



**Health Coverage Training  
November 6, 2025**

Provided By, Liz Ramirez

Maternal And Child Health Access

[www.mchaccess.org](http://www.mchaccess.org)

# Maternal and Child Health Access



Health Coverage Navigation:  
Enrollment, Renewal & Troubleshooting Assistance



Perinatal Home Visitation & Case Management



Health Coverage Trainings



CalFresh and other Food Program Enrollment, SAR7, Recertification and Troubleshooting Assistance





## YOUR QUESTIONS

- Does having Medi-Cal impact your immigration status?,
- What resources does Medi-Cal provide and what will be removed?
- Can unmarried fathers apply for MC after birth of baby?
- Are babies automatically placed in the same managed care plan as mom?
- For restricted (pregnancy) Medi-Cal how much long can moms have full scope coverage post-pregnancy?
- What is the process to enroll a “Deemed Eligible” newborn into the Medi-Cal or MCAP Program?
- New changes and updates in 2026
- Changes to health coverage for immigrant or undocumented individuals.
- What local or state programs can help uninsured families apply for coverage (e.g., Medi-Cal, Covered California)?
- What **tip sheet, flyer, or visual aid** could make it easier for families to understand and remember the resources available to them?

# What is Medi-Cal?



*Medi-Cal*



# MEDICAID

Federal \$\$\$



# MEDI-CAL

CA State \$\$\$





**ELIGIBILITY**

# WHO IS A CALIFORNIA RESIDENT?

To be eligible for Medi-Cal you must be considered a California resident:

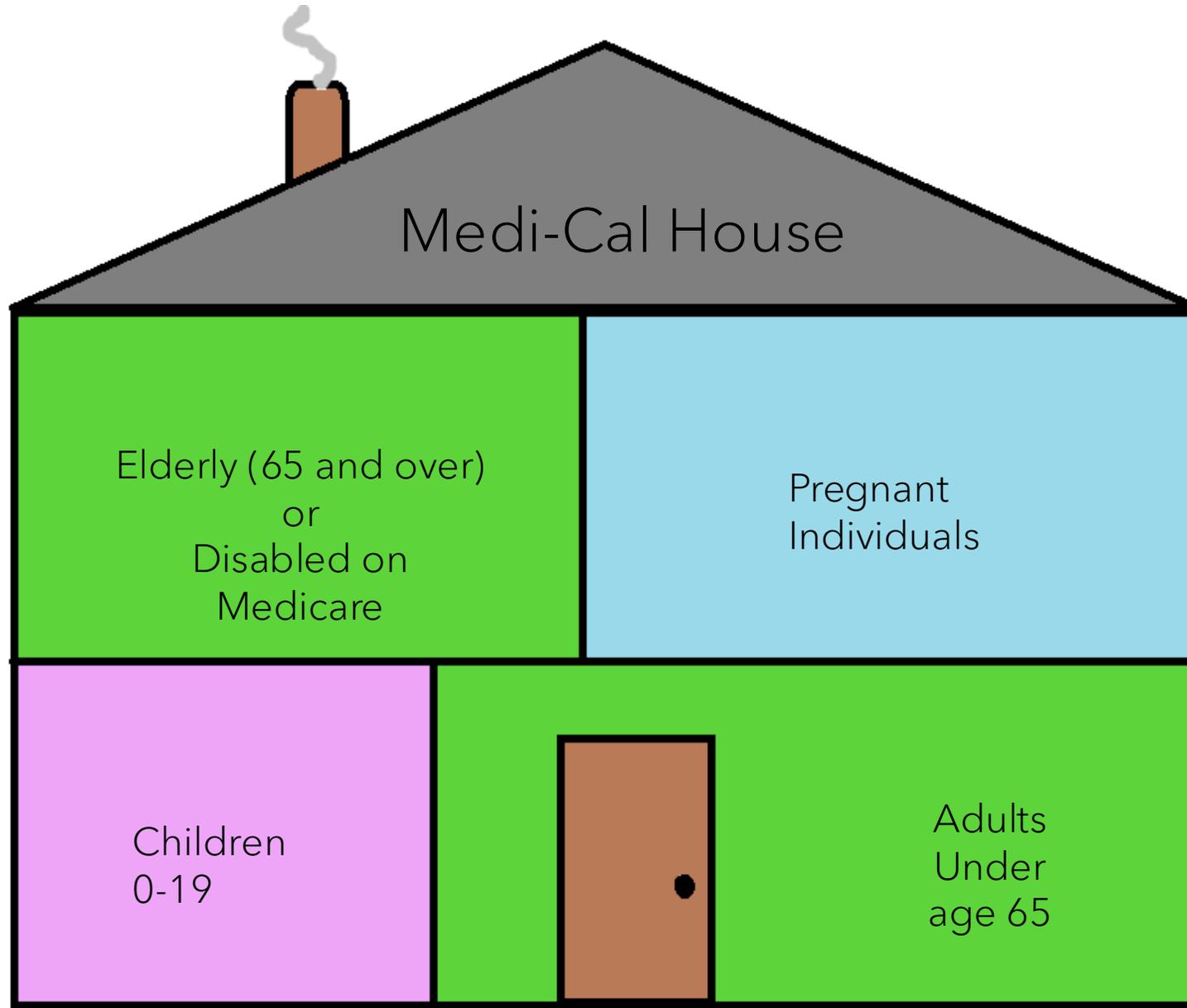
**Definition:**

I live and intend to reside (live) in California

or

I live and work or intend to work in California





*Each room has its own rules...*

# TWO KINDS OF MEDI-CAL

## MAGI MEDI-CAL



For people ages 0 through 64  
(Cannot have Medicare)



## NON-MAGI MEDI-CAL



For people age 65 and over

Or

People younger than 65 who  
are disabled and have  
Medicare





## Health Care Countable Monthly Income Comparison Chart

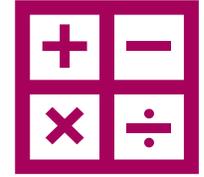
Effective January 1, 2025 through December 31, 2025 for MAGI Programs  
 Non-MAGI income levels effective April 1, 2025 through March 31, 2026

**Maternal and Child Health Access**  
 350 S. Bixel St, Suite 150  
 Los Angeles, CA 90017  
 Tel: 213.749.4261  
 Email: [info@mchaccess.org](mailto:info@mchaccess.org)  
 Web: : [www.mchaccess.org](http://www.mchaccess.org)

