

DIRECTIONS TO APPLY FOR MEDI-CAL

Important–Please Read

If You Have Been Determined Eligible for Presumptive Eligibility:

You are now eligible for Breast and Cervical Cancer Treatment Program (BCCTP) Presumptive Eligibility (PE). PE provides **temporary** full-scope, no Share of Cost Medi-Cal services for eligible individuals under the age of 65 who have been diagnosed with breast and/or cervical cancer. PE will pay for breast and/or cervical cancer treatment received from a Medi-Cal provider until you apply for Medi-Cal and your eligibility is determined.

Your Confirmation Document

The Confirmation Document provided today can be used to receive medical, dental, vision and pharmacy services with a Medi-Cal doctor. **Do not** destroy this document until your PE period ends or you are told you can get Medi-Cal and you receive a Benefits Identification Card (BIC) in the mail.

Medi-Cal Application

In order to continue benefits after the PE period of eligibility, **you must apply for Medi-Cal.**

- Apply for Medi-Cal in person or mail the Medi-Cal application to your local county social services office.
- To apply over the phone, call your local county social services office or (800) 300-1506.
- Apply online at www.CoveredCa.com . Applications are securely transferred to your local county social services office.

If you do not apply for Medi-Cal, your PE coverage will end on the last day of the month following your eligibility determination for PE.

If you need help filling out the Medi-Cal Application or have additional questions, you can contact a trained Certified Enrollment Counselor (CEC) free at 1-800-300-1506. You may also ask your provider or your local county social services office for help.

If You Have NOT Been Determined Eligible for Presumptive Eligibility:

Your application will be evaluated for other BCCTP programs if you apply for Medi-Cal and are determined **not** eligible for full scope benefits.

If You Have Already Applied for Medi-Cal

Contact your local county social services office and request a referral to BCCTP.

If You Have Restricted Scope Medi-Cal

If you already have share of cost, pregnancy, emergency, or restricted scope Medi-Cal, you do not have to reapply for Medi-Cal. Notify BCCTP of your current Medi-Cal eligibility.

If You Have Medicare or Private Insurance

You are still required to apply for Medi-Cal and receive a decision in order for BCCTP to determine your eligibility.

Your local county social services office will notify you when your Medi-Cal eligibility has been determined. If you are eligible for Medi-Cal, you will receive a Benefits Identification Card (BIC) in the mail. Please destroy your Confirmation Document and use your BIC to obtain services. If you are not approved for Medi-Cal, your BCCTP eligibility determination will be processed and you will be notified by BCCTP of your eligibility status.

NOTE: If you have an urgent medical need other than breast and/or cervical cancer, or if you wish to apply for other personal emergency programs, contact the local county social services office nearest where you live.