



Medi-Cal Reminders and When to Contact the County Guide for Enrollers

Medi-Cal to Covered California Enrollment Program

The Medi-Cal to Covered California Enrollment Program (also known as Senate Bill 260) authorizes Covered California to enroll eligible individuals in a qualified health plan automatically when they lose Medi-Cal coverage and gain eligibility for advanced premium tax credits (APTC). Covered California will select the lowest cost silver plan available for qualifying Medi-Cal transitioning consumers to maximize premium tax credit and cost sharing support. This program will help to facilitate continuity of coverage for individuals losing Medi-Cal coverage if they effectuate their Covered California plan within a month of disenrollment from Medi-Cal.

- Resource: [Medi-Cal to Covered California Enrollment Program Toolkit](#) – contains program information and support materials.

Mixed Household Cases and Other Medi-Cal Reminders

Although family members can apply together for health coverage, each member of the household is evaluated and provided an eligibility determination individually. Some members of the household may qualify for Medi-Cal, whereas others may qualify for financial assistance (Advanced Premium Tax Credit and/or Cost Sharing Reductions) through Covered California. For these mixed household cases, Covered California enrollers are permitted to make only limited changes. Certified Insurance Agents, Certified Enrollment Counselors, and Service Center Representatives can process name changes only for Covered California members; they cannot process other reported changes, redetermine or undo Medi-Cal eligibility, or offer case advice. **All inquiries related to Medi-Cal, including questions about terminating Medi-Cal coverage must be referred to the beneficiary's local county Social Services office.**

For households with MCAP (Medi-Cal Access Program) pregnant individuals, or CCHIP (County Children's Health Initiative Program) eligibility, certified enrollers can help make changes to the application without referring the case to the county, as long as no other household members on the case have Medi-Cal eligibility.

- Resources:
 - [Department of Health Care Services County Listings](#) – links to contact information for the local county Medi-Cal department offices.
 - [Covered California's Medi-Cal](#) page – important information regarding Medi-Cal eligibility and other details.

Medi-Cal Authorized Representative vs Covered California Delegate

To assist a Medi-Cal beneficiary with their local county Social Services office, a Covered California certified enroller must be designated as a Medi-Cal Authorized Representative. Key Covered California

Outreach and Sales Division

OutreachandSales@covered.ca.gov



Medi-Cal Reminders and When to Contact the County Guide for Enrollers

differences in what constitutes a “representative” and a “delegate” as related to mixed household cases are as follows:

Medi-Cal Authorized Representative

- An applicant or beneficiary can appoint an individual or organization as an Authorized Representative to help with all or some duties related to their Medi-Cal eligibility and enrollment.
- For a certified enroller to speak to County Eligibility Workers (CEWs) on behalf of a beneficiary, **the certified enroller must be designated as an Authorized Representative (AR) by the beneficiary**. Consumers can have as many Authorized Representatives as they want. Access the *Appointment of Authorized Representation* forms here:
 - [English Form](#) | [Spanish Form](#)
 - Additional Languages:
[Arabic](#), [Armenian](#), [Cambodian](#), [Chinese](#), [Farsi](#), [Hindi](#), [Hmong](#), [Japanese](#), [Korean](#), [Laotian](#), [Mien](#), [Punjabi](#), [Russian](#), [Tagalog](#), [Thai](#), [Ukrainian](#), [Vietnamese](#)

Covered California Delegate

- Consumers can delegate their Covered California application case to a Certified Insurance Agents or Certified Enrollment or Application Counselor in CalHEERS to assist them with the application process, up to and including plan selection. There can only be **one delegated enroller** on a case at a time.



Medi-Cal Reminders and When to Contact the County Guide for Enrollers

Medi-Cal Eligibility Confirmation Letter

The *Medi-Cal* section of the *See Full Details* page includes a *Request an Eligibility Confirmation Letter* section and **Get Confirmation Letter** button for consumers who are eligible or conditionally eligible for Medi-Cal.

This letter includes the consumer's Medi-Cal Temporary Benefits Identification Card (BIC), which they can present to their doctor or pharmacy until they get their plastic Medi-Cal Identification card.

When the **Get Confirmation Letter** button is clicked, CalHEERS makes an immediate call to the Medi-Cal Eligibility Data System (MEDS) to confirm the consumer's Medi-Cal eligibility in the system. CalHEERS will display one of the following:

- A Medi-Cal Eligibility Confirmation Letter for eligible or conditionally eligible consumers. (**Note:** The letter is generated in English only.)
 - If a letter was previously generated and it is within 30 days of the issue date, the previously generated letter displays.
 - After 30 days from the letter's issue date, a **Next Steps** popup displays.



Medi-Cal Reminders and When to Contact the County Guide for Enrollers

Next Steps

You should have already received a plastic Benefits Identification Card (BIC) in the mail which you can use to see a doctor or get medication.

- If you had an Eligibility Confirmation Letter created you can view it by going to [Documents and Correspondence](#).
- If you still have not received your card or need a replacement card, [contact your local County office](#) for help.

Ok, Close

- Additional applicable popup messages appear if CalHEERS cannot generate the Medi-Cal Eligibility Confirmation Letter, the call to MEDS has timed out, or there was an error communicating between CalHEERS and MEDS.

Consumers can also view, download, or reprint the Medi-Cal Eligibility Confirmation Letter on the *Documents and Correspondence* page.



Medi-Cal Eligibility Confirmation

You can start using Medi-Cal for health care services today. Print this page and bring it with you to your doctor or pharmacy until you get your plastic Medi-Cal Identification Card. This document is intended as a temporary identification card only. Providers must verify the recipient's eligibility prior to providing services.

Temporary Benefits Identification Card (BIC)

Alexander Green

90000001A

Identification Number

06/25/1979

Birth Date

03/18/2017

Issue Date

04/17/2017

Good Through Date

You will be sent a plastic card in the mail and should get it in the next 10 days. If you do not get your plastic card in the next 10 days, contact your local County office for help to get a replacement plastic card. This temporary card will not be accepted after the Good Through Date on the card.

DHCS.ca.gov