Number of Persons	Medi-Cal Maintenance Need Level to calculate Share-of-Cost and Non-MAGI Medically Needy	100% Federal Poverty Level	109% Medi-Cal, MAGI Parents and & Caretaker Relatives*	138% FPL Medi-Cal MAGI Adults* 19-64 & Non-MAGI Aged & Disabled**	213% FPL Medi-Cal, MAGI, Pregnancy	250% Medi-Cal, Non-MAGI, 250% FPL Working Disabled & Covered CA Cost-Sharing Reductions	266% FPL Medi-Cal, MAGI, Children 0 to 19  Children's Presumptive Eligibility (CPE)	322% FPL Medi-Cal Access Program (MCAP) 214 - 322% FPL & MCAP infants in Medi-Cal with income up to 322% FPL	400% FPL Covered CA Premium Tax Credits*
1	\$600	\$1305	\$1423	\$1801		\$3263	\$3472		\$5220
2	\$934+	\$1763	\$1922	\$2433	\$3756	\$4408	\$4690	\$ 5677	\$7052
3	\$934	\$2221	\$2421	\$3065	\$4731	\$5553	\$5908	\$ 7152	\$8884
4	\$1100	\$2680	\$2922	\$3699	\$5709	\$6700	\$7129	\$ 8630	\$10720
5	\$1259	\$3138	\$3421	\$4331	\$6684	\$7845	\$8348	\$10105	\$12552
6	\$1417	\$3596	\$3920	\$4963	\$7660	\$8990	\$9566	\$ 11580	\$14384
Additional person, add:	\$14	\$459	\$ 501	\$ 634	\$978	\$1148	\$1221	\$1478	\$1836
	+Pregnant person or adult and one child use: \$750, 2 adults use: \$934			2025 Non-MAGI Income limits are effective 4/1/25					



# Medi-Cal Eligibility is Based on Income



## Calculating Income is Confusing!

### Formula for Calculating Countable Income Varies

#### MEDI-CAL MAGI INCOME

PEOPLE UNDER AGE 65

It is your **Taxable Income**

(Adjusted Gross Income found on line 11 on IRS Form 1040)

**PLUS**, the following incomes if you have them:

- ✓ Tax Exempt Interest Income
- ✓ Non-Taxable SS Benefits
- ✓ Foreign Earned Income IRS - f2555

= **MAGI**

#### MEDI-CAL NON-MAGI INCOME DEDUCTIONS

PEOPLE OVER AGE 65 or Disabled with Active Medicare

From Unearned Income:

— \$20.00

Unearned Income:

- Social Security Checks
- Pension
- Rental income

From Gross Earned Income:

— \$65.00

Divide the result by 2

÷ 2

Earned Income:

- Employment



# Pregnancy Programs

**50%** of California's pregnant people get Medi-Cal!



Child Delivery Plan

Don't forget about the Medi-Cal Access Program (MCAP)!





# MEDI-CAL PRESUMPTIVE ELIGIBILITY

## ELIGIBILITY

Presumptive Eligibility for pregnant people is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care to low-income pregnant patients pending a formal Medi-Cal application.

Who is eligible? Any person who thinks they are pregnant and whose family income is under 213% of FPL.

<https://www.dhcs.ca.gov/services/medicaid/eligibility/Pages/Find-a-Qualified-Provider-to-Enroll.aspx>



I'm only granting temporary Medi-Cal

Don't forget to apply for Medi-Cal!

# MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) CARD

**Presumptive Eligibility for Pregnant Women Medi-Cal Application Response**

Application Date/Time: 2/17/2017 9:20:39 AM

Provider Number:	1003819378
Individual's Name:	FRIDAY TEST O
Date of Birth:	09/12/1999
BIC ID:	74125011H77177
BIC Issue Date:	08/28/2017
Good Thru Date:	07/31/2017

**Important Notice:** The PE Period End Date in the response below can change if the client submits an insurance affordability application, as the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility.

**Response:** You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period end date on 07/31/2017. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.

Client Signature: \_\_\_\_\_



# PREGNANT PEOPLE WITH PE NEED TO APPLY FOR MEDI-CAL FOR CONTINUATION OF COVERAGE!

## DPSS Offices

<https://dps.lacounty.gov/>



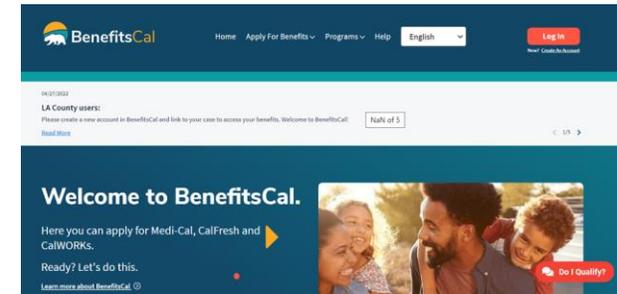
HOSPITAL OR CLINIC



## Community Based Organizations

## Online

[Home | BenefitsCal.](#)  
*Together, we benefit.*



OR



[www.coveredca.com/](http://www.coveredca.com/)

# MEDI-CAL PROGRAM, INCOME DISREGARD FOR PREGNANT YOUTH UNDER AGE 21



Pregnant person must be:

- Under Age 21
- Living with parents or
- Claimed as a tax dependent by Parents
- The parents' income is not counted!



## Medi-Cal Access Program (MCAP): For Pregnant Individuals Over the Medi-Cal Income Limit



**APPLY ONLINE:** [GET STARTED | COVERED CALIFORNIA™](#)

Full Coverage, including Abortion

Uses Medi-Cal Health Plans and Providers

- No premiums or out-of-pocket charges
- Immigration status doesn't matter
- Automatically extends coverage 12 months post-pregnancy
- Administered by State DHCS, not the counties

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Pages/Medi-CalAccessProgram.aspx>

Number of Person:	322% FPL Medi-Cal Access Program (MCAP) 214 - 322% FPL & MCAP infants in Medi-Cal with income up to 322% FPL
1	
2	\$ 5677
3	\$ 7152
4	\$ 8630
5	\$10105
6	\$ 11580
Additional person, add	\$1478

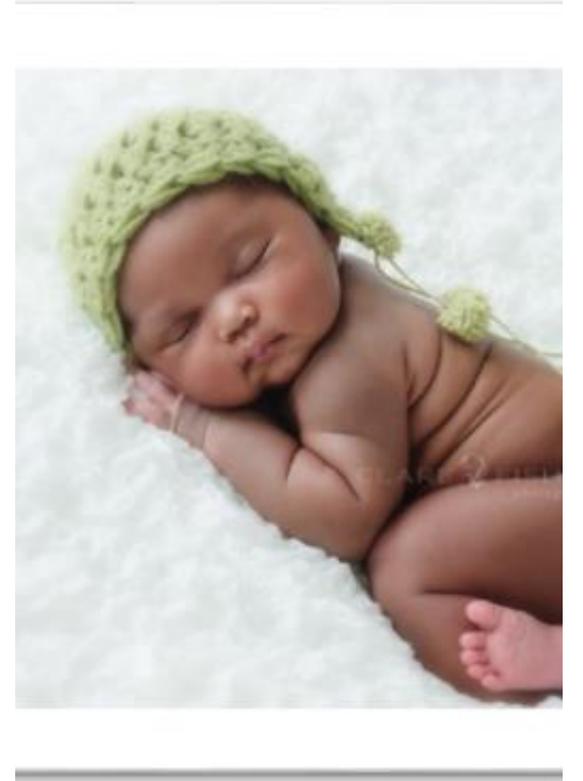
# All Pregnancy On Medi-cal And The Medi-cal Access Program (MCAP) Gets 12-months Post-pregnancy Coverage!



