



Dual Enrollment for Subsidized Covered CA Plan and Medi-Cal Quick Guide for Enrollers

This document explains the process for impacted consumers who have dual enrollment in a subsidized Covered CA health insurance plan (health plan) and Medi-Cal.

Note: Subsidized means there is financial help to lower the consumer's monthly premium payment for their Covered CA health plan.

Overview

On June 6, 2025, Covered California sent an ad-hoc Covered California Plans with APTC and Medi-Cal (CCAN62b) notice to consumers who have one or more household members enrolled in a Covered California health plan with financial help and have Medi-Cal coverage on another case.

The notices:

- Will be viewable in *Documents and Correspondence*.
 - See [Sample Notice](#).
- Give the affected consumers 30 days to update their information to resolve the dual coverage.
- Will not be sent to consumers in carry forward status.

Consumers who are eligible for or enrolled in full-scope Medi-Cal coverage are not allowed to receive financial help. If they have both, they may owe money when they file their taxes.

The notice advises consumers that:

- They have household members who have Medi-Cal and a Covered California health plan with financial help.
- They cannot have Medi-Cal and a Covered California plan with financial help at the same time.
- They must update their information by the due date listed on their notice so they are only getting Medi-Cal or a Covered California plan with financial help.
- If no action is taken by the due date on their notice, Covered California will remove financial help from their Covered California health plan as of the first of the following month and they will have to pay the full monthly premium if they want to keep their Covered California plan.


Automated BOT Process to Remove Financial Help

If no action is taken within the 30-day timeframe listed on the notice, a CalHEERS automated process (BOT) will remove financial help from the Covered California plan. A new eligibility notice (NOD01) will be issued.




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Sample Notice (CCAN62b)



Covered California
P.O. Box 989725
West Sacramento, CA 95798-9725



{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE2}
{ADDRESS_LINE1}
{CITY}, {STATE_CD} {ZIPCODE}-{ZIP+4}

Act by {DUE_DATE} or you will lose financial help!

{CURRENT_DATE} Case Number: {CASE_ID}

Dear {FIRST_NAME} {LAST_NAME},

Our records show the household members listed below are enrolled in both a Medi-Cal and a Covered California health plan with financial help to lower the cost of their monthly premium payment. You cannot have Medi-Cal and a Covered California health plan with financial help at the same time. If you do, you could owe money when you file taxes.

{FIRST_NAME} {LAST_NAME}
{FIRST_NAME} {LAST_NAME}

You must update your information by {DUE_DATE} so you are only getting Medi-Cal or a Covered California plan with financial help. After {DUE_DATE}, we **will remove** the financial help from your Covered California plan as of the first of the following month. You will have to pay the full monthly premium if you want to keep your Covered California plan.

If you think you are eligible for Medi-Cal:

- Call Covered California to end your health insurance plan with financial help at **1-800-300-1506**

If you think you are eligible for Covered California:

- Call your local county office to update your income information. This will help make sure you get health coverage through the right program. You can call them at {LOCAL_COUNTY_OFFICE}.

Need help or have questions?

- **Call Covered California**, Monday – Friday, 8 a.m. to 6 p.m. at 1-800-300-1506 (TTY 1-888-889-4500).
- **Log in to your online account** at CoveredCA.com.
- **If you need in-person help**, contact a Covered California certified enrollment counselor or insurance agent. To find one near you, go to CoveredCA.com/find-help.

Thank you,

CCAN62b

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Covered California

This notice was sent to you in compliance with the Affordable Care Act implementing regulations: 45 CFR § 155.330(e) and 10 CCR § 6496(i)

Internal Use Only

CCAN62b

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If you think we made a mistake

1. Call Covered California for help at **1-800-300-1506** (TTY: 1-888-889-4500). We are open Monday – Friday 8 a.m. to 6 p.m.
2. If we cannot solve the problem, you can ask for an appeal. You must ask within **90 days** of the date on your eligibility notice. You can ask for an appeal in one of these ways:
 - **Online** with the State Hearings Division at cdss.ca.gov/Hearing-Requests or through Covered California at CoveredCA.com/appeals
 - **Call** the State Hearings Division at 1-855-795-0634
 - **Visit** your local county office

You have the right to appeal any eligibility or enrollment decision. This includes, but is not limited to:

- Your eligibility for Covered California or Medi-Cal
- The date your health plan coverage starts
- Your premium assistance amount or cost-sharing reduction level
- You have waited too long for a decision
- Your eligibility for an exemption

About appeals

You only have **90 days** from the date of your eligibility notice to ask for an appeal. An appeal decision could change eligibility, enrollment, premium (monthly cost) or cost-sharing reduction for you or other household members.

Appeal hearings are by telephone, video conference or in person. You can speak for yourself or be represented (have someone speak for you). For free, local help with your appeal, call the Health Consumer Alliance at 1-888-804-3536.

If you need health services right away and a standard appeal could put your life or health in danger, call 1-855-795-0634. Ask for an **expedited** (fast) appeal.

If you have a Covered California plan, you can ask for **continued enrollment**. This will let you keep your health plan and premium assistance amount while you appeal. You must keep paying your premium (monthly cost).