



InfoSeries: Medi-Cal Redetermination

Wednesday, March 29, 2023

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Opening Remarks

Tiffany Kaaiakamanu
Director, Community Relations



InfoSeries: **Medi-Cal Redetermination**

**By attending, participants agree to be recorded.*

1:30–1:40 p.m.

Opening and Welcome Remarks

Tiffany Kaaiakamanu

Director, Community Relations, CalOptima Health

An Tran

Director, The County of Orange Social Services Agency

Michael Hunn

Chief Executive Officer, CalOptima Health

1:40–1:50 p.m.

Medi-Cal – Continuous Coverage Requirement Updates

Jamie Petersen

Social Services Supervisor II, The County of Orange Social Services Agency

Yesenia Zapien

Administrative Manager I, The County of Orange Social Services Agency

1:50–2 p.m.

Public Health Emergency Unwinding 2023

Karen Rochefort

Outreach and Sales Representative, Covered California

2–2:10 p.m.

Medi-Cal Renewal Communications

Janis Rizzuto

Director, Communications, CalOptima Health

2:10–2:25 p.m.

Questions and Answers

Shelly Lozada

Sr. Community Relations Specialist, CalOptima Health

2:25–2:30 p.m.

Closing Remarks

Shelly Lozada

Sr. Community Relations Specialist, CalOptima Health

Welcome Remarks

An Tran

Director, The County of Orange Social Services Agency

Michael Hunn

Chief Executive Officer, CalOptima Health

Medi-Cal – Continuous Coverage Requirement Updates

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Public Health Emergency (PHE) and Continuous Coverage Requirement

- During the PHE, counties halted the processing of Medi-Cal annual redeterminations and were required to maintain continuous coverage for beneficiaries. This has delayed negative action, including discontinuances, with only a few exceptions.
- On December 29, 2022, the Fiscal Year 2023 Consolidated Appropriations Act (Act) was signed into law. The Act sunsets the Medi-Cal continuous coverage requirement effective March 31, 2023.
- Previously, the resumption of Medi-Cal redeterminations was tied to the termination of the PHE. The Act decouples the continuous coverage requirement from the PHE termination date.



Orange County Unwinding Plan

- 🍊 California counties will resume normal Medi-Cal eligibility redeterminations beginning **April 1, 2023**.
- 🍊 Counties will have a period of 14 months to return to normal eligibility and enrollment operations.
- 🍊 This means Orange County will have 14 months to initiate and complete redeterminations for nearly 1 million Medi-Cal beneficiaries.



Annual Redeterminations

- 🍊 To simplify the unwinding process, Medi-Cal beneficiaries will maintain their current renewal month in their case records. **SSA will conduct a full redetermination at the beneficiary's next scheduled renewal month, beginning with June 2023 renewals.**
 - 🍊 **April 2023** — Initiate ex parte review for renewals due June 2023. If the ex parte process is not successful, mail an annual renewal packet. The packet comes in a yellow envelope and must be returned within 60 days.
 - 🍊 **June 2023** — Send Notice of Action 10 days prior to adverse action if the annual renewal remains incomplete or the beneficiary is no longer eligible for Medi-Cal.
 - 🍊 **June 30, 2023** — Discontinue Medi-Cal coverage for beneficiaries whose renewal remains incomplete or beneficiaries who are no longer eligible.
- 🍊 Beneficiaries may provide the annual renewal information online, by phone, in person or by mail.
 - 🍊 www.MyBenefitsCalWIN.org or 1-800-281-9799.

Note: Ex parte review refers to a review of the most recent or last known data before requesting any additional information or verification from the beneficiary.

Reporting Change in Circumstances

- Beneficiaries have been reporting changes, such as a new job, during the PHE, and they should continue to report changes in their households throughout the unwinding period.
- However, any changes reported during the PHE and the unwinding period that could lead to a **negative action shall be paused until the beneficiary's annual renewal** is due and initiated during the unwinding period.
- During the PHE and the unwinding period, changes that result in a positive change will be processed upon receipt of the change.



Adjusting Reasonable Compatibility Income Threshold

- 🍊 California uses a standard to determine whether the income in federal data sources is compatible with the information in individual reports. When the income is reasonably compatible, the beneficiary does not need to provide proof of their income.
- 🍊 The California Department of Health Care Services has submitted a Modified Adjusted Gross Income (MAGI) Verification Plan to increase the reasonable compatibility threshold to 20% through May 2024.
- 🍊 This flexibility is anticipated to help increase the percentage of automated ex parte renewals completed for MAGI Medi-Cal.