“How the pregnancy ends” Does not matter – miscarriage, delivery or abortion

*Half of maternal mortality takes place in the 12-months after the pregnancy ends*

**Immigration status does not matter!**



# THE BABY IS BORN! “DEEMED ELIGIBILITY”



# MEDI-CAL FOR THE NEWBORN

## No Application Needed!

**Just Notification of the Birth!**

- Name
- Date of Birth
- Gender

### **Please Note:**

Newborns will be covered under their mother's Medi-Cal ID number for the first month of birth and the following month. (up to 60 days).

# The Newborn Gateway - Notification

- When a mother has Medi-Cal for the delivery, her newborn is automatically “**deemed eligible**” (DE) for Medi-Cal from the date of birth continuously to the first birthday, without needing to submit a Medi-Cal application.
- Infants whose mothers had coverage under the Medi-Cal Access Program **will also qualify for Medi-Cal or the Medi-Cal Access Infants Program (MCAIP) until age one without an application.**

**Beginning July 1<sup>st</sup>, 2024:** Hospitals and all other birth settings for Medi-Cal or MCAP deliveries are required to report births of newborns deemed eligible for Medi-Cal or Medi-Cal Access Program (MCAP) within 72 hours of birth or 24 hours of discharge from the hospital.

- From the date of implementation, July 1, 2024, newborns enrolled through the Newborn Gateway were placed into the Medi-Cal Fee-for-Service (FFS) delivery system until the family chose or was defaulted into a Medi-Cal managed care plan.

# CHANGE IN PROCEDURE



- November 26, 2024, newborns placed in coverage through the Newborn Gateway will be enrolled directly into their **mother's Health Care Plan (HCP) at the time of birth but will not have a PCP assigned.**
- This only applies to infants born to mothers who are active on a Health Care Plan (HCP) at the time of birth.
- Infants born to mothers who are enrolled in the FFS delivery system will receive coverage through FFS until an HCP is chosen.

# MEDI-CAL NEWBORN GATEWAY ISSUES

- Names not correct the Beneficiary Identification Card (BIC)
- Baby Ramirez is listed on the BIC
- Families have no idea - “what’s the newborn gateway?”
- For Medi-Cal Cases: Los Angeles County Infant Registration Line (833) 735-9359



# MEDI-CAL ACCESS PROGRAM (MCAP) INFANT REGISTRATION

Problems with Newborn Gateway adding the infant?

- These cases are held by the state, not county, call (800) 433-2611
- Infant Registration Form:
  - <https://www.dhcs.ca.gov/services/medical/eligibility/MCAP/Documents/MCAP-infant-registration-form.pdf>



# FULL SCOPE MEDI-CAL COVERAGE

[https://www.dhcs.ca.gov/services/medi-cal/Pages/Benefits\\_services.aspx#top](https://www.dhcs.ca.gov/services/medi-cal/Pages/Benefits_services.aspx#top)

## Medi-Cal Provides a Comprehensive Set of Health Benefits That May Be Accessed as Medically Necessary

<b>Ambulatory Patient Services</b> <ul style="list-style-type: none"> <li>• Physician services</li> <li>• Hospital outpatient &amp; outpatient clinic services</li> <li>• Outpatient surgery (includes anesthesiologist services.)</li> <li>• Podiatry</li> <li>• Chiropractic</li> <li>• Allergy care</li> <li>• Treatment therapies (chemotherapy, radiation therapy, etc.)</li> <li>• Dialysis/hemodialysis</li> </ul>	<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>• Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class.</li> <li>• Beneficiaries may receive up to a 100-day supply of many medications.</li> </ul>
<b>Emergency Services</b> <ul style="list-style-type: none"> <li>• Emergency Room services</li> <li>• All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including dental services, as certified by the attending physician or other appropriate provider.</li> <li>• Ambulance services</li> </ul>	<b>Rehabilitative &amp; Habilitative Services and Devices</b> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy / Audiology</li> <li>• Acupuncture</li> <li>• Cardiac rehabilitation</li> <li>• Pulmonary rehabilitation</li> <li>• Skilled Nursing Facility services (90 days)</li> <li>• Medical supplies, equipment, and appliances (including implanted hearing devices)</li> <li>• Durable medical equipment</li> <li>• Orthotics/prostheses</li> <li>• Hearing aids</li> <li>• Home Health Services</li> </ul>
<b>Hospitalization</b> <ul style="list-style-type: none"> <li>• Inpatient hospital services</li> <li>• Anesthesiologist services</li> <li>• Surgical services (bariatric, reconstructive surgery, etc.)</li> <li>• Organ &amp; tissue transplantation</li> </ul>	<b>Laboratory Services</b> <ul style="list-style-type: none"> <li>• Outpatient laboratory and X-ray services               <ul style="list-style-type: none"> <li>◦ Various advanced imaging procedures are covered based on medical necessity.</li> </ul> </li> </ul>
<b>Maternity and Newborn Care</b> <ul style="list-style-type: none"> <li>• Prenatal care</li> <li>• Delivery and postpartum care</li> <li>• Breastfeeding education</li> <li>• Nurse midwife services</li> </ul>	<b>Preventive and Wellness Services and Chronic Disease Management</b> <ul style="list-style-type: none"> <li>• Preventive services and vaccines recommended by:               <ul style="list-style-type: none"> <li>◦ United States Preventive Services Task Force (grade A &amp; B)</li> <li>◦ Advisory Committee for Immunization Practices</li> <li>◦ Health Resources and Services Administration's Bright Futures</li> <li>◦ The Institute of Medicine preventive services (for women)</li> </ul> </li> <li>• Family planning services</li> <li>• Smoking cessation services</li> <li>• Behavioral health treatment for children under 21</li> </ul>

## Mental health and Substance Use Disorder (SUD) Services, including Behavioral Health Treatment

- Outpatient Mental Health services
- Outpatient Specialty Mental Health services
- Inpatient Specialty Mental Health services
- Outpatient Substance Use Disorder services
  - Residential Treatment services
- Voluntary Inpatient Detoxification

## Pediatric Services, Including Oral and Vision Care

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. EPSDT provides periodic screenings to determine health care needs and, in addition to the standard Medi-Cal benefits, a beneficiary under the age of 21 may receive extended services as medically necessary.

## OTHER:

### Dental

- Emergency dental services
- Dentures
- Dental implants and implant-retained prostheses
- Basic preventive, diagnostic and repair services
- EPSDT and pregnant women receive extended dental benefits.

### Vision

- Routine eye exams once in 24 months
- Eyeglasses and contact lenses

### Transportation Services

Nonemergency medical transportation by ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation is required for a covered benefit. Nonmedical transportation by private or public vehicle for people who do not have another way to get to their appointment.

