



CWDA

Advancing Human Services
for the Welfare of *All* Californians

SB 75 Webinar

Full Scope Medi-Cal for Children Under Age 19

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Overview

SB 75 provides full scope Medi-Cal coverage to individuals under age 19 if otherwise eligible, regardless of immigration status

- **Per Welfare and Institutions (W&I) Code section 14007.8(a)(1), full scope eligibility is mandatory for all individuals under 19 who are otherwise Medi-Cal eligible once SB 75 is implemented**

Once SB 75 is implemented...

- **New applicants under 19 will be determined eligible to full scope Medi-Cal**
- **Beneficiaries with restricted scope will be transitioned to full scope Medi-Cal**
- **Medi-Cal Managed care enrollment process applies**

Implementation Dates and Systems

- California Healthcare, Eligibility, Enrollment and Retention System (CalHEERS) programming is targeted for implementation on 5/16/2016
- The Statewide Automated Welfare Systems (SAWS) will trigger batch processes beginning the week of 5/16/2016 for both Modified Adjusted Gross Income (MAGI) and Non-MAGI children to transition to full scope aid codes
- The eligibility effective date will be 5/1/2016

Aid Codes

No new aid codes

- Individuals who qualify for SB 75 will be placed into existing full scope MAGI and Non-MAGI Medi-Cal aid codes
- CalHEERS and SAWS will use the DHCS SB 75 Full Scope Aid Code List - Aid Code Crosswalk
- Some restricted scope Non-MAGI aid codes have an age limit for children under 21
 - other restricted aid codes do not have an age limit and would still be in use for individuals ages 19 and older

Aid-Code Crosswalk

	Coverage Group	Full Scope Aid Code	Description	Restricted Scope Aid Code	Description
Pre ACA **	Parents/Caretaker Relative	3N	1931(b)	3V	1931(b) parents/caretaker relative
	Percent Programs Children	47	200% Infant Citizen	69	200% Infant OBRA
		72	Citizen/Lawful Permanent Resident/PRUCOL/Conditional Status (Age 1-6) 133%	74	Undocumented Temporary VISA (OBRA) FPL 133%
		7A	Citizen Child FPL 100% (Ages 6-19)	7C	OBRA Child FPL 100%
	Property Disregard	8P	Excess Property Child FPL 133% (Ages 1-6)	8N	Excess Property Child – ESO FPL 133%
		8R	Excess Property Child FPL 100% (Ages 6-19)	8T	Excess Property Child – Pregnancy + ESO FPL 100%
	Pregnant Women	44	Pregnant Citizen FPL 200%	48	Pregnant OBRA FPL 200%
		3N	1931(b)	5F	OBRA Alien – Pregnant Woman
	Consumer Protection Program	7J	CEC	7K	CEC -Undocumented
		39	Initial TMC	3T	Initial TMC - ESO
		59	Continuing TMC	5T	Continuing TMC - ESO
		54	Four Month Continuing	5W	Four Month Continuing – Pregnancy + ESO
	Bridge Program	7X	Medi-Cal to Healthy Families Bridge	E1	Medi-Cal to Health Families Bridge - Unverified Citizen
	MAGI	ACA Child	P5	ACA Child 6-19 Yrs: Citizen FPL 0 -133%	P6
P7			ACA Child 1-6 Yrs: Citizen FPL 0-142%	P8	ACA Child 1-6 Yrs: Undocumented
P9			ACA Infant 0-1 Yrs: Citizen FPL 0-208%	P0	ACA Infant 0-1 Yrs: Undocumented
OTLIC		T1	Child 6-19 Yrs: Citizen (OTLIC Premium) FPL 160-266%	T6	Child 6 -19 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T2	Child 6-19 Yrs:Citizen (OTLIC) FPL 133-160%	T7	Child 6 -19 Yrs: Undocumented (OTLIC) FPL 133-160%
		T3	Child 1-6 Yrs:Citizen (OTLIC Premium) FPL 160-266%	T8	Child 1-6 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T4	Child 1-6 Yrs:Citizen (OTLIC) FPL 142-160%	T9	Child 1-6 Yrs: Undocumented (OTLIC) FPL 142-160%
		T5	Infant up to 1 Yr: Citizen (OTLIC) FPL 208-266%	T0	Infant up to 1 Yr: Undocumented (OTLIC) FPL 208-266%
Pregnant Women		M7	Pregnant Women Citizen FPL 0-60%	M8	Pregnant Women Undocumented FPL 0-60%
		M9	Pregnant Women Citizen FPL 60-213%	M0	Pregnant Women Undocumented FPL 60-213%
Expansion Child		M5	Expansion Child 6-19 Yrs: Citizen/Lawful Presence FPL 108-133%	M6	Expansion Child 6-19 Yrs: Undocumented FPL 108-133%
Parent/Caretaker Relative		M3	Parent/Caretaker Relative FPL <109%	M4	Parent/Caretaker Relative FPL <109%

