



Verify Eligibility

The process for verifying your Medi-Cal eligibility, from the time your completed application is received to when you receive your Benefits Identification Card (BIC), normally takes 45 days. The general process for verification is as follows:

Apply - Complete application and submit it either in person, by mail, by phone, or online.

Receive a Notification - of likely eligibility by mail.

Your county's social services office may contact you - by mail or phone to request paper verification of income, citizenship and other criteria that cannot be verified electronically.

Receive Final Notice of Action - notifying you of whether or not you can receive Medi-Cal.

Receive BIC - When you receive your BIC (white card) in the mail, you will be able to use the many Medi-Cal benefits available to you.



Enroll in a Plan

Within 45 days of receiving your BIC, you will be mailed a packet of information explaining your health plan options.

You must choose a health plan within 30 days of receiving your health plan information mailer. If you do not choose a plan within 30 days, Medi-Cal will choose a plan for you. The health plans available to you depend on what county you live in.



Steps to Medi-Cal: WHAT TO EXPECT?

Due to the high volume of new applications, the process is taking longer than normal and the steps mentioned below may be done out of order if it will help in expediting coverage. Please call **1-800-578-6762** to check on the status of your Medi-Cal application. You will have to provide your case number and other personal identifiable information.

Start Using Your Benefits

After selecting a health plan (AKA: Private Insurance Company) and picking a doctor (AKA: Provider) in your community that accepts your health plan, you can schedule an appointment for a primary care appointment. Your primary care doctor will refer you out to any other health services that you need in the future.

Medi-Cal Expanded Coverage

Beginning Jan. 1, 2014, low income single adults without children, ages 19-64, are eligible for Medi-Cal. Coverage for these new enrollees began Jan. 1, 2014. For all Medi-Cal applicants, there are new, simplified procedures to determine eligibility that also began Jan. 1, 2014. Eligibility is based upon income, as required by the Affordable Care Act. To verify income and other eligibility data, faster, more convenient electronic methods will be used whenever possible. Medi-Cal still accepts applications and enrolls individuals who qualify using the eligibility procedures that were in place before the Affordable Care Act expansion. Periodic redetermination of eligibility for those who are enrolled will also be much simpler and will be done electronically whenever possible.

What services will Medi-Cal provide for me?

Medi-Cal covers a core set of services, including doctor visits, hospital care and pregnancy-related services, as well as nursing home care for individuals age 21 or older. The Affordable Care Act ensures all Medi-Cal health plans offer a comprehensive package of items and services, known as essential health benefits. Essential health benefits must include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services (including oral and vision care).

Dental Benefits for Adults are available May 1, 2014

Dental benefits for adults 21 and older have been restored by the Center for Medicare and Medicaid Services. You can find a Medi-Cal dentist on the Denti-Cal Search Engine. For information on children's dental service, visit the Denti-Cal website.

The following benefits have now been restored:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Anterior root canals (front teeth)
- Prefabricated crowns
- Full dentures
- Other medically necessary dental services

Denti-Cal adult benefits that will remain in place and **do not change** as a result of the restoration:

- Pregnancy-related services
- Emergency services
- Services provided to residents of an Intermediate Care Facility/Skilled Nursing Facility
- Services provided to consumers of the Department of Developmental Services

Dental and vision services are available with some limitation. Learn more about dental benefits and further clarification by calling **1-800-322-6384** or visit www.denti-cal.ca.gov.

Mental Health and Substance Use Disorder Services Benefits

The following mental health benefits are now available through Medi-Cal managed care plans and Medi-Cal fee-for-service:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements
- Psychiatric consultation

All Specialty mental health services currently provided by County Mental Health Plans will continue to be available. The following substance use disorder services are now available through Medi-Cal:

- Voluntary Inpatient Detoxification
- Intensive Outpatient Treatment Services
- Residential Treatment Services
- Outpatient Drug Free Services
- Narcotic Treatment Services

These are all services that Medi-Cal covers today and will continue to cover for current and new enrollees.