

The “Now or Later” Question

For Pre-Enrollment Oct-Dec 2013

Purpose of This Document

To determine how to provide the best customer service October through December, the worker will ask the customer when they need coverage. This is called the “Now or Later” question. Customer Need Determines use of CalHEERS enrollment (MAGI or APTC) or Pre-ACA Medi-Cal enrollment (SAWS) paths.

General “Now or Later” Discussion with Applicant

The point is to have a conversation with the applicant to help ascertain their situation and need.

*Hello, my name is _____. I'm going to help you enroll in health coverage today.
To get us started, can you tell me if you need health coverage benefits today,
or if you wanted to enroll in the new Medi-Cal program available January 1st?*

- **If Customer declares a “Today” (Now) need:**
 - Use “Now” path using SAWS. Take client all the way through enrollment process.
- **If Customer declares a “January 1st” (Later) need:**
 - Ask if there are children, aged or disabled household members who need coverage.
 - If children, aged, or disabled members, go “Now” SAWS path and communicate the following:
 - *Medi-Cal rules are staying the same for children and many aged and disabled Californians.*
 - *Let's go ahead and get your application going for coverage starting today. (See page 2).*
 - If no aged or disabled household members, go “Later” CalHEERS path, after checking MEDS for current eligibility. Take call all the way through enrollment process for MAGI or APTC.
- **If Customer asks about the difference, or otherwise does not have an immediate answer**
Communicate the following:
 - *The Medi-Cal coverage available today uses the old rules.*
 - *There may be more forms or verifications required, and property information may be needed, except for children.*
 - *If you or a family member needs medical help now, this is the way to go.*
 - *If you are eligible now, you will stay eligible when the new rules begin.*
 - *Starting in January, we have new simpler rules for Medi-Cal and more people are eligible.*
 - *The process is going to be shorter and easier, but the coverage doesn't start until January 1.*
- **If Customer still undecided: proceed with current benefits/Pre-ACA path to rule out current eligibility first.**

County Use of “Now or Later” by Access Pathway

Direct Calls: If a customer calls county directly to request application, prior to mailing packet, the “Now or Later” question is asked to determine which packet is sent: current packet, or, the SSApp. (May also give Covered CA website/phone information or SAWS portal, or set up in person interview appointment, as appropriate.)

Warm Handoff: If the customer is transferred via warm handoff from the Covered California service center, assume the “later” path and begin interview using CalHEERS system.
If one or more individuals in the family appear to be eligible for pre-ACA, discuss with the applicant and ask the relevant questions at the appropriate point in the process for those individuals.

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- Mail out:** At any point where an application would be mailed out or handed to a customer, ask the “Now or Later” question to determine which packet should be sent/handed out.
- Interview:** At a face to face or phone interview (if client has requested one), the “Now or Later” question is to be asked at the beginning of the interview.
- Paper Apps:** For paper application dropped off/mailed in (MC210 or any other pre-ACA application): assume customer needs pre-ACA benefits and process for pre-ACA. If initial review of MC210 indicates likely ineligibility to pre-ACA Medi-Cal, call to discuss with clients and (if agreed) proceed down “Later” path. (The existing application needs to be processed, but a customer may choose a quick denial and subsequent MAGI/APTC enrollment over a lengthy initial process that will not lead to eligibility.)
- New Paper App:** For Single Streamlined App (SSApp) mailed in/dropped off to county without prior contact: assume customer needs ACA benefits and process using “Later” path.
- eApps:** If an e-app is submitted through the SAWS consortia portal: Assume the “now” path and start there. This is because there will be language on the consortia portals linking applicants interested in benefits January 1, 2014 to the CalHEERS portal. If not eligible for Pre-ACA benefits after full determination, get needed information (SSApp, supplements, etc.) to pre-enroll customer using CalHEERS.

Other Clarifications

For the Aged & Disabled

If there is an application for a child or an Aged or Disabled customer, the worker can default to, or strongly encourage, pre-ACA (“Now”) Medi-Cal path. Possible exceptions that can be discussed with the client:

- Disabled, but low income and would be MAGI eligible as in the Adult Group, especially if providing property verification an issue.
- No current unmet medical need that cannot wait until January.
- Elderly, but applying as a caretaker relative.
- Applying very late in December.

For those applying for CalWORKs and/or CalFresh:

If there is an application for CalWORKs or CalFresh, the worker can default to, or strongly encourage, pre-ACA Medi-Cal path. Since there will be an interview and request for current verifications regardless, adding medical coverage for “Now” is a natural fit. Possible exceptions that can be discussed with the client:

- Non-LIHP county or customer appears LIHP ineligible or customer does not want LIHP referral.
- Customer declares property that would make them ineligible to Pre-ACA Medi-Cal or LIHP.
- Applying very late in December.

There *may* be other circumstances that affect the customer’s decision and the worker uses eligibility knowledge to work with the customer. The end goal is to avoid extensive processing that will clearly not result in eligibility for the customer.

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Possible Customer Questions

Which way is better?

It's very individual, that's why we ask you the question.

If you're not sure, let's look at you and your family for coverage beginning now.

What if I'm not eligible now?

If you want coverage now but it turns out you aren't eligible, we will work with you to enroll you in the new options available January 1.

You won't have to start the process from scratch.

Why did they transfer me to Medi-Cal? I wanted the good programs.

Medi-Cal is a great program.

There are many free programs, and the coverage is very good.

The Affordable Care Act strengthened Medi-Cal to be even better and serve more people.

What is going to be covered? Is my X going to be covered?

I'm a specialist in enrolling people; I'm not a specialist in coverage details.

Whichever program you are enrolled in, you will get full information sent to you about the coverage you will get.

Also, your current doctor's office may be familiar with the coverage offered.

I just want to put my kids on.

Getting coverage for adults is easier now than it used to be, and we could complete the application for all of you on this one call.

I don't want welfare.

Medi-Cal isn't "welfare".

Medi-Cal is a public health insurance program which provides needed health care services for many people in California, including many working families.

How does this affect CalFresh or CalWORKs?

If you are possibly eligible to CalWORKs or CalFresh, it would be great if you enrolled in those programs too.

Your choice for health care coverage doesn't affect those programs, but if you think you might be eligible for those, you'd probably be eligible for Medi-Cal today too - so let's go that route.