must pay it** in order to get medical services. Medical Case Managers should work with the client on a personal financial plan to cover their expenses and take care of this fee (BHC Only).
- Have the client put a copy of all materials in a manila envelope and ask them to put all additional correspondence into the envelope and bring it with them to each Medical Case Management meeting so that you both can review it if they need assistance.
- Clients will also begin to receive a letter stating that they must choose a managed care plan, 30 days from the date of their Birthday. IF they do not select a plan, then a default plan will be selected for them (Medi-Cal Only).

For information regarding health care reform go to:

www.healthreform.gov or www.healthcare.gov

Additional background information is attached.

Contra Costa

*Aging & Adult Services / **Medi-Cal***

Medi-Cal is a program that provides health coverage for children, parents with deprived children, pregnant women, aged individuals and those who are blind or disabled according to Social Security rules. Eligibility for Medi-Cal is based on a number of factors:

Families with deprived children have a parent who is absent, incapacitated, unemployed or deceased.

Your income cannot make you ineligible for Medi-Cal but you may have a share of cost. A share of cost is an amount that you have to pay of your medical expenses before Medi-Cal pays for those expenses. There are Medi-Cal Programs that may eliminate your share of cost. Your worker will evaluate you for these programs.

Real and personal property that you have must be within program limits, but the home that you live in is exempt.

Individuals without satisfactory immigration status may qualify for Medi-Cal coverage limited to emergency and pregnancy related services.

Individuals with one of the following specific health care needs may qualify for a special Medi-Cal Program: Dialysis, Tuberculosis services, TPN (intravenous, nutrition) services, certain services for minors and nursing facility coverage.

You may apply for Medi-Cal by calling 1-800-709-8348. The application process can be completed by mail. If you need more information or already have Medi-Cal and need to talk to a worker, you may call 1-866-663-3225.

If you are not eligible for Medi-Cal, where can you obtain health care?

Persons who are between the ages of 21 and 65 years who need medical care and cannot afford to pay for it may be eligible for program coverage through the County. All counties have programs, administered and funded primarily by the county, that provide limited, free or low-cost medical services to those who do not qualify for Medi-Cal.

In Contra Costa County, the Health Services Department, administers the Basic Health Care and Health Coverage Initiative, programs which provide a full scope of health care. Adults who are United States Citizens or Legal Permanent Residents and children under the age of 19 who do not qualify for full-scope Medi-Cal may be eligible. To apply for Basic Health Care or Health Coverage Initiative, please call 1-800-771-4270 to speak with a financial counselor. Specific programs for people living with HIV/AIDS may be available, contact the Medical Social Worker at 925-313-6771.



STATE Website Information: Apply for Medi-Cal (www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx)

UPDATES!

- [Change in California State Law for Medi-Cal Benefits](#)
- [Frequently Asked Questions: Medi-Cal Will No Longer Pay for Certain Benefits](#)

GETTING STARTED

- [What is Medi-Cal?](#)
- [Know the Benefits](#)
- [Do I Qualify?](#)

- [Frequently Asked Questions](#)
- [Apply by mail - \(Medi-Cal Mail-in Application\)](#) (11 languages)

- [Apply on-line \(Not DHCS\)](#)
- [Apply at the nearest County Office](#)
- [Dental Healthcare \(Denti-Cal\) \(Not DHCS\)](#)
- [Medi-Cal Programs and Services](#)
- [Medi-Cal Brochures](#)
- [Medi-Cal Forms](#)
- [Medi-Cal Waivers](#) (additional and limited service; medical coverage to individuals who may not be eligible under Medicaid rules)
- [Medicare Part D Prescription Drug Program](#)
- [Other Programs and Services](#)
- [Report Medi-Cal Fraud](#) (file a complaint, 800-822-6222)
- [Where to Get Help](#)
- [Medi-Cal Contacts](#)
- [Know Your Privacy Rights](#)
- [Reimbursement of Out-of-Pocket Expense \(Conlan\)](#)

NOTICES I RECEIVED IN THE MAIL

- [Medi-Cal Services Denied or Modified - Information on Fair Hearings](#)

[RESOURCES CENTER FOR MEDICAID AND MEDICARE SERVICES \(NOT DHCS\)](#)