

UPDATED:

MHLA PROVIDER BULLETIN # 9 – Changes to Medi-Cal Screening and Enrollment for MHLA

July 19, 2021



The purpose of this provider bulletin is to inform you about changes in Medi-Cal screening and enrollment policies for MHLA participants who receive care at LA County Department of Health Services (DHS) clinics or hospitals. It also provides information about the importance of screening and enrolling MHLA participants into restricted Medi-Cal.

BACKGROUND:

- MHLA is not health insurance and is not recognized as health insurance at DHS facilities.
- All patients (MHLA or not) who receive care at DHS facilities are currently screened for Medi-Cal.
- Patients cannot be enrolled in MHLA and full-scope Medi-Cal or Restricted Medi-Cal with a Share of Cost (SOC). They can, however, be enrolled in MHLA and restricted Medi-Cal with no SOC.
- MHLA participants who are found to have full-scope Medi-Cal coverage or Restricted Medi-Cal with a Share of Cost (SOC) will be disenrolled from MHLA. That is because they no longer qualify for MHLA.

MEDI-CAL SCREENING AND ENROLLMENT FOR MHLA PARTICIPANTS AT DHS:

- Enrolled MHLA participants who present to a DHS facility for any service, including emergency, specialty, diagnostics or inpatient, will be referred to Patient Financial Services to apply for Medi-Cal and other health insurance programs.
- If participants do not already have restricted Medi-Cal and do not agree to apply for Medi-Cal, they may have some financial responsibility for the care they receive at the DHS facility.
- If during the financial screening process or through patient's self-declaration, a MHLA patient's income is determined to be above 138% FPL or are found to have Restricted Medi-Cal with a Share of Cost (SOC) they will be disenrolled from MHLA. The patient can still receive services without paying the full cost of care and will be provided options on other low-cost programs, such as the Ability To Pay (ATP) program. For more information, see: <http://dhs.lacounty.gov/wps/portal/dhs/healthcoverageoptions/>

MEDI-CAL SCREENING AND ENROLLMENT FOR MHLA PARTICIPANTS AND APPLICANTS AT COMMUNITY PARTNER (CP) CLINICS:

- All MHLA participants and applicants are strongly encouraged to apply for Medi-Cal at the CP, regardless of the level of benefits to which they may qualify (i.e. full-scope or restricted, with a share of cost or without).
- Clinics that can enroll MHLA participants in restricted Medi-Cal onsite should do so.
- Clinics that cannot enroll MHLA participants in restricted Medi-Cal onsite should refer the patient to the Department of Public Social Services (DPSS) or other Medi-Cal enrollment sites.
- All MHLA applicants will now receive a Medi-Cal referral letter generated by the One-e-App (OEA) system.
- OEA enrollers now must attest as part of the "Enroller Attestation" process in OEA that they will give each patient the Medi-Cal referral letter that is generated by OEA at the time of enrollment.