### Long Term Services and Supports

- Skilled Nursing Facility services (91+days)
- Personal Care Services
- Self-Directed Personal Assistance Services
- Community First Choice Option

# MANAGED CARE & MEDI-CAL



KAISER PERMANENTE®



Promise Health Plan

# Medi-Cal Managed Care



Regular Medi-Cal  
"Fee for Service"



**MAXIMUS**  
(The State's Enrollment Contractor)  
**Health Care Options**

English	1 (800) 430-4263	Spanish	1 (800) 430-3003
Vietnamese	1 (800) 430-8008	Armenian	1 (800) 840-5032
Cambodian	1 (800) 430-5005	Cantonese	1 (800) 430-6006
Arabic	1 (800) 576-6881	Mandarin	1 (800) 576-6885
Korean	1 (800) 576-6883	Farsi	1 (800) 840-5034
Hmong	1 (800) 430-2022	Lao	1 (800) 430-4091
Russian	1 (800) 430-7007	Tagalog	1 (800) 576--8008

**HEALTH NET**  
Commercial Plan  
Admin: (800) 291-6911  
Member Services  
(800) 675-6110

Health Net  
Member Services  
(800) 675-6110



**Molina Healthcare**  
Member Services  
(800) 526-8196



**LA CARE**  
Local Initiative  
Admin: (213) 694-1250  
Member Services (888) 452-2273

<http://www.lacare.org/find-doctor-or-hospital>  
(including contracted plans below)

LA Care  
Member Services  
(888)452-2273



**Anthem Blue Cross**  
Member Services  
(888) 285-7801



**Blue Shield Of California**  
Promise Health Plan  
Member Services  
(800) 605-2556




**Kaiser Permanente**  
Member Services (855) 839-7613  
(855) 839-7613 English  
(800) 788-0616 Spanish  
(800) 757-7585 Chinese Dialects

# DO I HAVE TO PICK A PLAN?



## NO

- Restricted Medi-Cal
- Native Americans
- Youth in Foster Care & Former Foster Youth  
(Effective January 1, 2025, DHCS will require foster children and former foster youth in Single Plan Counties to join an Medi-Cal Health Plan)



Fee-For-Service  
“Regular MC”



## YES

Everyone else



Medi-Cal with a plan  
“HMO”

# MEDI-CAL HEALTH PLAN CHOICE FORM



Mail form back to: California Department of Health Care Services  
P.O. Box 989009 • W. Sacramento, CA 95798-9850

**Medi-Cal Choice Form**  
Highly Confidential

Use this form to join or change plans. For help, call 1-800-430-4263.  
Please print. Fill in the ovals ● to indicate your choice.



1) Head of Household Name (First Name)  2) Last Name

3) Home Address (House Number, Street Name, Apartment Number)

4) City  5) Zip Code  6) Area Code & Phone Number

7) E-mail Address

Choose a plan and a plan partner from the list below. See the provider directory for Doctor/Clinic Codes.

8) Applicant's Name (First Name)  9) Last Name

10) Sex  Male  Female 11) Due Date (If Pregnant)  12) Birth Year  13) Social Security Number

14) I wish to JOIN or change my plan to:

368 Kaiser Permanente  352 Health Net Comm Solutions

304 L.A. Care Health Plan  HN Health Net Comm Solutions

BC Anthem Blue Cross Partnrshp  MO Molina Healthcare Partner

BL Blue Shield Promise  000 Regular Medi-Cal (FFS)

LA L.A. Care Health Plan

15) Doctor/Clinic Code  Internal Use

16) Fill in the oval next to the reason for changing your plan.

I could not choose the doctor I wanted  Moving out of the county

<https://www.healthcareoptions.dhcs.ca.gov/>

# MEDI-CAL HEALTH PLAN ASSIGNMENT - MEDICAL EXEMPTION REQUEST

State of California - Health and Human Services Agency

Department of Health Care Services

## REQUEST FOR TEMPORARY MEDICAL EXEMPTION FROM PLAN ENROLLMENT

*Submit this request if your condition could get worse if you enroll in a Medi-Cal Managed Care Plan.*

Each area of the Request for Exemption from Plan Enrollment form must be filled out.  
If it is not all filled out, the medical exemption will be denied – **Please Print or Type (Ink Only).**

### Part I – To Be Completed and Signed by the Medi-Cal Member



**For help with this form please call: Health Care Options at 1-800-430-4263. This call is free.**

1. Name: (Please Print) \_\_\_\_\_ 2. Benefits Identification Card (BIC) Number \_\_\_\_\_  
 Last Name First Name M.I.

---

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Check One:  Female  Male  
Month Day Year

---

5. Social Security Number \_\_\_\_\_ 6. Are you a member of a Medi-Cal Plan?  Yes  No

---

7. Is someone other than the beneficiary completing this section?  
 Yes  No

If yes, please provide the following information:  
 Print Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

---

8. I am requesting that my doctor send in a request for a Medi-Cal Managed Care **medical exemption** for me.  
 Doctor's Name (Please Print): \_\_\_\_\_

---

9. Beneficiary's Signature: \_\_\_\_\_ 10. Date Signed: \_\_\_\_\_  
Signature of Beneficiary or Parent of Beneficiary if a minor child Month Day Year

This information is requested by the Department of Health Care Services, under Title 22, California Code of Regulations, Sections 53887 or 53923.5, in order to comply with requirements of continuing with Fee-for-Service (FFS) medical care. Completion of this form is mandatory to request a medical exemption from enrollment in managed care. Incomplete forms will be returned and could result in enrollment in a Managed Care Health Plan.

*Your Doctor MUST fill out AND SIGN this section.*

### Part II – Doctor's Certification for Medical Exemption

11. Date you started treating beneficiary for this condition: \_\_\_\_\_ 12. Estimated date of completion of treatment or therapy for condition requiring exemption: \_\_\_\_\_

# WHICH CARD DO I USE?



**OR**

**L.A. Care Medi-Cal**

Name:  
Member ID: \_\_\_\_\_

PCP/Clinic:  
PCP/Clinic Phone:  
Medical Group:

*This card is for identification purposes only and does not constitute proof of eligibility.*

**blue california** Promise Health Plan

Member:  
**John Doe**  
Membership No.: **AJC.J12345678**

CIN:  
**12345678G**  
Health Plan Group:  
**E0001001**  
Effective Date:  
**MM/DD/YYYY**

**blue california** trio HMO

Subscriber: **FIRST M LAST**    C. ID# **XEA000000000**    MEDICAL GROUP NAME, INC  
PHYSICIAN NAME  
(XXX) XXX-XXXX    **07/01/21**  
Coverage    **FAMILY**

Member: **FIRST M LAST**    G. Language    Tagalog  
H. Plan    **HMO**

Group #    **W0000000**    I. RxBIN    **000000**  
Effective    **04/01/2021**    J. RxPCN    **00000000**

Co-payment:    Specialist    \$x  
Primary Care    \$x    Urgent Care Center    \$x    Talsdoc    \$x    Emergency Room    \$x



**health net**

Name FIRST MI LASTNAME    Issue Date MM/DD/YY  
CIN # XXXXXXXX    Enrollment Date MM/DD/YY

Physician Group and PCP  
PPG Name  
PCP or Clinic Name  
Street Address  
City State Zip + 4  
PCP PHONE: X-XXX-XXX-XXXX

Effective date with PCP: MM/DD/YY  
Office Copay: \$0

Health Net only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

To change your PPG or Primary Care Provider (PCP), call Health Net Member Services at 1-800-675-6110 / TTY: 711 or visit www.healthnet.com.