Returned Mail

When mail is returned as undeliverable, outreach is conducted.

Normal Process

- 🍊 Complete ex parte review and search for a more recent address.
- 🍊 Attempt a phone call to the beneficiary to confirm current address.

Waiver – United States Postal Service (USPS) Forwarding Address

- 🍊 If the USPS provides an in-state forwarding address, SSA will update the Medi-Cal case record and attempt to resend the returned mail to the beneficiary's new address.



Call Centers

COVERED CALIFORNIA
1-800-300-1506

SSA SERVICE CENTER
1-800-281-9799

Hours of Operation:

- 🕒 Monday–Friday, 8 a.m. to 6 p.m.
- 🕒 Saturday, 8 a.m. to 5 p.m.

Hours of Operation:

- 🕒 Monday–Friday, 6:30 a.m. to 8 p.m.
- 🕒 Saturday, 7 a.m. to 4:30 p.m.

Covered California agents answer the calls and screen for MAGI or Non-MAGI benefits

Answer general questions regarding active cases and accept applications

Calls are transferred to an Orange County Processing Center (OCPC) Intake Call Center worker to process applications

Request new Benefit Identification Card (BIC)

Report changes, such as change of address, phone number, birth or adoption of a child, marriage or divorce, income changes (new job, increase/decrease in pay or hours, job loss)





For more information, please visit ssa.ocgov.com

Public Health Emergency Unwinding 2023

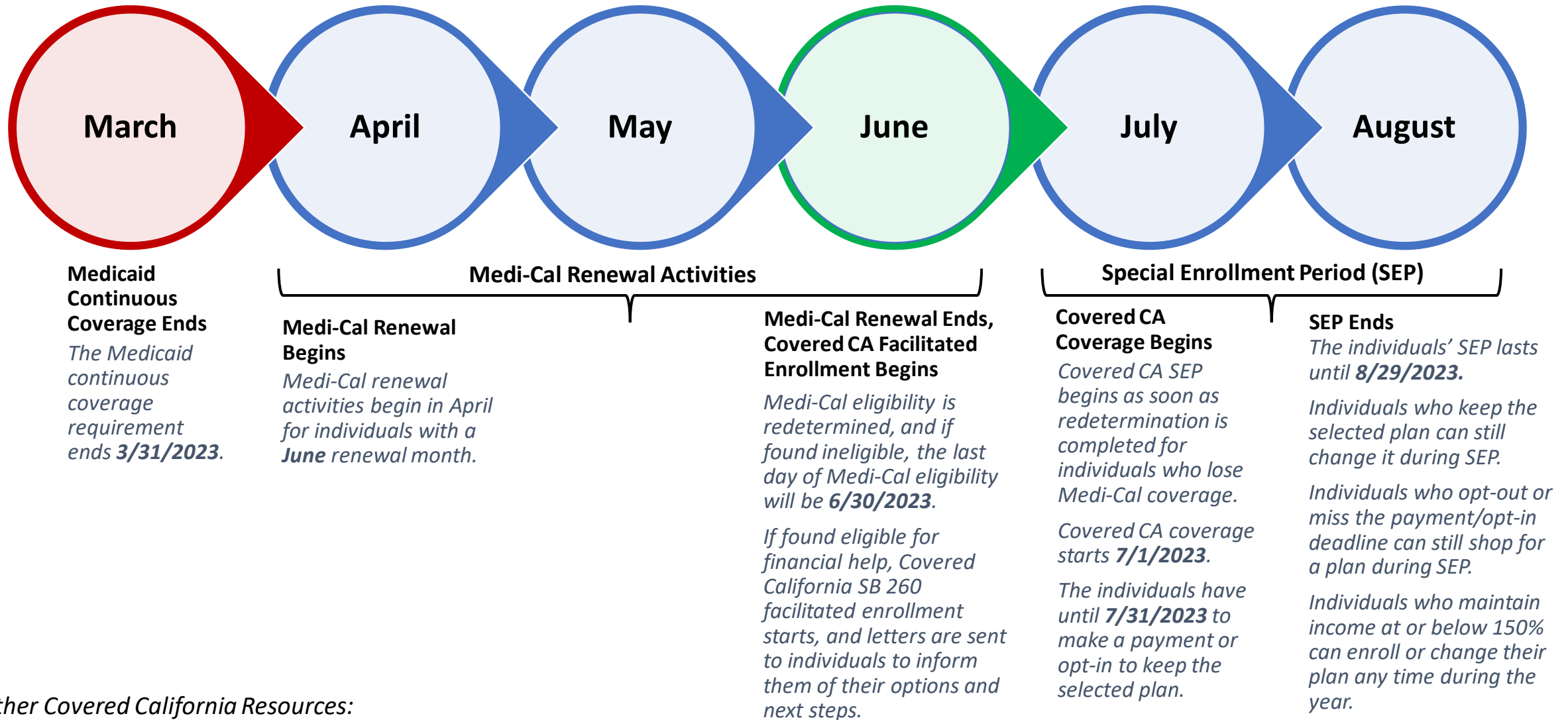
Karen Rochefort
Outreach and Sales Representative
Covered California