Aid-Code Crosswalk

Non-MAGI Share of Cost	Medically Needy: AFCD/Blind/Disabled	27	Blind Medically Needy - SOC	C4	Blind Medically Needy - SOC
		37	AFDC Medically Needy - SOC	C6	AFDC Medically Needy - SOC
		67	Disabled – Medically Needy - SOC	C8	Disabled – Medically Needy - SOC
		TBD	See Chart #2 below	58	OBRA Aliens
	Medically Indigent	83	Medically Indigent Child - SOC	D1	Medically Indigent Child - SOC
		LTC	23	Blind LTC - SOC	D5
	Inmate		63	Disabled LTC - SOC	D7
		G7	County Juvenile Inmate -SOC	G8	County Juvenile Inmate -SOC
		J2	Compassionate Release/County Medical Probation - SOC	J4	Compassionate Release/County Medical Probation Undocumented - SOC
		J7	County Compassionate Release - SOC	J8	County Compassionate Release Undocumented SOC
Non-MAGI No Share of Cost		Medically Needy: AFCD/Blind/Disabled	24	Blind Medically Needy	C3
	34		AFDC Medically Needy	C5	AFDC Medically Needy
	64		Disabled – Medically Needy	C7	Disabled – Medically Needy
	82		Medically Indigent Child	C9	Medically Indigent Child
	Blind/Disabled FPL	2H	Blind FPL	N/A	No Restricted Undocumented Aid Code
		6H	Disabled FPL	6U	Disabled FPL
		TBD	See Chart #2 below	58	OBRA Aliens
	LTC	23	Blind LTC	D4	OBRA Aliens not PRUCOL: Blind LTC
		63	Disabled LTC	D6	OBRA Aliens not PRUCOL: Disabled LTC
	Inmate	G1	State Juvenile Inmate	G2	State Juvenile Inmate
G5		County Juvenile Inmate	G6	County Juvenile Inmate Undocumented	
G0		State Parolee Inmate	G9	State Medical Parolee	
J1		Compassionate Release/County Medical Probation	J3	Compassionate Release /County Medical Probation Undocumented	
J7		County Compassionate Release	J8	County Compassionate Release Undocumented	
Non-MAGI No Share of Cost/ Share of Cost	Medically Needy/ Medically Indigent	24	Blind Medically Needy (No-SOC)	58	OBRA Aliens (Blind Medically Needy (No-SOC))
		27	Blind Medically Needy (SOC)	58	OBRA Aliens (Blind Medically Needy (SOC))
		34	AFDC Medically Needy (No-SOC)	58	OBRA Aliens (AFDC Medically Needy (No-SOC))
		37	AFDC Medically Needy (SOC)	58	OBRA Aliens (AFDC Medically Needy (SOC))
		64	Disabled Medically Needy (No-SOC)	58	OBRA Aliens (Disabled Medically Needy (No-SOC))
		67	Disabled Medically Needy (SOC)	58	OBRA Aliens (Disabled Medically Needy (SOC))
		82	Medically Indigent Child (No-SOC)	58	OBRA Aliens (Medically Indigent Child (No-SOC))
		83	Medically Indigent Child (SOC)	58	OBRA Aliens (Medically Indigent Child (SOC))

Deficit Reduction Act (DRA) And Satisfactory Immigration Status (SIS)

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- **Deficit Reduction Act (DRA)** - the requirement to verify citizenship for Medi-Cal applicants and beneficiaries who are citizens of the United States set by DRA remains in effect
- **Satisfactory Immigration Status (SIS)** - the requirement to verify immigration status for individuals who claim SIS also remains in effect

Deficit Reduction Act (DRA) and Satisfactory Immigration Status (SIS) - Verification

- Verification sources include: the Federal Data Services Hub (FDSH) and Medi-Cal Eligibility Data System (MEDS) INQE
- Verification for citizenship or SIS which cannot be obtained, or is not provided within a Reasonable Opportunity period (ROP) will not result in a change to restricted benefits for children under 19, once SB 75 is implemented
- DHCS will track DRA and SIS using the current Citizen/Alien indicator codes in MEDS (INQE)

MC 13

SB 75 does not change the requirements for the MC 13 or PRUCOL process

MC 13s are required for individuals who are requesting Medi-Cal and who:

- **Attest to undocumented status**
- **Claim U.S. citizenship, and citizenship cannot be verified electronically or by paper, or**
- **Claim SIS and immigration status cannot be verified electronically or by paper**

Medi-Cal Eligibility Division Letter I 14-21

PRUCOL

- **SB 75 has no impact on individuals who claim they are Permanently Residing in the United States under Color of Law (PRUCOL)**
- **Individuals who meet all relevant PRUCOL requirements are eligible to full scope Medi-Cal benefits regardless of age**