Rx BIN 02259    Rx PCN 6334225

**KAISER PERMANENTE**

Prefix    Medical Record No.    Date of Birth  
**00    0000000000    00 00**

Name: First M Last  
**JANE A DOE**

# HEALTH PLAN “CARVE OUTS”

- Substance Abuse Disorder Treatment
- Dental
- Mental Health
- Prescription Medication

Use These



Not This

# Health Plan “Carve Outs”



## Statewide Medi-Cal RX- Prescription Drugs



Medi-Cal Rx

Medi-Cal Beneficiaries get their prescriptions filled through the "Carve Out" drug plan called Medi-Cal RX.

To find participating pharmacies Visit:  
<https://medi-calrx.dhcs.ca.gov/home/>

or call Customer Service:  
1-800-977- 2273

## L.A. -Substance Abuse Treatment



Department of Public Health Substance Abuse Prevention and Control

(SAPC) (888) 742-7900

<http://publichealth.lacounty.gov/sapc/>

## L.A. - Mental Health Services



Some mental health services are provided through the Medi-Cal health plan

Other services provided through The Department of Mental Health (DMH)

LMHP Access: 1-800-854-7771  
<https://dmh.lacounty.gov/>

## Statewide - Dental Care also called Denti-Cal



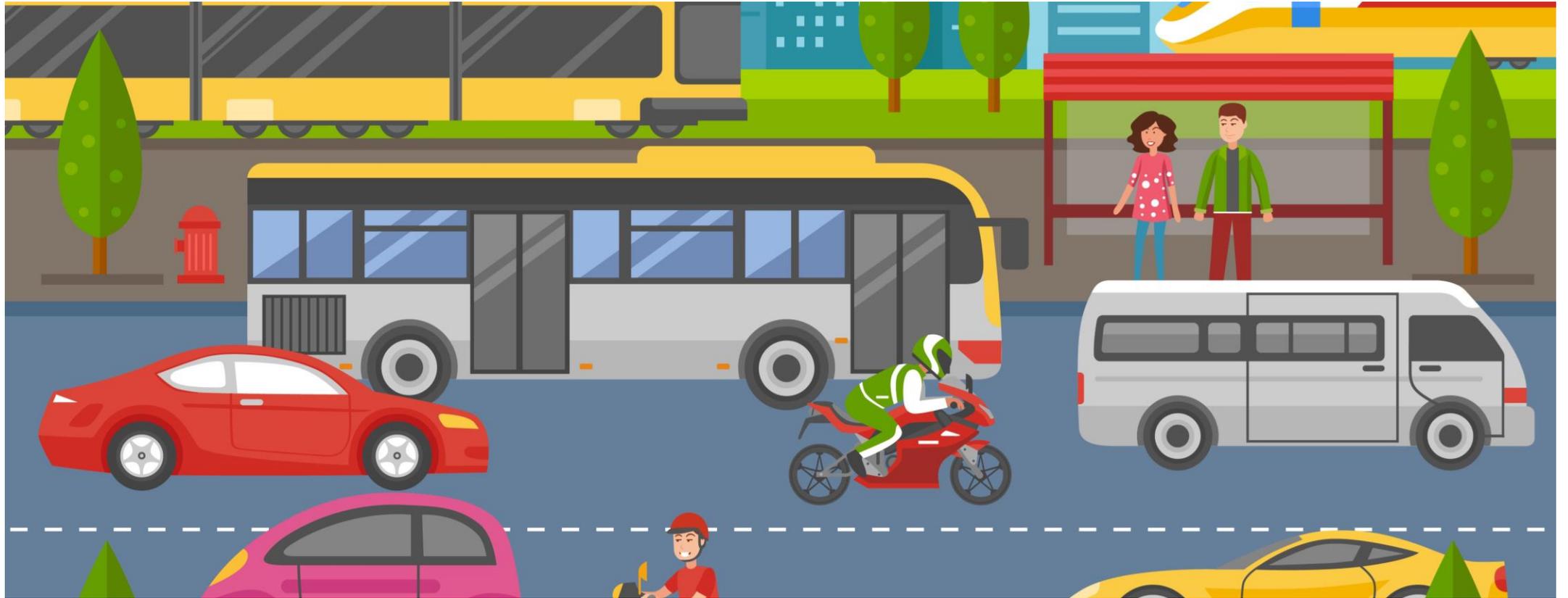
Dental Care - also called Denti-Cal

Find a MC dentist:

<https://dental.dhcs.ca.gov/find-a-dentist/home>

[https://dental.dhcs.ca.gov/Providers/Medi-Cal\\_Dental/CareCoordinationReferralForm](https://dental.dhcs.ca.gov/Providers/Medi-Cal_Dental/CareCoordinationReferralForm)

# MEDI-CAL TRANSPORTATION SERVICES



# MEDI-CAL TRANSPORTATION BENEFITS

- “**Non-medical**” transportation **DIFFERS FROM** both non-emergency medical transportation AND emergency medical transportation.
- **Non-medical transport (NMT)** is for visits to the doctor, dentist, pharmacy, and other Medi-Cal covered services where the beneficiary is able to travel in a standard vehicle and does not need assistance getting to and from the car. **Does NOT require a Physician Certification Statement (PCS)!**
- **Non-emergency MEDICAL transport (NEMT)** includes the transportation of sick, injured, convalescent, infirm or otherwise incapacitated beneficiaries by ambulance, litter vans, or wheelchair vans. The beneficiary requires door to door service. **Requires a Physician Certification Statement (PCS) from medical provider.**
- **Emergency medical transport (EMT)** is transportation for an emergency that requires an ambulance or an air-lift.



# Non-Medical Transportation

**“Fee for Service” Medi-Cal and Medi-Cal Managed Care(MCPs) both provide access to Non-Medical Transportation.**

Clients enrolled into **Medi-Cal Managed Care** contact their health plan to arrange.

- There is no limit to the distance allowed.
- There is no limit on the number of visits allowed.

In Los Angeles, these are the best numbers for each plan:

- Anthem Blue Cross: (877) 931-4755
- Blue Shield of California Promise Health Plan: (877) 433-2178
- Health Net: (800) 675-6110
- Kaiser: (844) 299-6230
- LA Care: (866) 529-2141
- Molina: (844) 292-2688

**Plan members** or their providers contact the plan’s Member Services to arrange for transportation, lodging, etc.

- Contact info and details for the LA plans: [Transportation, Lodging, and Related Benefits](#)



# How Do “Fee-for-service” Beneficiaries Access This Benefit In Los Angeles?

Beneficiaries can visit <https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx>, click “Approved NMT Providers” and call the provider in their county.