COVERED CALIFORNIA MEDI-CAL END OF CONTINUOUS COVERAGE AND AUTO-PLAN SELECTION (SB 260)

OVERVIEW OF REQUIREMENT TO AUTOMATICALLY ENROLL INDIVIDUALS WHO LOSE MEDI-CAL COVERAGE

- ❑ California Senate Bill 260 (Chapter 845, Statutes of 2019) directs Covered California to automatically enroll individuals who lose Medi-Cal coverage and gain eligibility for subsidized coverage.
- ❑ Individuals will be enrolled in the lowest-cost Silver Plan available, unless Covered California has information that enables enrollment with the individual's previous managed care plan.
- ❑ Enrollment is to occur before the Medi-Cal termination date.
- ❑ The first premium payment (binder payment) due date is to be no sooner than the last day of the first month of enrollment.
- ❑ Covered California is to provide a notice that includes the following information:
 - The plan in which the individual is enrolled.
 - The right to select another available plan and any relevant deadlines for that selection.
 - How to receive assistance to select a plan.
 - The right not to enroll in the plan.
 - Information for an individual appealing their previous coverage through Medi-Cal.
 - A statement that services received during the first month of enrollment will only be covered by the plan if the premium is paid by the due date.

MEDICAID CONTINUOUS COVERAGE AND SB 260 FACILITATED ENROLLMENT: SAMPLE TIMELINE



Other Covered California Resources:
[California's Health Benefit Exchange - Toolkit \(coveredca.com\)](https://coveredca.com)

CONSUMER NOTICES

{DOC_DATE}
Case Number: {CASE_ID}
Online Access Code: {Access Code}



Welcome to Covered California!

Dear {PRIMARY_FIRST_NAME} {PRIMARY_LAST_NAME}

Covered California is a free government service. We work to help you have access to quality health care. Covered California is a free government service. We work to help you have access to quality health care. Covered California is a free government service. We work to help you have access to quality health care.

Your Medi-Cal is ending. Covered California is here to help you. You recently got a letter that your Medi-Cal program covers you. Covered California is a free government service. We work to help you have access to quality health care. Covered California is a free government service. We work to help you have access to quality health care.

Name	Plan	Monthly Premium
John Smith - New	{Carrier} - Silver 87 HMO	\$53

- **Monthly premium** is the monthly cost of the plan before you get any financial help.
- **APTC** is the federal Advance Premium Tax Credit. It can help lower your monthly premium. To learn more about how APTC can affect your tax returns, read "Important information about APTC" below.
- **Amount you pay** is the amount you need to pay each month for your health plan.

Your choices:

1. You can keep the plan we picked for you. (You will have to pay your monthly premium. After you pay your first bill, you will start using your coverage. Pay as soon as you can to get your **\$0 Premium**. All you need to do is confirm this plan on your insurance cards from {Carrier} and can start using your coverage. If you do not confirm this plan by {SEP end date}, we will cancel this plan for you.)
2. You can choose a different plan offered through Covered California to compare other plans and costs. You can also find a doctor you have now. You still have until {SEP end date} to choose a new plan.

CCOE1802

Welcome to Covered California

Get help with your health insurance.

Covered California makes getting health insurance easier, with financial help for millions of Californians and free assistance to compare your options.

We can help you go from Medi-Cal to Covered California. You have options to choose from. We're here to help!

Cost savings

Many Californians can get covered with a low or \$0 monthly premium and save thousands of dollars a year.

Choose a plan from brands you know and trust. Every plan we offer covers the important things like routine wellness exams, emergency care and mental health.

After you enroll

After you complete your enrollment, your health plan will send you a welcome packet with information about your coverage and a member ID card.

Make the most of your coverage

An in-network provider will cost you less than an out-of-network provider. Use your free preventative care for yearly flu shots, screenings and wellness exams. Get full coverage for prescriptions by using an in-network pharmacy.