Application Process for New Applicants

Application Process for New Applicants

- Upon SB 75 implementation, applicants will have a full scope MAGI Medi-Cal determination through the CalHEERS Business Rule Engine (BRE)
- Similarly, if an individual is eligible for non-MAGI, SAWS will make the appropriate eligibility determination for full scope eligibility
- If the applicant is eligible for Medi-Cal, SAWS will generate and send the appropriate Notice of Action (NOA)

Retroactive Medi-Cal

- Applicants can request retroactive Medi-Cal coverage for up to three months prior to the month of application
- Under the provisions of SB 75, full scope retroactive coverage will be granted no sooner than the month of implementation, if determined otherwise eligible
- Retro requests for month(s) prior to SB 75 implementation month will be for restricted scope Medi-Cal, if determined otherwise eligible

Transition Process for Beneficiaries

Transition Process for Beneficiaries

Batch Process

SAWS will complete a batch process beginning the week of 5/16/2016 for MAGI and Non-MAGI children to transition to full scope Medi-Cal

- The batch process will occur over a few days
- CalHEERS will process the transactions for MAGI individuals approximately within 1-2 days of Electronic Health Information Transfer (e-HIT)
- SAWS will complete the process for non-MAGI individuals

Transition Process- Data Reports

To ensure individuals under age 19 transition smoothly to full scope Medi-Cal, both DHCS and SAWS will provide data reports as follows:

- SAWS will provide a list of cases that were skipped in the initial batch process, this list will be provided on the regularly scheduled exception reports to counties
- DHCS will also run data reports from MEDS to identify SB75 individuals who failed to transition
 - this report will be provided on a county by county basis as necessary

Annual Redeterminations

Annual Redeterminations

The SB 75 batch process to transition children from restricted scope Medi-Cal to full scope Medi-Cal will not reset the annual redetermination date

- SB 75 is an increase in the level of benefits and not a change in circumstances, therefore a change to the redetermination period is not required

Annual Redetermination Impact on Transition Population

- **Beneficiaries are still required to complete the annual redetermination process even if their redetermination is due during the transition period**
- **Beneficiaries with a May renewal date who do not complete their annual redetermination will be eligible to full scope eligibility in May, but will be discontinued in June**

Scenario #1

- The county mailed the Renewal packet to the beneficiary. The beneficiary failed to provide the Renewal, so the county sent a timely NOA terminating Medi-Cal benefits effective 4/30/2016
- The beneficiary provides the requested information on 5/25/2016, within the 90-day cure period. If the beneficiary is determined eligible, the county will restore benefits back to the date of discontinuance
- Since the benefits were restored after the implementation date of SB 75 (5/16/2016), the county will determine eligibility to full scope Medi-Cal effective 5/1/2016 and generate the appropriate NOA

Scenario #2

- The county mailed the Renewal packet to the beneficiary. The beneficiary provided an **incomplete** Renewal on 4/26/16, before the discontinuance date of 4/30/2016
- The discontinuance will be rescinded, restricted benefits are restored effective 5/1/2016
- The individual will be included in the SAWS batch transition on 5/16/16 for full scope benefits
- The county will follow up on outstanding verification needed to complete the Renewal

Age Policy

Age Policy

Children reaching their 19th birthday during a month will be considered as follows:

- 19th birthday is the first of the month, individual is considered 19 for the entire month and is not qualified for SB 75 starting from that month
- Turns 19 on or after the second day of the month, is considered 18 for the entire month and qualifies for SB 75; will not qualify for SB 75 starting the following month

This policy also applies to the transition period of May 2016

Age Out Process

SAWS will run monthly batch processes to evaluate 19-year-olds for the appropriate MAGI or non-MAGI restricted scope benefits

- **Soft Pause rules still apply if CalHEERS cannot establish eligibility in another MAGI category, based on the program hierarchy**
- **With CalHEERS Release 16.4 (5/16/16), Soft Pause has been expanded to include children ages 19-21**

Age Out Process

- As a reminder, a timely notice of action is required for any redetermination of eligibility that results in an adverse action (i.e., benefit decrease)
- If the individual is discontinued from full scope Medi-Cal without receiving an adequate and timely notice and the county cannot reestablish full scope eligibility in the prior aid code, then the county will manually use aid code 38 to continue benefits until a final eligibility determination is made

Age Out Process – Scenario #1

- SB 75 individual is eligible to full scope MAGI (aid code P5)
- Individual turns 19
- Household income is below the 138% FPL
- CalHEERS/SAWS will evaluate for other MAGI programs
- Since income is below MAGI limit for new adult group (19-64), individual will be aided under M2 aid code starting the following month

