



Health Insurance Myths & Facts

(For Adults Age 19 and above, updated: June 2016)

Myth 1: One can not have Medi-Cal and any other insurance at the same time.

Fact: There are no restrictions on multiple coverage under Medi-Cal regulations. Medi-Cal may pay for any co-pays or deductibles you accrue under your private health insurance coverage, Medicare Part A (in-patient hospital), Medicare Part B (out-patient services, including specialty care and lab tests), Veterans Insurance, Tricare or any other public or private insurance plan that allows for such additional expenses. However, Medi-Cal does **NOT** pay for insurance premium or prescription costs otherwise covered under a Medicare Part D prescription drug plan.

Myth 2: Health Insurance is only available for U.S. citizens & nationals.

Fact: Even though the Affordable Care Act disallows the federal government to reimburse a US State for any payments for medical services under a public insurance program, in most California counties, including San Mateo County, there are programs in place that help adult residents age 19 and above to obtain basic health care coverage at an affordable price that allows for access to primary care, hospital care, laboratory tests and much more. In addition, the federal government allows enrollment into fullscope Medicaid (Medi-Cal in CA) for any immigrants who reside in the United States lawfully. Lawful status does not require a legal permanent resident card. A U-visa or DACA-status card, or any other visa or official USCIS/Homeland Security that grants even temporary stay in the United States, especially if accompanied by a Work Permit or Work Authorization Card may allow access to fullscope Medi-Cal coverage, or full enrollment into a Covered CA plan. Ask a trained Certified Application Counselor (CAC) for the current immigration rules on health insurance coverage.

Myth 3: Enrollment into federal, State or County health insurance plan will affect any future application for change of legal status.

Fact: The receipt of health insurance benefits public or private **does not** affect a person's immigration status in the present or future.

Myth 4: Any data shared with a public health enrollment entity will be exchanged with other government entities such as USCIS (Immigration) or IRS (Tax Collector).

Fact: In 1996 Congress passed the Health Insurance Portability & Accountability Act (HIPAA) to ensure the security and confidentiality of Protected Health Information. (PHI) This new law ensures that none of your Medi-Cal records can be

exchanged with any other government entity without your expressed written consent. Even though, the State Health Exchange under Covered CA has the ability to check electronically on your place of birth, Social Security record, immigration status and tax filing status with the federal IRS **none of your personal information** is actually exchanged with any Third Party databases and/or reviewed by a federal government entity for the purpose of (further) investigation into your personal affairs.

Myth 5: Share of Cost Medi-Cal is useless.

Fact: Even Medi-Cal coverage with a high Share of Cost can significantly cap medical expenses accrued through a medical emergency, especially as Medi-Cal does pay for all types of emergency care and transportation. A recipient is only responsible for any expense up to the total Share of Cost after which Medi-Cal pays for the total of the remaining balance, no matter how high. For instance, a recipient with a Share of Cost of \$500 only pays \$500 for a hospital stay. By comparison, the current deductible for a hospitalization under the Medicare program is \$1,288 for 2016. That means that just by enrolling into Medi-Cal in addition to Medicare you can save money on any future hospital bills.

Myth 6: Any single and/or unmarried parent signing up for Medi-Cal must cooperate with the District Attorney's Family Division to route Child Support payments through a legally binding court order to qualify for benefits.

Fact: Under the Affordable Care Act and the revised Medi-Cal rules most parents do no longer have to declare the receipt of Child or Spousal Support or payment of such and with that there is no active enforcement of enrollment into a private insurance plan through the absent parent of your child(ren) before you as a parent can apply for Medi-Cal coverage or be added to your child(ren)'s open Medi-Cal case.

Myth 7: Medicare recipients don't need Medi-Cal insurance coverage.

Fact: Most **Medicare** recipients are entitled to an **automatic reimbursement** from the *State of California* for their Medicare Part B premium, if they are actively receiving Medi-Cal benefits without a Share of Cost. This includes the Working Disabled program. In addition, All Medi-Cal/Medicare recipients in San Mateo County are entitled to **premium-free enrollment** into the *CareAdvantage CalMediConnect*, a Medicare Managed Care plan that also offers expanded vision insurance as well as subsidized medical transportation.

Myth 8: Medi-Cal will recover all expenses from my estate when I die.

Fact: The State of California can only recover expenses paid to a provider after you turned age 55 while being covered by Medi-Cal and only up to the extent of the actual accumulative payments, if there is no surviving spouse or disabled child in your family who can claim your estate, and if the estate recovery will not cause any undue financial hardship to your surviving family member(s).