Your plan benefits

The chart below shows costs for popular services. This plan offers the most cost savings based on your household information. There are other plans you can choose. To shop and compare plans, log in to your account at CoveredCA.com/new-plan.

Silver 87	
Annual wellness exam	\$0
Generic medication copay	\$5
Primary care visit copay	\$15
Mental health services	\$15
Urgent care visit copay	\$15
Emergency room copay	\$150

This list does not include all copays, coinsurance, deductibles or your out-of-pocket maximum. Log in or call us for full details.

Your options and what you need to do:

Option 1: Keep Plan

Keep the plan Covered California chose for you.

Go to your online account or call to confirm you want to keep this plan.

If your plan has a monthly premium, pay the bill to start your coverage.

Option 2: Change Plan

Choose a different plan with Covered California.

Go to your online account and choose the plan you want.

Option 3: Cancel Plan

Cancel the plan Covered California chose for you.

Go to your online account to cancel this plan. Or do nothing, and we will cancel this plan for you.

With Covered California, you can choose a health plan from insurance companies available in your area such as:

Financial help

Financial help is based on your age, family size, income, where you live, and the type of plan you choose. To learn more, go to CoveredCA.com/financial. Financial help includes:

- Advance Premium Tax Credit (APTC)**

APTC is paid directly to your insurance company to lower your monthly premium. Your monthly premium amount will be what APTC does not cover.

Cost Sharing Reduction (CSR)

CSR lowers the amount you pay for deductibles and copays. To get CSR you must meet income requirements and choose a Silver plan.

How APTC affects your taxes

At tax time, the Internal Revenue Service (IRS) compares the APTC you got during the year with what you qualified for based on your actual income. You will get tax forms that show the amount paid to your health plan. You will use the forms to fill out your tax returns. The IRS will make sure you got the right amount of financial help. Be sure to report income and household changes right away to Covered California so you will not have to pay back APTC when you file your taxes.

Words to know for your plan

Here are some words to help you use your new health plan.

Premium: This is the amount you pay every month to your health plan to keep your health insurance coverage.

Preventive care: This is routine health care to prevent illness, disease and other health problems. All Covered California plans include free preventive services like yearly flu shots, screenings and checkups.

Copay: This is a fixed amount you pay for certain covered services like doctor visits. There are no copays for preventive care services, screenings and vaccinations.

Deductible: This is the fixed amount some plans require you to pay before the plan starts to pay its share for covered services, like hospitalizations and procedures. Deductibles do not apply to free preventive care services.

Coinsurance: For plans that include coinsurance, some health care services will cost you a percentage of the total cost. Depending on your plan, your share of the cost can range from 10-40%. These costs apply after you have met your deductible.

Out-of-pocket limit: This is the maximum you will pay each year for covered medical services before your health plan starts to pay for 100% of services. This protects you and your family from very high medical expenses. Most copayments, deductibles and coinsurance payments count toward this limit.



Get help

- Go online: Use the QR code or visit CoveredCA.com/new-plan
- Find free in-person help: To find a certified enrollment counselor or agent, go to CoveredCA.com/find-help
- Call Covered California: 1-800-816-4725 (TTY: 1-888-889-4500)



Covered California
PO BOX 969725
West Sacramento, CA 95796-9725



{FIRST_NAME} {LAST_NAME}
{ADDRESS_LINE1}
{ADDRESS_LINE2}
{CITY}, {STATE_CD} {FK} {ZIPCODE}

Your Covered California health plan is canceled

{CURRENT_DATE}

Case Number: {CASE_ID}

Dear {FIRST_NAME} {LAST_NAME},

We enrolled you or someone in your household in a {Carrier + APS Health Plan Name} health plan when you lost your Medi-Cal eligibility. (We canceled this health plan on {Cancellation date} because you told us you did not want health insurance through Covered California. If you picked a plan after that date, you will get another letter with information about your new plan.) (We canceled this health plan because you did not tell us you wanted to keep this plan by {Due Date}. If you picked a plan after that date, you will get another letter with information about your new plan.)

Do you still need health coverage?

You have until {SEP end date} to pick a health plan through Covered California. There are many plans to choose from based on your health care needs. We are here to help answer your questions.

If you do not pick a plan by {SEP end date}, you may have to wait until you have another qualifying life event or until open enrollment to pick a Covered California health plan. The next open enrollment starts {OE Start Date}.

We are here to help!