Age Out Process – Scenario #2

- Individual eligible to MAGI under OTLICP with a premium (aid code T1) with income at 250% FPL
- Individual turns 19 (not pregnant)
- CalHEERS/SAWS runs the monthly batch process to redetermine restricted scope eligibility
- Income is above MAGI limit for new adult group (19-64)
- Individual will be placed in Soft Pause to allow evaluation for non-MAGI Medi-Cal
- Individual will remain in MAGI aid code until evaluation is completed and Soft Pause is lifted

Medi-Cal Managed Care Plans

Managed Care Plan Enrollment Process New Enrollees – COHS County

DHCS will use the current managed care plan enrollment process for new enrollees as follows:

For individuals living in a County Organized Health System (COHS) county, they will be automatically enrolled in the COHS plan on the first of the month following their eligibility determination

- The plan will mail a Welcome Packet within a week of enrollment

Managed Care Plan Enrollment Process Transition Population – COHS County

- **Beneficiaries will receive Fee-for-service (FFS) full scope Medi-Cal coverage during the transition month**
- **Notices sent to beneficiaries following the SB 75 full scope determination will identify their COHS plan**
- **MCP enrollment to begin the first of the month following the full scope determination, for all transition beneficiaries in COHS counties**

Managed Care Plan Enrollment Process New Enrollees – Non-COHS County

For new enrollees living in a Non-COHS county, they will receive a Health Care Options (HCO) choice packet

- They will have 30 days to choose a plan
- New enrollees will receive Fee-For-Service (FFS) Medi-Cal until a plan choice is made
- **NOTE:** New enrollees can enroll over the phone as soon as their full scope eligibility has been determined

HCO 1-800-430-4263

- If no plan choice is made, DHCS will assign them to a plan in their county effective the first of the next month

Managed Care Plan Enrollment Process Transition Population – Non-COHS County

- Beneficiaries will receive FFS full scope Medi-Cal coverage during the transition month and possibly up to the following two months
- MCP enrollment process begins the month of the SB 75 determination
- Health Care Options (HCO) choice packets will be mailed to beneficiaries
 - Enrollment can be done over the phone or after completed packet is received
- MCP enrollment will be effective on the first day of the next month, once plan is selected, but no later than 60 days after the full scope determination
- If no plan choice is made, DHCS will assign them to a plan in their county effective the first of the next month

Health Care Options Choice Packets - Non-COHS County New Enrollee and Transition Populations

- Health Care Options (HCO) choice packets will be mailed to beneficiaries living in Non-COHS counties and in their threshold languages
- The HCO packets provide information about Medi-Cal Managed Care Plans (MCPs) in the county and their providers
- New enrollees will receive the packets after applying and being determined eligible for full scope Medi-Cal
- For the transition population, packets will be mailed out after the enrollment notice is sent

Dental Services

- Information about dental services will be provided in both COHS and Non-COHS enrollment notices
- Dental managed care is available in Sacramento and Los Angeles counties only

Managed Care Plan Enrollment Process Transition Population – COHS County

Example – COHS County:

- 6 year old is on a restricted scope MAGI aid code for May 2016, he/she will transition to a full scope MAGI aid code on May 16th
- For May 2016, the child will be on FFS Medi-Cal
- Starting June 2016, he/she will be enrolled into the county's COHS plan

Managed Care Plan Enrollment Process Transition Population – Non-COHS County

Example – Non-COHS County:

- 12 year old is on a restricted scope MAGI aid code for May 2016, he/she will transition to a full scope MAGI aid code on May 16th
- For May 2016, the child will be on FFS
- **IF** the child selects an MCP by May 23, 2016 (before MEDS Renewal), he/she will be enrolled in their MCP effective June 1, 2016
- **IF** the child selects an MCP by May 29, 2016 (after MEDS Renewal), he/she will be enrolled in their MCP effective July 1, 2016 and on FFS for May and June 2016

Fee-For-Service Enrollment Process Transition Population – Non-COHS County

- Individuals turning 19 within six months of the transition date, and who live in Non-COHS counties, will be enrolled into FFS full scope Medi-Cal
- These individuals are not required to enroll into a managed care health plan, but will receive enrollment information and may enroll voluntarily
- Individuals who have a share of cost (SOC) or other health coverage (OHC) will be enrolled into FFS full scope Medi-Cal
 - Other health coverage is either employer-sponsored or an individual insurance plan

Notice of Action (NOA) New Enrollee and Transition Populations

DHCS has developed new Notice of Action (NOA) snippets for SB 75

- When an applicant is determined eligible for Medi-Cal under SB 75 rules, SAWS will generate the NOA for both MAGI and non-MAGI
- For the transition population, SAWS will generate the NOA, notifying the individual of the benefit increase into full scope Medi-Cal once the transition to full scope coverage has occurred

Questions?

Special Thanks!

Many thanks to the counties that worked hard on developing this training:

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