**OR**

- **Providers/advocates should send all inquiries to [DHCS-Benefits@dhcs.ca.gov](mailto:DHCS-Benefits@dhcs.ca.gov).**
  - Include info about the client’s request for transport and the level of urgency.
  - **Please DO NOT include the client’s name, address or Medi-Cal number until the state sends an encrypted message requesting info**

**Keep yourself and your  
family covered.**



# **MEDI-CAL YEARLY RENEWALS**



# MEDI-CAL RENEWALS EX PARTE REVIEW

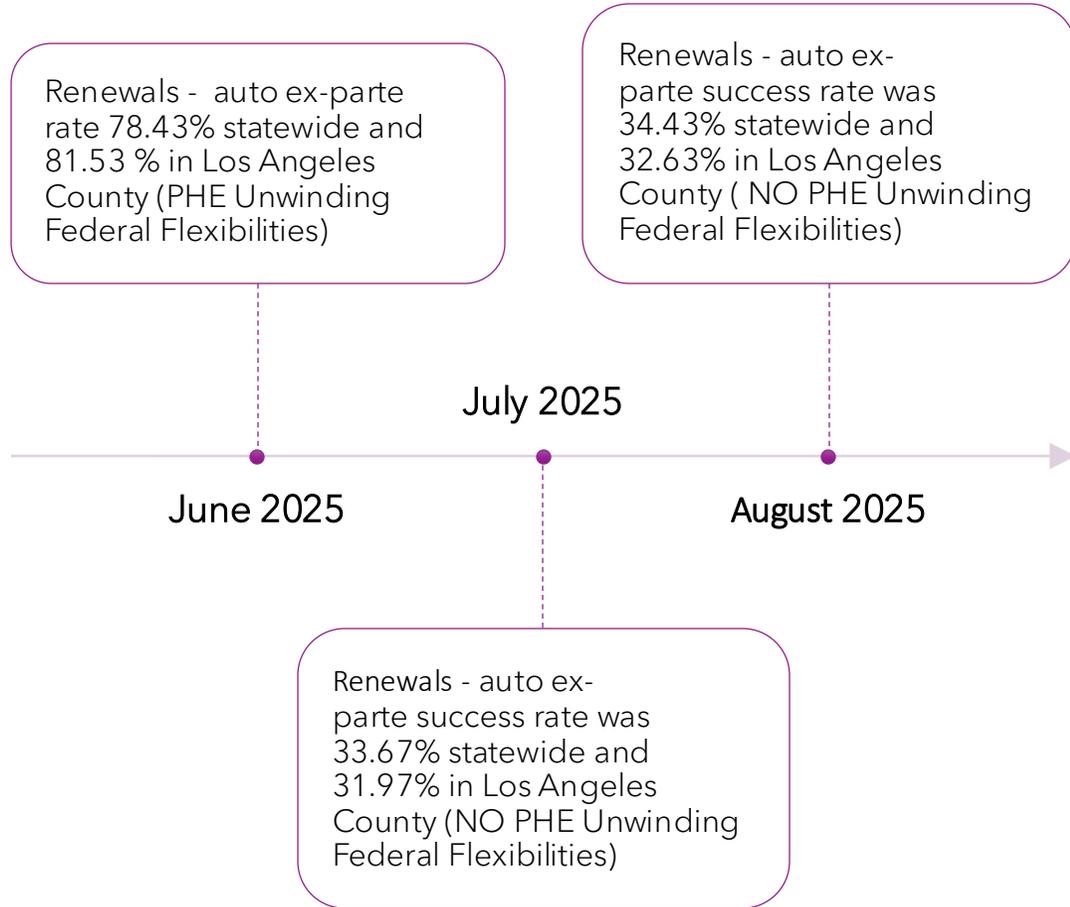


Before a renewal is sent, an internal review, called **ex parte** is conducted to see if there is information available to auto-renew the Medi-Cal case.

- Information or verification in the beneficiary's Medi-Cal, CalWORKs, and CalFresh case files.
- Information or verification accessed through any available electronic databases or electronic verification.

- Cases that are auto-renewed do not require any action from the client.
- *Notice of Action - Snippet*
- "Your Medi-Cal is renewed for the next year. We checked to see if you can still get Medi-Cal. We must check once a year. To decide, we used information you gave us or that is available to us. Based on this information, you will have Medi-Cal for the next year. We will check again in one year to see if you can keep getting Medi-Cal. "

# EX-PARTE RATES & MEDICAL REDETERMINATIONS



# PRE-POPULATED MEDICAL RENEWAL FORM IS MAILED TO CLIENTS WHO DID NOT AUTO-RENEW

- Renewal forms can be completed online in [BenefitsCal.com](https://BenefitsCal.com)
- **Note:** if you create an account and link a case, it may take up to 24 hours for the redetermination to show up
- Mailed in yellow envelope



Or online!  
Using client facing portal for  
renewals STOPS termination



By mail!

Visit  
**BenefitsCal.com**  
today to get started!

- Apply for benefits
- Renew benefits
- Upload documents
- Schedule appointments

Apply for **CalFresh**,  
**CalWORKS**, and  
**Medi-Cal**

<https://benefitscal.com/>

## 10-day Termination Notice of Action

Request State Fair Hearing before the negative action occurs.

- Ask for "**Aid Paid Pending**" Benefits will continue pending review (Aid Paid Pending) if the hearing is filed within 10 days of receiving the NOA. This process allows the client to continue receiving services while the case is being reviewed.

90-day Cure Period

- When Medi-Cal ends, people have 90 days to turn in missing renewal info.
- County must accept info. as timely received and restore Medi-Cal without a gap in coverage.

<https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx>

# IMMIGRATION CONCERNS



What is Public Charge?



Is Medi-Cal a Public Charge?

# WHAT IS PUBLIC CHARGE?



- The public charge “test” is used by immigration officials to determine whether a noncitizen will be primarily dependent on the government for support, demonstrated by receiving public cash assistance for income maintenance or long-term institutional care paid for by the government
- This determination is made when a noncitizen applies:
  - For a visa to enter the U.S. or at entry
  - To extend certain visas
  - To adjust to lawful permanent resident (LPR) status, *usually through a family-based application*

# NO PUBLIC CHARGE TEST FOR THE FOLLOWING:



- Applicants for
  - Refugee status
  - Asylum status
  - U and T Visas
- Naturalization/Citizenship

# WHICH PUBLIC BENEFITS ARE CONSIDERED IN A PUBLIC CHARGE TEST?

The only benefits considered\* are “public cash assistance for income maintenance” and long-term institutionalization paid for by the government. Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) cash assistance (called CalWORKS in California), and General Assistance are examples of cash assistance for income maintenance.

**Federally funded Medi-Cal and Food Assistance are NOT considered Public Charge benefits.**

<https://pifcoalition.org/public-charge-advocates-resources>

\* The decision of who is considered public charge depends on a totality of circumstances that can include what benefits are being used, age, family size, etc. Thus, utilizing one or more of these benefits does not automatically make someone a public charge and other factors are considered.