- **Go online:** To learn more, go to CoveredCA.com/for-you.
- **Call Covered California:** Call us Monday – Friday, 8 a.m. to 6 p.m. at {Service Center Phone} (TTY: 1-888-889-4500).
- **Get free in-person help:** There are many certified enrollment counselors and agents to help you. To find one near you, go to CoveredCA.com/find-help.

Thank you,

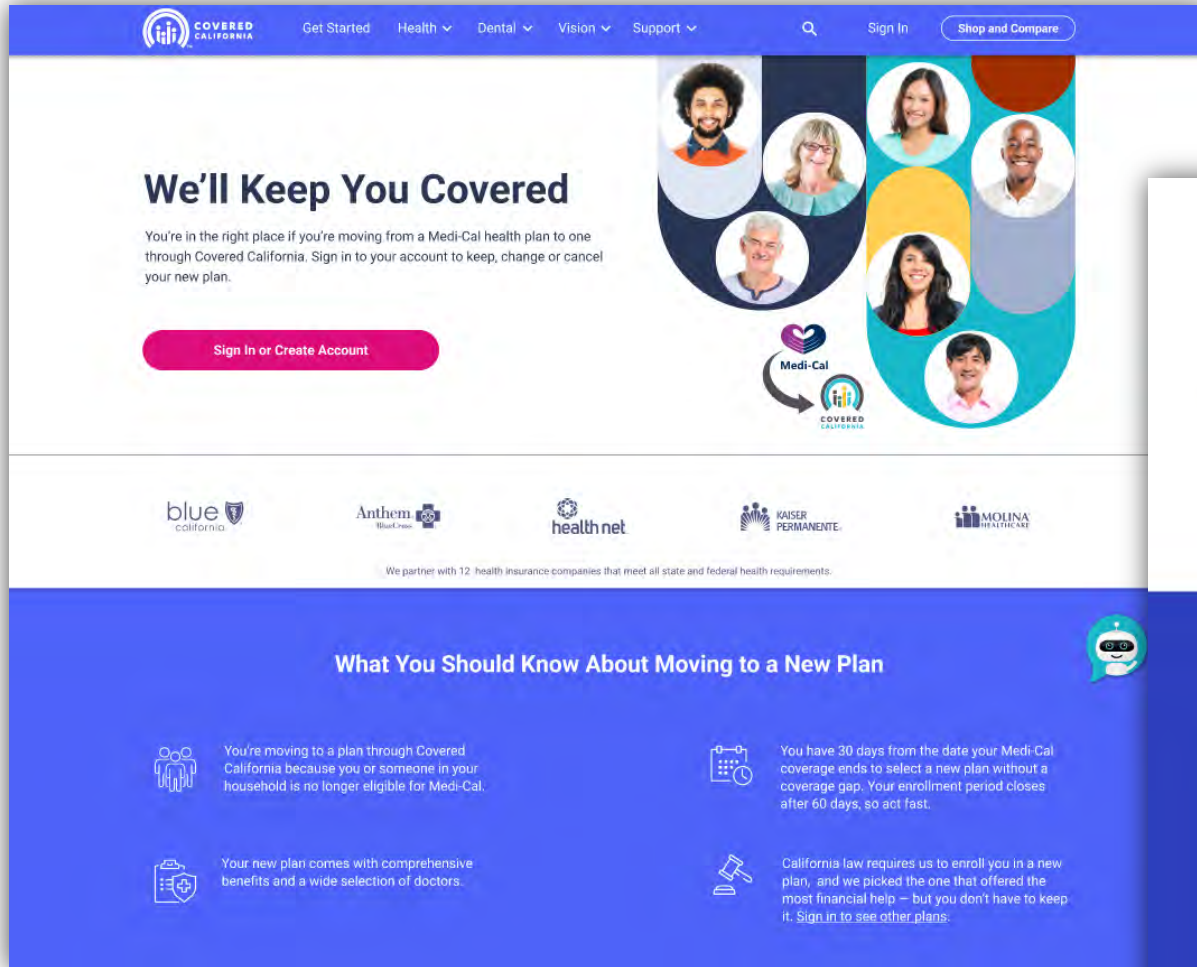
Covered California

California Code of Regulations
If you think we made a mistake

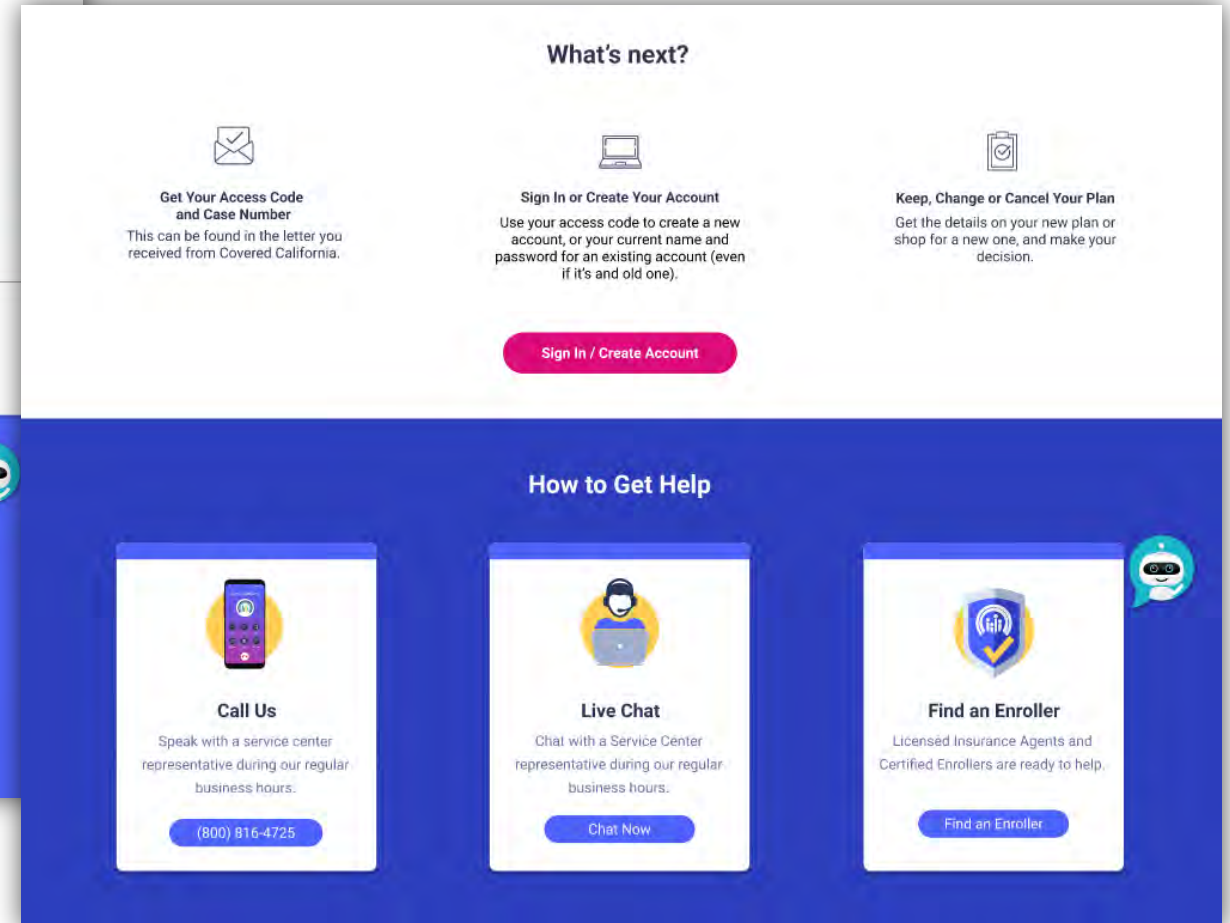


PG 2

COVEREDCA.COM EXPERIENCE



The screenshot shows the top navigation bar with the Covered California logo, menu items (Get Started, Health, Dental, Vision, Support), a search icon, and links for Sign In and Shop and Compare. The main content area features a large heading "We'll Keep You Covered" and a sub-headline: "You're in the right place if you're moving from a Medi-Cal health plan to one through Covered California. Sign in to your account to keep, change or cancel your new plan." Below this is a "Sign In or Create Account" button. To the right is a collage of diverse people's faces. A diagram shows a transition from a Medi-Cal logo to the Covered California logo. At the bottom, logos for partner insurers (blue california, Anthem BlueCross, health net, KAISER PERMANENTE, MOLINA HEALTHCARE) are displayed with the text: "We partner with 12 health insurance companies that meet all state and federal health requirements."



This section details the next steps for users. It is titled "What's next?" and contains three main steps:

- Get Your Access Code and Case Number**: This can be found in the letter you received from Covered California.
- Sign In or Create Your Account**: Use your access code to create a new account, or your current name and password for an existing account (even if it's and old one).
- Keep, Change or Cancel Your Plan**: Get the details on your new plan or shop for a new one, and make your decision.

A "Sign In / Create Account" button is located below these steps.

