



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

February 24, 2017

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 17-07  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY PUBLIC HEALTH DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Introduction to Carry Forward Status and Transitioning Cases Between  
Insurance Affordability Programs  
(Reference: All County Welfare Directors Letters 08-07, 15-01, 15-05,  
16-08, 16-18 and Medi-Cal Eligibility Division Information Letter I 15-05)

The purpose of this All County Welfare Directors Letter (ACWDL) is to inform counties of a system change, Change Request (CR) 46047, to the California Healthcare Eligibility Enrollment and Retention System (CalHEERS).

On September 26, 2016, CR 46047 was implemented with Release 16.9. This CR:

- 1) introduces the Carry Forward Status (CFS), which ensures individual(s) transitioning from Advanced Premium Tax Credits (APTC)/Cost Sharing Reduction (CSR)/Covered California Plan (CCP) coverage will not have that coverage terminated until the county confirms the Medi-Cal eligibility determination;
- 2) introduces the CFS flag, which is used to identify individuals transitioning from APTC/CSR/CCP to Modified Adjusted Gross Income (MAGI) Medi-Cal;
- 3) creates new noticing (NOD64) that informs APTC/CSR/CCP individuals of their CFS and modifies the language in the existing NOD01; and,
- 4) enhances reports available to Covered California and the Department of Health Care Services (DHCS) to monitor individuals/cases transitioning between Covered California and Medi-Cal.

## Background

CR 46047 replaces the previous multiple-step manual processes to transition individuals between insurance affordability programs (IAPs). For the past two years,

DHCS coordinated an interim process with Covered California for individuals who were found potentially eligible for the Medi-Cal program as a result of the Covered California annual redetermination or a reported change in circumstances, such as a decrease in income or change in family size. DHCS, in conjunction with Covered California, implemented a batch process to provide a seamless transition between the IAPs. For this process, DHCS granted the transitioning individuals Accelerated Enrollment (AE) using existing Express Lane aid codes of 7W (individuals under 19 years old) and 7S (individuals 19 years old and older) pending the county eligibility worker's (CEW's) final eligibility determination of their case. The transitioning individuals placed on the 7W and 7S aid codes were enrolled in a managed care health plan. For those individuals who DHCS could not batch into aid codes 7S or 7W, DHCS provided monthly files for counties to work on a priority basis since the individuals had been terminated from Covered California and did not have health coverage. DHCS issued ACWDL(s) [15-01](#) and [15-05](#) to provide counties with guidance on working the Covered California referral under that interim process.

### **New CR Designed to Reduce Gaps in Coverage**

One of the major concerns with the interim process was the gap in health coverage that resulted for some individuals transitioning from APTC to Medi-Cal. This primarily occurred when, during the CEW's final eligibility determination, the transitioning individual was found not to be eligible for Medi-Cal. Subsequently, the individual would be referred back to Covered California for enrollment; however, there potentially could be a gap in coverage as retroactive coverage is not available through Covered California.

### **Interim Batch Process Discontinued**

As a result of the implementation of CR 46047, DHCS has discontinued the monthly batch process to counties, and no longer provides AE aid codes 7S and 7W or the automatic managed care plan enrollments for the transitioning individuals.

*Exception in December 2016:* DHCS batched Covered California transitioning cases into aid codes 7S and 7W if the cases were in CFS at the last Covered California renewal, run on December 13, 2016, and the case did not have Qualified Health Plan (QHP) eligibility on January 1, 2017. This batch was needed to ensure there would be no gap in coverage going into the new Covered California benefit year. This was a very small population because most of the cases were adjudicated by the counties. For future years, Covered California will be able to allow continued QHP eligibility to cross benefit years, allowing transitioning cases to remain in CFS into a new benefit year.

## **Introduction to CFS**

Because of implementing CR 46047, CalHEERS will automatically place all eligible and conditionally eligible APTC/CSR/CCP individuals into CFS when a redetermination of eligibility results in “eligible”, “conditionally eligible” or “pending” for MAGI Medi-Cal program eligibility. CFS is designed to ensure that the transitioning individual will continue in their Covered California QHP coverage until the resident county completes the individual’s full Medi-Cal determination. CFS is authorized by 45 Code of Federal Regulations, Sections (§) 155.345(e) and § 155.430(d); Government Code, § 100503(a); Government Code, § 100504(a)(7); Cal. Code Regs., tit. 10, § 6506(d); and Welfare and Institutions Code, § 14015.5(c) and § 15926(h).