# **MEDI-CAL DATA PRIVACY VIOLATION 2025**

- According to an [AP report](#), on or around June 10, 2025, the Center for Medicare and Medicaid Services (CMS) was directed by the Department of Health and Human Services (HHS) to share data about Medicaid enrollees in certain states (including California) with the federal Department of Homeland Security (DHS), which includes Immigration and Customs Enforcement (ICE), for immigration enforcement purposes.
- This means that information about all Medi-Cal participants in California was allegedly shared with DHS to be used for immigration enforcement. This includes people who receive state-only Medi-Cal (i.e. people who recently became eligible for Medi-Cal through the expansion of eligibility to all CA residents regardless of immigration status).

[https://docs.google.com/document/d/1-MrxLWc2jeXTnQO7x2S8nOAHE-RYD\\_QghXCYSVJAaM/edit?tab=t.0](https://docs.google.com/document/d/1-MrxLWc2jeXTnQO7x2S8nOAHE-RYD_QghXCYSVJAaM/edit?tab=t.0)

# Other Health Care Programs



 KAISER PERMANENTE.

**COMMUNITY  
HEALTH CARE PROGRAM  
CALIFORNIA**



# New savings are finally here.

The [American Rescue Plan](#) is making new money available to millions of Californians. See how much you'll save, even if you've checked before, because things have changed — a lot.

[Get Your Estimate](#)[Apply](#)

Medi-Cal



COVERED CALIFORNIA





**CCALAC**  
Community Clinic Association  
of Los Angeles County

- With income over 138% of the FPL beneficiaries are eligible for Advance Premium Tax Credits (APTC) /Subsidies
- Above 138% to 250% of the FPL = Cost Sharing Reductions, lower deductibles and co-pays (Enhanced Silver Plans)

# Covered California 2026



## 2026 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Silver 73	Silver 87	Silver 94	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	\$31,301 to \$39,125 (>200% to ≤250% FPL)	\$23,476 to \$31,300 (>150% to ≤200% FPL)	up to \$23,475 (>100% to ≤150% FPL)	N/A	N/A
Free Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	\$60*	\$50	\$50	\$15	\$5	\$40	\$15
Urgent Care		\$60*	\$50	\$50	\$15	\$5	\$40	\$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$95*	\$90	\$90	\$25	\$8	\$70	\$30
Emergency Room Facility		40% after deductible is met	\$400	\$400	\$200	\$50	\$350	\$175
Laboratory Tests		\$50	\$50	\$50	\$30	\$10	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$95	\$95	\$50	\$10	\$75	\$30
Imaging		\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance***	\$30 copay or 10% coinsurance***	
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$20	\$19	\$19	\$8	\$3	\$18	\$9
Tier 2 (Preferred Drugs)		40% up to \$500 per script after drug deductible is met	\$60**	\$55**	\$25**	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)		\$90**	\$85**	\$45**	\$15	\$85	\$25	
Tier 4 (Specialty Drugs)		20% up to \$250** per script	20% up to \$250** per script	15% up to \$150** per script	10% up to \$150 per script	20% up to \$250 per script	10% up to \$250 per script	
Medical Deductible - The amount you pay before the plan pays	N/A	Individual: \$5,800 Family: \$11,600	Individual: \$5,200 Family: \$10,400	Individual: \$5,200 Family: \$10,400	Individual: \$1,400 Family: \$2,800	N/A	N/A	N/A
Pharmacy Deductible - The amount you pay before the plan	N/A	Individual: \$450 Family: \$900	Individual: \$50 Family: \$100	Individual: \$50 Family: \$100	Individual: \$50 Family: \$100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$10,600 individual \$21,200 family	\$9,800 individual \$19,600 family	\$9,800 individual \$19,600 family	\$8,100 individual \$16,200 family	\$3,350 individual \$6,700 family	\$1,400 individual \$2,800 family	\$9,200 individual \$18,400 family	\$5,000 individual \$10,000 family

<https://www.coveredca.com/pdfs/Health-Benefits-Table.pdf>

# IMMIGRANTS IN COVERED CALIFORNIA

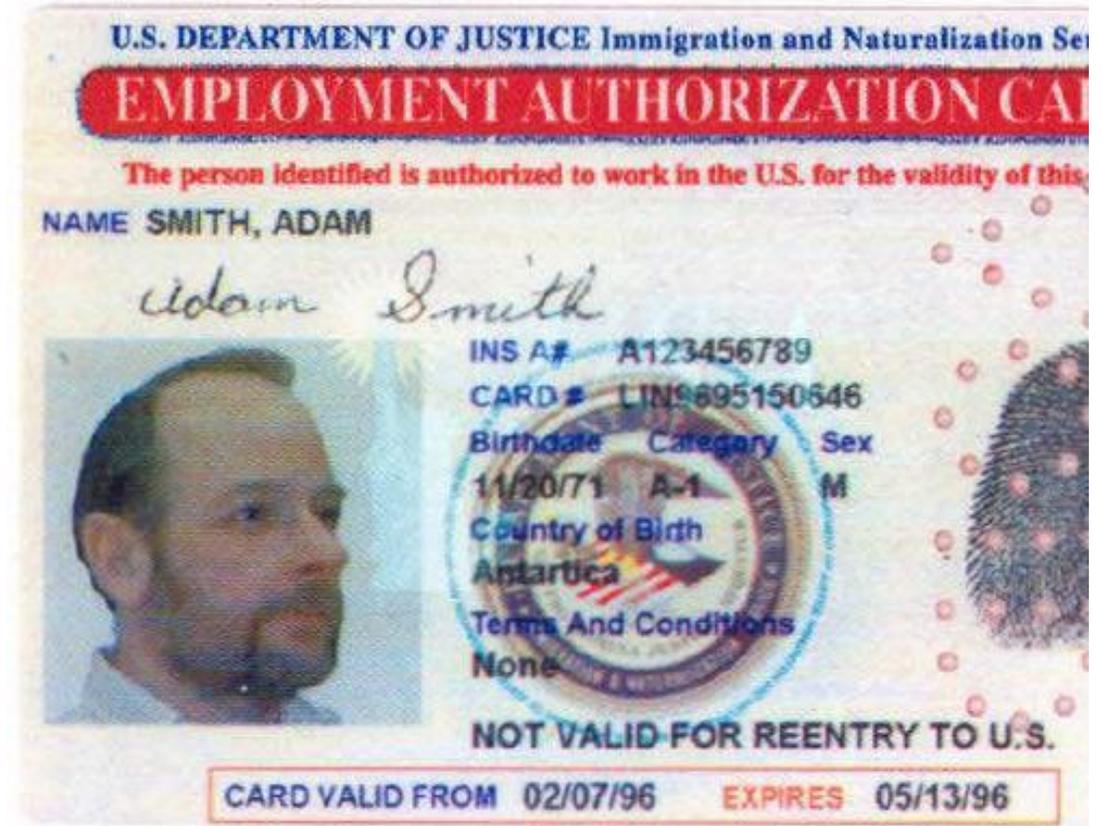
- People with valid Non-Immigrant visas are lawfully present and can purchase within Covered California.
- DACA recipients cannot purchase in Covered California, even at full price.
- Undocumented people cannot purchase in Covered California, even at full price.



