

Automatic Transitions from Medi-Cal to Covered California FAQ [SB 260]

What is SB 260? SB 260 authorizes Covered California to automatically enroll individuals in a qualified health plan once they lose Medi-Cal coverage and become eligible for advanced premium tax credits (APTCs). This program was set to activate once the Medi-Cal continuous coverage unwinding began in April 2023.

When will enrollment occur? Covered California coverage will begin the day after Medi-Cal coverage ends. The first month individuals will be enrolled in Covered California through SB 260 is July 2023. For example, if a person's Medi-Cal coverage ends on June 30, their enrollment in a Covered California plan begins on July 1.

What Covered California plan will the individual be enrolled into upon termination of Medi-Cal? Eligible individuals will be enrolled into the lowest-cost silver plan available (see *exceptions below*). At a future time, Covered California may be able to enroll individuals into the managed care plan (MCP) they had for Medi-Cal but Covered California does not currently have access to the individual's prior MCP.

Which transitioning Medi-Cal beneficiaries will not have the lowest-cost silver plan automatically selected for them?

1. Individuals with family members already enrolled in Covered California may be enrolled into the family's existing health plan. The individual will be added to the active enrollment in order to keep families together (unless it is a Bronze plan).
2. Individuals with American Indian/Alaskan Native (AI/AN) status will be placed in the lowest-cost AI/AN health plan.

How do Medi-Cal transitioners effectuate their coverage?

People transitioning from Medi-Cal to Covered CA are sometimes referred to as "Medi-Cal transitioners." Under SB 260, Medi-Cal transitioners must take an active step to keep, change, or cancel the Covered CA health plan they will be automatically enrolled in.

- **Zero dollar premium:** If a person is eligible for a Covered California plan with a \$0 premium, they must "activate" their Covered California plan by accepting the terms and conditions of receiving APTCs.
- **Non-zero dollar premium:** Individuals with a net premium that is \$1 or more will have to pay their first month's premium to effectuate their coverage.
 - **Note:** The first premium payment is due no later than the last day of the first month of enrollment. For example, if a person's Medi-Cal enrollment ends on June 30, they are enrolled in a Covered CA plan starting July 1, and their premium due date is July 31.
- **If a person takes no action** (i.e. they do not accept the APTC terms and conditions or do not pay their binder payment), their enrollment in the Covered CA will be canceled.

Does a person transitioning from Medi-Cal to Covered CA have a special enrollment period (SEP)? What can a person do during their SEP?

People losing Medi-Cal eligibility qualify for the “Loss of Coverage” SEP, which lasts for 60 days before and after the loss of minimum essential coverage. For example, if a person’s Medi-Cal ends on June 30, their SEP lasts for 60 days after July 1.

- *If Opted-in:* An individual may change or cancel their plan at any time during the SEP.
- *If Opted-out:* An individual can still enroll in a Covered CA plan at any point in their SEP.

Will Medi-Cal cases that are denied for reasons not based on ineligibility go through the auto enrollment process?

Yes. An individual is procedurally denied from Medi-Cal when they are denied coverage despite still being eligible, i.e. for failure to return renewal paperwork. Medi-Cal procedural denials that appear to be within Covered CA’s income limits and eligible for APTCs will go through the auto enrollment process.

Can Medi-Cal transitioners opt-out of Covered California coverage? Although transitioners with a more than zero-dollar net premium can passively opt-out by not paying their binder payment, Covered California will offer an opt-out feature for all transitioners to actively opt-out that will cancel their plan, but will retain their 60-day special enrollment period.

How can individuals opt-in / opt-out? Transitioners can call the Covered CA Service Center to opt-in/opt-out. They can also opt-in through their online CalHEERS account. In addition, individuals can use the Covered CA Service Center Interactive Voice Response (IVR) to complete their actions by phone. The Covered CA Chatbot (CiCi) will also provide individuals with 24/7 online access.

What information must Covered California include in the notice to the individual?

Covered California will provide a notice that includes the following information:

1. The plan in which the individual is enrolled.
2. The right to select another available plan and any relevant deadlines for that selection.
3. How to receive assistance to select a plan.
4. The right not to enroll in the plan.
5. Information for an individual to appeal the end of their previous Medi-Cal coverage.
6. 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.