## **Examples:**

CFS applies to the following IAP transitioning case scenarios:

APTC/CSR/CCP Consumer Reports a Change (RAC)-Determined MAGI Medi-Cal Eligible, Pending Eligible or Pending

- For example, in October 2016, prior to Covered California renewal, consumers who are APTC/CSR/CCP eligible who RAC will move into a CFS prior to going into Renewal Mode. Note: consumers can report a change for 2016 during the 2017 renewal period that would make them Medi-Cal eligible and be moved to Medi-Cal in 2016.

APTC/CSR/CCP Consumer Renewal Period-Determined MAGI Medi-Cal Eligible, Pending Eligible, Pending

- For example, during the renewal period for 2017 APTC/CSR/CCP eligible consumers who are not in CFS, if they are found to be MAGI Medi-Cal for 2017, they will go into CFS for the next benefit year (2017).

APTC/CSR/CCP Consumer Renewal Period and RACs after Renewal is complete-Determined Medi-Cal Eligible, Pending Eligible, Pending

- For example, APTC/CSR/CCP consumers who renewed their APTC/CSR/CCP coverage and then RAC in current benefit year and are found to be within MAGI Medi-Cal Federal Poverty Levels (FPL)s will be placed in CFS.

APTC/CSR/CCP Applicant RACs after APTC/CSR/CCP eligibility has gone into effect–  
Determined MAGI Medi-Cal Eligible, Pending Eligible or Pending

- For example, a person applies on May 5, 2017, and is found APTC/CSR/CCP eligible effective June 1, 2017. On June 3, 2017, the consumer RAC that decreases their income to within the MAGI Medi-Cal FPLs. Since the RAC is after the date of APTC/CSR/CCP eligibility effective date CFS applies.

CFS does not apply to these IAP transitioning case scenarios:

Special Enrollment Period (SEP) for APTC/CSR/CCP–RAC

- CFS does not apply to APTC/CSR/CCP-eligible consumers who report a change after initially applying during a SEP but before their QHP coverage begins. For example: A consumer applies during a SEP on March 8, 2017, and is APTC/CSR/CCP eligible effective April 1, 2017. On March 15, 2017, the consumer RAC that decreases their income to within the MAGI Medi-Cal FPLs. Since the APTC/CSR/CCP is not effective yet (April 1, 2017 and system date is March 15, 2017) CFS does not apply; instead, CalHEERS determines the consumer MAGI Medi-Cal eligible, conditionally eligible or pending eligible.

Open Enrollment/RAC-Determined MAGI Medi-Cal eligible

- CFS does not apply to applications during open enrollment for which a consumer before their QHP coverage begins because the Covered California effective date is in the future. For example: During open enrollment, a consumer applies for his household with members who are found APTC/CSR/CCP eligible for the next benefit year (2017). Afterwards, the consumer submits RAC in current benefit year 2016 for the 2017 application and the members are determined eligible within the MAGI Medi-Cal FPLs. They are determined eligible, conditionally eligible, or pending eligible for MAGI Medi-Cal before they are enrolled in a QHP. **CFS does not apply for the new year (2017) since the Covered California effective date is in the future (2017).**

CFS-Reporting a Change Determined eligible for County Children's Health Initiative Program (C-CHIP) or Medi-Cal Access Program (MCAP)

- CFS only applies to transitioning cases when a redetermination of eligibility results in "eligible", "conditionally eligible" or "pending" MAGI Medi-Cal program eligibility. If the APTC/CSR/CCP eligible individual RAC such as moving to a C-CHIP county (San Francisco, Santa Clara, or San Mateo) and is determined

eligible for C-CHIP or reports a pregnancy and is determined eligible for MCAP, CFS does not apply in these IAP transitioning situations as a gap in coverage is not expected for persons potentially eligible for MCAP or CCHIP due to the mandatory 10-day application processing time frames for these programs.