# NON-IMMIGRANT VISA HOLDERS

Statuses include:

- Worker visas (such as H1, H-2A, H-2B)
- Student visas (F1, M1)
- Investors (E2, EB5)
- Religious workers (R1)
- Other Temporary Non-Immigrant Categories



# Kaiser Community Health Care Program

The Community Health Care Program (CHCP) is for California residents who don't have access to any other health coverage, including Medi-Cal, Medicare, a job-based health plan, or coverage through Covered California.

- Enrolled in the Kaiser Permanente Platinum 90 HMO plan.
- Pay no monthly premium.
- Pay no of pocket costs for most covered services at Kaiser Permanente facilities.

MCHA navigators can help enroll your clients: (213)749-4261

<https://charitablehealth.kaiserpermanente.org/california/apply-now/>



## Learn about Your Community Health Care Program Benefits

The Community Health Care Program (CHCP) provides health coverage for qualifying CA residents who don't have access to other health coverage.

CHCP members:

- Are enrolled in the Kaiser Permanente Platinum 90 HMO plan.
- Pay no monthly premium.
- Pay no of pocket costs for most covered services at Kaiser Permanente facilities.

Questions about Kaiser Permanente's Community Health Care Program? Call us toll free at:

1-800-464-4000  
TTY users call 711  
24 hours a day  
7 days a week  
(closed major holidays)

[Or visit your closest Kaiser Permanente facility](#)



# Los Angeles County Health Programs



## LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES CHILD DELIVERY PLAN



- Prenatal Care at LA County Comprehensive Health Centers - First 7 visits cost \$60 each; remaining visits are FREE.
- Delivery is at an LA County Hospital- costs \$2,000 (including a c-section) must be paid within 7 days of leaving the hospital (can be paid in installments ahead of time)
- Parent must apply for Medi-Cal for newborn





# L.A. COUNTY DEPARTMENT OF HEALTH SERVICES

## ABILITY TO PAY (ATP)

- ❑ LA County residents
- ❑ Clinic and outpatient hospital visits
- ❑ Includes Specialty Care
- ❑ Tests and medicines
- ❑ Inpatient hospital care
- ❑ Emergency Room visits
- ❑ Certain surgeries

<http://dhs.lacounty.gov/wps/portal/dhs/healthcoverag eoptions/lacountynocost/abilitytopay>



# L. A. County Ability to Pay Program

For LA County residents, the “Ability to Pay Program” or “ATP”.

It is no cost (free) for patients with income at or under 200% Federal Poverty Level (FPL) and a reduced cost, sliding scale for those over 200% FPL



**Ability To Pay (ATP) Program Cost Table**  
Effective 04/1/2025

**STEP 1:** Find your household size (please include all adults and children who live with you).

**STEP 2:** Next, find your monthly gross income amount under one of the FPL levels.

**STEP 3:** Follow the column down to the bottom chart to find out how much you will be asked to pay according to your household size and income for outpatient & emergency room (monthly cost), and inpatient services (per admission cost).

Federal Poverty Levels (FPL)	<= 200% FPL	201-300% FPL		301-350% FPL		351-400% FPL		401-500% FPL		501-600% FPL		601% +
Household Size	Less than or equal	More than	Less than	More than								
1	\$2,610	\$2,611	\$3,915	\$3,916	\$4,568	\$4,569	\$5,220	\$5,221	\$6,525	\$6,526	\$7,830	\$7,831
2	\$3,526	\$3,527	\$5,289	\$5,290	\$6,171	\$6,172	\$7,052	\$7,053	\$8,815	\$8,816	\$10,578	\$10,579
3	\$4,442	\$4,443	\$6,663	\$6,664	\$7,774	\$7,775	\$8,884	\$8,885	\$11,105	\$11,106	\$13,326	\$13,327
4	\$5,360	\$5,361	\$8,041	\$8,041	\$9,380	\$9,381	\$10,720	\$10,721	\$13,400	\$13,401	\$16,080	\$16,081
5	\$6,276	\$6,277	\$9,414	\$9,415	\$10,983	\$10,984	\$12,552	\$12,553	\$15,690	\$15,691	\$18,828	\$18,829
6	\$7,192	\$7,193	\$10,788	\$10,789	\$12,586	\$12,587	\$14,384	\$14,385	\$17,980	\$17,981	\$21,576	\$21,577
7	\$8,110	\$8,111	\$12,165	\$12,166	\$14,193	\$14,194	\$16,220	\$16,221	\$20,275	\$20,276	\$24,330	\$24,331
8	\$9,026	\$9,027	\$13,529	\$13,530	\$15,796	\$15,797	\$18,052	\$18,053	\$22,565	\$22,566	\$27,078	\$27,079
9	\$9,942	\$9,943	\$14,913	\$14,914	\$17,399	\$17,400	\$19,884	\$19,885	\$24,855	\$24,856	\$29,826	\$29,827
10	\$10,860	\$10,861	\$16,290	\$16,291	\$19,005	\$19,006	\$21,720	\$21,721	\$27,150	\$27,151	\$32,580	\$32,581
<b>Outpatient &amp; Emergency Services (Monthly Cost)</b>	\$0	\$20	\$50	\$80	\$355	\$435	\$485					
<b>Inpatient Services (Per Admission Cost)</b>	\$0	\$200	\$700	\$1,200	\$2,500	\$3,000	\$3,500					



**COMING**  
**SOON!!!**



2024



## Health4All Medi-Cal Expansion

January 1, 2024, California expanded Full Scope Medi-Cal to adults ages 26 through 49, regardless of immigration status. All other Medi-Cal eligibility rules, including income limits, still apply.

- The Health4All journey started:
- Children 0-18 - May 2016
- Young Adults 19-25 - January 2020
- Adults 50+ - May 2022
- Adults 26-49 - January 2024

# Upcoming in 2026

- **Medi-Cal Expansion** will **Freeze** for Adults 19 and Older Without Satisfactory Immigration Status (SIS)
- **Medi-Cal Asset Limit** returns for Non-Magi Medi-Cal Recipients
  - \$130, 000 for an individual and \$ 65,000 for each additional person.

<https://www.dhcs.ca.gov/Medi-Cal/Pages/changes.aspx>



# Medi-Cal Adult Expansion Freeze

- Current Medi-Cal members who are age 19 and older, and do not have Satisfactory Immigration Status (SIS) will be eligible for new Medi-Cal program "**Full Scope Medi-Cal without Dental**" which only eliminates the preventive dental benefit.
  - A loss of eligibility for more than 90 days will require a new application.
- New applicants applying on or after January 1, 2026, who are aged 19 and older, and who do not have SIS are eligible for **Restricted Scope Medi-Cal**.
  - Restricted Scope Medi-Cal coverage: Long Term Care, Dialysis, Pregnancy and an Emergency.

# Non-Magi Medi-Cal Eligibility

## Assets Count!

What can I have in Non-MAGI Medi-Cal in 2026?



**1 Principal Residence**



**1 Car**



\$130,000 for one person  
\$ 65,000 for each additional  
household member  
*Cash or other liquid assets*

# Thank you!

For Technical assistance; [Lizr@mchaccess.org](mailto:Lizr@mchaccess.org)

For Client Referrals: (213)749-4261