The bottom section is titled "How to Get Help" and features three options:

- Call Us**: Speak with a service center representative during our regular business hours. (800) 816-4725
- Live Chat**: Chat with a Service Center representative during our regular business hours. Chat Now
- Find an Enroller**: Licensed Insurance Agents and Certified Enrollers are ready to help. Find an Enroller

CALHEERS EXPERIENCE

Account Creation Path



Create New Application

I want to create a new account and have not started an application yet.

Get Started



Link Existing Application

I have an existing application and need to link it to my account.



Hi John,
Welcome to Covered California!



← Account Home You can return to this page later from Account Home

Get Your Coverage Started

Keep or Cancel Plan

Kaiser Permanente Silver 87 HMO Pending Enrollment ID 123456

[X] Days Left

Your coverage will start on [MM/DD/YYYY] as long as you [pay your premium] by [MM/DD/YYYY]. Once that is done, your health insurance company will mail your ID card and policy details.



Covered Household Members

These are the household members who are in this plan. You can keep or change these members when you click Keep or Cancel Plan

What You'll Pay

\$25/month

Primary Care Visits: First 3 visits at No Charge, then \$0 Coinsurance after deductible
Generic Drugs: 60.00% Coinsurance after deductible



John W.
49 yrs



Mary W.
49 yrs



Sally W.
19 yrs

You Have Options

Change Plan

If you do not think this plan will work for you, there may be other insurance companies in your area.

Visit your [Enrollment Dashboard](#) to:

- See the full details of your plan
- Find your doctor
- Compare other plans
- Change plans



Report a Change

Report any changes to your household information that may affect your eligibility, like your address or income.

Report a Change

Contact Us

Have more questions? Call Covered California for help.

Covered California

Phone Number: 1-800-816-4725

[Location] County Office

Phone Number: [phone number]

Please click [here](#) to view a full list of locations.

OPT-IN/OPT-OUT CALHEERS EXPERIENCE

Hi John,
Welcome to Covered California!

Get Your Coverage Started Keep or Cancel Plan

Kaiser Permanente Silver 87 HMO Enrollment ID 123456

What You'll Pay
\$25/month

Covered Household Members

- John W. (49 yrs)
- Mary W. (49 yrs)
- Sally W. (18 yrs)

Members Needing Coverage No Plan Selected

You Have Options Change Plan

Report a Change

Contact Us

Plan Selection Dashboard

Choose Household Members

Would you like to keep or cancel (Plan Name Metal Tier) for the following household members?

Kaiser Permanente Silver 87 HMO Enrollment ID 123456

- John W. (49) Keep Cancel
- Mary W. (49) Keep Cancel
- Sally W. (18) Keep Cancel

Kaiser Permanente Silver 87 HMO Enrollment ID 654321

- Ted W. (49) Keep Cancel

Back Next

Choose Members and Keep or Cancel

Payment Required

You are almost done. Household members in the following plan(s) will need to make their first month's payment on the Enrollment Dashboard to start their plan:

- Plan Name Metal Tier Enrollment ID

Cancel Next

Plan Selection Dashboard

Your Coverage from Covered California

Carefully review your Household selections below. If you see a mistake, click "Change" to update who is enrolled before you sign and submit.

Change

Household Members Keeping Plan

- John W. (49 yrs) Kaiser Permanente Silver 87 HMO Enrollment ID 123456
- Mary W. (49 yrs) Kaiser Permanente Silver 87 HMO Enrollment ID 123456
- Sally W. (18 yrs) Kaiser Permanente Silver 87 HMO Enrollment ID 123456

By checking the box below you are keeping Covered California health insurance coverage.

I confirm that I have read and agree to the terms and conditions stated above.

Review & Sign

By entering my PIN and typing my full name, I certify, under penalty of perjury that I have read and understand the terms and conditions above.

Electronic Signature (PIN)

Electronic Signature

Sign & Submit

Back Submit

OPT-IN/OPT-OUT EXPERIENCE

Interactive Voice Response (IVR)

The Covered California Service Center IVR will be updated to allow consumers to complete their actions via phone.