### **CFS – County Responsibilities**

- Regardless of the APTC/CSR/CCP consumer's redetermination results of MAGI Medi-Cal "eligible," "conditionally eligible," or "pending," CalHEERS programming will place all CFS cases in **pending status** to continue QHP benefits until the county's determination is completed. Counties are reminded that since the Covered California enrollee in CFS is not an existing Medi-Cal beneficiary, the Covered California referral is treated as a new application for Medi-Cal purposes. This means that the county has up to 45 days from the date when the referral is sent from CalHEERS to work the case and if eligibility is not determined through the ex parte review, that any necessary information requests shall conform with the two contact requirement established in ACWDL 08-07, using 10-day request(s) for information and/or verification.
- Counties are required to manually lift the CFS flag prior to sending the Eligibility Determination Request through the Federal Data Services Hub when determining MAGI Medi-Cal eligibility. By lifting the CFS flag, the CEW triggers the NOD01c informing the consumer of their new Covered California status. It is important to lift CFS for all members in the case at once and complete determination for ALL consumers, eliminating multiple notices being sent to the household.

### **Retroactive Process**

DHCS would like to remind the counties that the Centers for Medicare and Medicaid Services clarified that an individual who transitions from APTC to Medi-Cal may have retroactive Medi-Cal coverage that can be used for unpaid medical expenses received up to three months prior to the month of transition. Please follow the link [ACWDL 16-08](#) for more information on Retroactive Medi-Cal processes.

### **Change in Circumstance**

CR 46047 allows for a seamless transition from APTC/CSR/CCP to Medi-Cal. When an APTC/CSR/CCP RAC results in a determination that the individual is eligible, conditionally eligible, or pending eligible for Medi-Cal, CalHEERS sends a Determination of Eligibility Response (DER) to the resident county. The DER is flagged

as being in CFS. CFS protects the consumer's QHP coverage, as the consumer's coverage remains active until the county has made a final eligibility determination of the referral. If the consumer is found eligible for Medi-Cal, then benefits are granted effective the first day of the month of transition. If the application results in denial of Medi-Cal benefits, then the county denies the application, however, in the meantime, the consumer's APTC/CSR/CCP benefits remain active since the individual is protected by CFS until the Medi-Cal determination is completed. In both instances, the CFS flag is lifted due to the completion of the eligibility determination, regardless of the outcome—approval or denial of Medi-Cal benefits.

#### Scenario:

APTC/CSR/CCP consumer reports a decrease in income on October 12, 2016, which results in the consumer being found eligible for Medi-Cal. The DER is sent to the County on October 12, 2016, and the consumer is flagged for CFS. CFS protects the consumer's QHP coverage until the CEW completes the eligibility determination. On November 10, 2016, the CEW processes the DER finding the consumer MAGI eligible and grants benefits back to the beginning date of the month that the DER was received (October 1, 2016), and three months prior if the consumer requests retroactive Medi-Cal and is eligible. APTC/CSR/CCP is discontinued based on Covered California's 15-day rule.

#### **New messaging and notices**

Covered California developed the NOD064 notice that informs the APTC/CSR/CCP recipient of their CFS status. The notice further explains that the APTC/CSR/CCP consumer should continue to pay their monthly premiums to avoid a gap in health coverage. The notice also informs the consumer that their QHP coverage will continue until their local county office completes their Medi-Cal eligibility determination.

Covered California has also modified and made updates to the NOD01 notice for several IAP transition variations based on changes made to entire households, partial households and mixed households.

Please see the enclosed sample of the NOD064 notice.

#### **New Reports**

CalHEERS developed a new monthly report titled "*Carry Forward Extract*" that provides detailed information on the number of individuals transitioning from Covered California

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to Medi-Cal. Currently, this report is being used by DHCS as a management tool to ensure that the implementation phase of CR 46047 is functioning correctly.

DHCS reminds counties to follow guidance in [ACWDL 16-18](#) that directs CEWs to evaluate persons transitioning to Covered California for linkage to Non-MAGI programs prior to transitioning them and to provide assistance to individuals transitioning from MAGI Medi-Cal and from mixed households to Covered California health plans. The CEW should assist the beneficiary in the enrollment process, plan selection and advise the beneficiary of the need for timely plan selection and pay their premium by the due date to avoid a gap in coverage.

If you have any questions or if we can provide further information, please contact Silvia Salazar at (916) 552-8429 or by email at [silvia.salazar@dhcs.ca.gov](mailto:silvia.salazar@dhcs.ca.gov).