- Consumers will need to complete the authentication process (e.g., ZIP, DOB, Full SSN)
- Consumers will be able to Opt-in or Opt-out of coverage
- Consumers can request assistance from a Service Center Representative (SCR) anytime during the process if needed

Chatbot (CiCi)

The Covered California Chatbot, CiCi, will provide consumers with 24/7 online access to:

- Answer frequently asked questions related to their transition from Medi-Cal to Covered California
- Authenticate (e.g., ZIP, DOB, Full SSN) in order to Opt-in to keep or Opt-out to cancel their coverage
- Get directions on how to change their plan online or by connecting with a Service Center Representative (SCR)
- Chat live with an SCR

Medi-Cal Renewal Communications

Janis Rizzuto

Director, Communications

CalOptima Health Medi-Cal Renewal Communications Goals

- Educate members about the upcoming renewal process
- Prepare member advocates, providers and community-based organizations to support the renewal process
- Ensure members take the necessary steps to renew coverage
- Support members who transition to other coverage if they are no longer eligible for Medi-Cal

Medi-Cal Renewal Messaging

- Co-brand with County of Orange Social Services Agency
- Provide a direct call to action
 - “Keep Your Medi-Cal”
- Simplify the process
 - Highlight key steps
 - Be specific with where to call or go online
 - Note special details
 - Renewal forms “in a yellow envelope”

**ATTENTION
Medi-Cal Members**

**TAKE ACTION to
Keep Your Medi-Cal**

CalOptima Health's Medi-Cal plan covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations, mental health care and more. Make sure you renew it when it's time.

Update your contact information
Report any new changes to your name, mailing address, email address and phone number, so the County of Orange Social Services Agency (SSA) can contact you. Call 1-800-281-9799.

Create or check your online account
You can sign up to receive alerts about your Medi-Cal. Create or log into your account to get these alerts. You may submit renewals or requested information online. Go to [MyBenefitsCalWIN.org](https://www.MyBenefitsCalWIN.org).

Check your mail
SSA will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you are sent a renewal form in a yellow envelope, submit your information online, by phone, in person or by mail to avoid a gap in your coverage.

Complete your renewal form (if you get one)
If you receive a renewal form, submit your information within 60 days online, by phone, in person or by mail to avoid a gap in your coverage.

County of Orange Social Services Agency
FOR COMMUNITY, OUR COMMITMENT

CalOptima Health

Communications Toolkit

- Materials based on DHCS resources and customized for Orange County in partnership with SSA
 - Flyer
 - Poster
 - FAQ
 - Sample social media posts
 - Sample articles for reprinting
 - Sample texts
- www.caloptima.org/renew
 - English, Spanish and Vietnamese available



Community-Based Renewal Strategies

- In March, Board approved \$6 million in renewal support
 - RFP for community-based navigators
 - CalOptima Health-funded staff will be deployed in community locations to assist members with renewal forms and navigate those who no longer qualify for Medi-Cal to other health coverage
 - Anticipate funding up to 100 individuals for one year
 - Medi-Cal renewal and CalFresh enrollment events
 - CalOptima Health plans to host six community events focused on renewal and continued CalFresh awareness/enrollment
 - Saturday, May 6 from 9 a.m.–1 p.m., St. Anthony Claret Catholic Church, Anaheim
 - Virtual events for members
 - Tuesday, May 2 from 6–7 p.m. (English)
 - Wednesday, May 3 from 6–7 p.m. (Spanish)
 - Thursday, May 4 from 6–7 p.m. (Vietnamese)

Communications Strategies – Members and Providers

Tactics for Members	Timing
Spring Medi-Cal Newsletter	April
Spring OneCare Newsletter	May
Cell phone Texting campaign according to members' renewal month	Rolling
Land line call campaign according to members' renewal month	Rolling
E-mail campaign focused on group of members in each renewal month	Rolling

Tactics for Providers	Timing
Monthly Provider Update article (email newsletter)	Ongoing
Provider Press article (printed newsletter)	February and June
Orange County Medical Association articles	March and ongoing
Health Network Forum presentations	March and ongoing

Communications Strategies – Community-Based Organizations and Public

Tactics for Community-Based Organizations	Timing
Community Connections newsletter stories with link to toolkit	April
Speakers Bureau requests for presentations	Ongoing
Outreach to faith-based groups	Ongoing
Outreach to school districts	Ongoing

Tactics for the Public	Timing
Media outreach (Orange County Register)	February and later
Press releases	March and later
YouTube “PSA-style” video message from CEO Michael Hunn	April
Animated video with simple steps for renewal	April
Website homepage banner	March
Social media messages—Facebook, Instagram, Twitter, LinkedIn	Ongoing

Questions and Answers

Shelly Lozada
Sr. Community Relations Specialist

Closing Remarks

Shelly Lozada
Sr. Community Relations Specialist



CalOptima Health

Stay Connected With Us

www.caloptima.org

   @CalOptima