Original Signed By

Sandra Williams, Chief  
Medi-Cal Eligibility Division

Enclosure



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**COVERED  
CALIFORNIA**

*Your destination for quality  
healthcare, including Medi-Cal*

Primary Household  
4949 Great America Pkwy  
Santa Clara, CA 95054

## **You or your family members may qualify for Medi-Cal**

September 14, 2016

Case Number: 5000018945

Dear **Primary Household**,

Thank you for choosing health insurance through Covered California. We recently received information that the family member(s) listed below may be eligible for Medi-Cal. Your case is currently being reviewed by your local county social services office. While the case is being reviewed, **the family members listed below will still continue to be enrolled in their Covered California plan**, and must keep paying the premium to avoid a gap in coverage.

### **Primary Household**

We recently received updated information about your application. Based on this information, it looks like you may qualify for Medi-Cal instead of a Covered California plan. We sent your information to your local county social services office to check if you qualify for Medi-Cal. Your local county social services office may contact you if additional information is needed to determine whether or not you qualify for Medi-Cal.

Some Medi-Cal programs are free and you do not have to pay a monthly premium, or there are low-cost programs with a very small monthly premium. You will receive a Medi-Cal notice telling you the final decision regarding whether or not you qualify once your eligibility has been determined. If you have any questions, call your local county social services office right away at **1-408-225-5722**.

### **What To Do Next**

If you want to find out what information we used to make this decision, please log in to your [CoveredCA.com](http://CoveredCA.com) account to review the information we have for your family. You can change the information we have for your family if it needs to be updated. Be sure that all family members are listed on your application. It is also important that we have your current income, so please double check the Income Section.

If you do not have a login or you need help, you can call the Covered California Service Center at



**1-800-300-1506.** If you got help from a Covered California Certified Enrollment Counselor or Certified Insurance Agent during enrollment, you can call them again to get one-on-one help.

Thank you for applying with Covered California.

## Getting Help in a Language Other than English

### Getting Help in another Language about a Recent Change You Reported

**IMPORTANT:** This letter contains information about a recent change you reported to Covered California. You or your family members may now qualify for Medi-Cal and your information is being reviewed by your county's Medi-Cal office. If you keep paying your Covered California premiums, you can use Covered California unless your coverage is changed to Medi-Cal. You can call **1-800-300-1506** and ask for this letter to be translated to your language or in another format such as large print. For TTY call 1-888-889-4500 where you can also request this letter in alternate format.

**IMPORTANTE:** Esta carta contiene información sobre un cambio reciente del que usted informó a Covered California. Ahora usted o sus familiares podrían ser elegibles para Medi-Cal y la oficina de Medi-Cal de su condado está revisando su información. Usted podrá usar Covered California si sigue pagando sus cuotas, a menos que su cobertura cambie a Medi-Cal. Usted puede llamar al **1-800-300-0213** y puede pedir que traduzcan esta carta en su idioma o pedirla en otro formato, como en letras grandes. Si usa TTY, llame al 1-888-889-4500, donde también podrá pedir esta carta en un formato alternativo. (Spanish)

重要事項：本函包含您向 Covered California 報告的近期變更的相關資訊。您或您的家庭成員可能符合 Medi-Cal 的資格條件，且您所在縣的 Medi-Cal 辦公室正在審核您的資訊。如果您繼續支付您的 Covered California 保費，您可以使用 Covered California，除非您的保險已經變更為 Medi-Cal。您可以致電 **1-800-300-1533**，要求將此函翻譯為您的語言版本或索取其他格式（如大字版）的信函。文字電話號碼用戶請撥打 1-888-889-4500，透過撥打此號碼亦可索取其他格式的信函。  
(Chinese)

**QUAN TRỌNG:** Bức thư này chứa thông tin về sự thay đổi gần đây quý vị đã báo cáo cho Covered California. Quý vị hoặc các thành viên gia đình của quý vị có thể đủ điều kiện nhận Medi-Cal và thông tin của quý vị đang được văn phòng Medi-Cal tại quận của quý vị xem xét. Nếu quý vị tiếp tục trả phí bảo hiểm Covered California của mình, quý vị có thể sử dụng Covered California trừ khi khoản bảo trả của quý vị được thay đổi sang Medi-Cal. Quý vị có thể gọi số **1-800-652-9528** và yêu cầu được dịch thư này sang ngôn ngữ của quý vị hoặc bằng định dạng khác như bản in khổ lớn. Người dùng TTY xin gọi số 1-888-889-4500, quý vị cũng có thể yêu cầu thư này ở định dạng khác qua số này. (Vietnamese)

중요: 이 편지는 귀하가 Covered California에 보고한 최근 변동 사항에 관한 내용을 포함하고 있습니다. 귀하 또는 가족이 현재 Medi-Cal 자격에 해당될 수 있고 귀하 담당 Medi-Cal 카운티 오피스에서 해당 내용을 검토 중입니다. Covered California 보험료를 계속하여 납부하신다면 보험 적용이 Medi-Cal로 변경되지 않는 한 Covered California를 이용하실 수 있습니다. **1-800-738-9116**으로 전화하여 이 편지를 귀하가 사용하는 언어로 번역하거나 큰 출력 인쇄물 같은 다른 형식을 요구할 수 있습니다. TTY는 1-888-889-4500 으로 전화하여 이 편지를 다른 형식으로도 요청할 수 있습니다. (Korean)

**MAHALAGA:** Ang liham na ito ay may lamang impormasyon tungkol sa kamakailang pagbabagong inulat mo sa Covered California. Ikaw o ang mga miyembro ng pamilya mo ay maaari nang kuwalipikado para sa Medi-Cal at ang impormasyon mo ay nirerepaso ng tanggapan ng Medi-Cal ng inyong county. Kung patuloy mong binabayaran ag mga premium mo sa Covered California, maaari mong gamitin ang Covered California maliban kung ang sakop mo ay binago sa Medi-Cal. Maaari kang tumawag sa **1-800-983-8816** at hingin na ang liham na ito ay isalin sa wika mo o sa ibang anyo tulad ng malaking print. Para sa TTY tumawag sa 1-888-889-4500 kung saan mahihingi mo rin ang liham na ito sa alternatibong format. (Tagalog)

**TSEEM CEEB:** Tsab ntawv no muaj cov ntaub ntawv ntawm qhov kev pauv hloov tshiab uas koj tau

hais qhia mus rau Covered California. Koj lossis cov tswv cuab ntawm koj tsev neeg tam sim no tej zaum yuav muaj cai tau txais kev pab los ntawm Medi-Cal thiab koj cov ntaub ntawv tab tom raug txheeb xyuas los ntawm chav lis haujlwm Medi-Cal ntawm koj lub zos. Yog koj tseem them koj cov nqi pab kas phais rau Covered California, koj tuaj yeem siv Covered California tau, tshwj tsis yog koj feem kev tiv thaiv raug hloov mus rau Medi-Cal lawm. Koj tuaj yeem hu rau tus xovtooj **1-800-771-2156** thiab thov hais kom muab tsab ntawv no txhais ua koj hom ntawv lossis muab luam tawm kom loj. Koj tuaj yeem hu rau tus xovtooj TTY 1- 888-889-4500 thov hais kom lawv muab tsab ntawv no luam tawm ua lwm hom. (Hmong)

**ВАЖНАЯ ИНФОРМАЦИЯ:** В этом письме содержится информация о недавнем изменении, о котором Вы сообщили Covered California. Сейчас Вы или члены Вашей семьи могут соответствовать требованиям для получения Medi-Cal, и Ваша информация рассматривается офисом Medi-Cal в Вашем округе. Если Вы продолжаете платить страховые взносы Covered California, Вы можете использовать Covered California, за исключением случаев, когда Ваше медицинское страхование меняется на Medi-Cal. Вы можете позвонить по номеру **1-800-778-7695** и обратиться с запросом на перевод этого письма на Ваш язык или предоставление письма в другом формате, например, крупным шрифтом. Лица с нарушениями слуха могут позвонить по номеру 1-888-889-4500, по которому Вы также можете обратиться с запросом на предоставление этого письма в альтернативном формате. (Russian)

**ԿԱՐԵՎՈՐ Է:** Այս նամակը վերաբերում է վերջերս տեղի ունեցած փոփոխությանը, որի մասին Դուք հայտնել էք «Covered California»-ին: Հնարավոր է, որ այժմ Դուք կամ Ձեր ընտանիքի անդամները համապատասխանեն «Medi-Cal» ստանալու պահանջներին, և «Medi-Cal»-ի Ձեր շրջանային գրասենյակն այժմ այդ կապակցությամբ ուսումնասիրում է Ձեր տվյալները: Եթե Դուք շարունակեք կատարել «Covered California»-ի Ձեր մուծումները, կարող եք օգտվել «Covered California»-ից՝ եթե իհարկե Ձեր ապահովագրությունը չի փոխվել «Medi-Cal»-ի: Դուք կարող եք զանգահարել **1-800-996-1009** և խնդրել, որ այս նամակը թարգմանվի Ձեր լեզվով կամ Ձեզ տրվի մեկ այլ ձևաչափով, օրինակ՝ խոշորատառ: TTY-ի համար զանգահարեք 1-888-889-4500, որտեղ կարող եք նաև այլընտրանքային ձևաչափով խնդրել այս նամակը: (Armenian)

**مهم:** این نامه اطلاعاتی را در مورد تغییرات اخیر که در ارتباط با Covered California اعلام کردید، ارائه می دهد. شما یا اعضاء خانواده تان ممکن است الان صلاحیت برخورداری از Medi-Cal را داشته باشید، و اطلاعات شما در حال حاضر توسط دفتر Medi-Cal کانتی تان تحت بررسی است. اگر به پرداخت حق بیمه Covered California خود ادامه دهید، می توانید از Covered California استفاده کنید، مگر اینکه پوشش شما به Medi-Cal تغییر داده شده باشد. می توانید با شماره **1-800-921-8879** تماس بگیرید و درخواست کنید که این نامه به زبان شما ترجمه شود یا آنرا به فرمت دیگری، مانند چاپ درشت دریافت نمایید. برای TTY با شماره 1-888-889-4500 تماس بگیرید، و در همانجا می توانید درخواست کنید که این نامه به فرمت دیگری به شما ارسال شود.

**ចំណុចសំខាន់៖** លិខិតនេះមាននូវព័ត៌មានអំពីការផ្លាស់ប្តូរថ្មីៗនេះដែលអ្នកបានរាយការណ៍ដល់ Covered California។ អ្នក ឬសមាជិកគ្រួសាររបស់អ្នក ឥឡូវនេះអាចនឹងមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ដើម្បីទទួលបាន Medi-Cal ហើយព័ត៌មានរបស់អ្នកកំពុងត្រូវបានពិនិត្យដោយការិយាល័យ Medi-Cal នៃខោនធីរបស់អ្នក។ ប្រសិនបើអ្នកបន្តបង់បុព្វលាភធានារ៉ាប់រងរបស់ Covered California អ្នកអាចប្រើ Covered California លុះត្រាតែការធានារ៉ាប់រងរបស់អ្នកត្រូវបានប្តូរទៅ Medi-Cal។ អ្នកអាចហៅទូរសព្ទទៅលេខ **1-800-906-8528** ហើយស្នើឲ្យគេបកប្រែលិខិតនេះជាភាសារបស់អ្នក ឬស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀត ដូចជាឯកសារបោះពុម្ពជាអក្សរធំៗ។ សម្រាប់ TTY សូមហៅទូរសព្ទទៅលេខ 1-888-889-4500 ដើម្បីអ្នកអាចស្នើសុំលិខិតនេះជាទម្រង់ផ្សេងទៀត។ (Khmer)

**مهم:** يحتوي هذا الخطاب على معلومات تتعلق بالتغيير الأخير الذي أبلغت به برنامج **Covered California** تغطية كاليفورنيا. قد تكون أنت أو أفراد أسرتك مؤهلين للحصول على برنامج **Medi-Cal** وتتم مراجعة معلوماتك الخاصة من جانب مكتب **Medi-Cal** في أي وقت يمكن. **Cal** وفي حالة الاستمرار في دفع أقساط برنامج **Covered California** تغطية كاليفورنيا، يمكنك الاستفادة من هذا البرنامج ما لم يتم تغيير تغطيتك إلى برنامج **Medi-Cal** كما يمكنك الاتصال بـ الرقم **1-800-826-6317** وطلب ترجمة هذا الخطاب إلى لغتك أو بأي تنسيق آخر كأن يكون في شكل نسخة مطبوعة بخط كبير. يمكنك الاتصال بالهاتف النصي على الرقم **1-888-889-4500** لطلب الحصول على هذا الخطاب بتنسيق آخر بديل.