

HEALTHCARE

This resource provides an overview of some legal issues individuals may face after a disaster. This material was drafted in January 2025 and we cannot guarantee that all information is current. This resource will not answer all of your questions. It is designed to set out some of the issues you may have to consider, to help you understand the basics about each issue, and to point you in the right direction for help. Much of the information is general, and you may need to contact legal aid organizations or federal, state, city, or county officials to obtain more specific information and advice. Although the author hopes that it will be helpful by providing background material, we cannot warrant that it is accurate or complete, particularly since circumstances may change. It is not intended to constitute legal advice and should not be relied on as legal advice. Readers should seek tailored advice from their own legal counsel. If you cannot afford to hire a lawyer, you can contact (888) 382- 3406 for referral to a nonprofit legal aid organization.

If you need emergency medical care, federal law prohibits hospitals from turning away pregnant people in labor and patients facing emergency medical conditions, regardless of health insurance status.

For non-emergency medical needs, if you do not already know if you have health insurance, you should check with your employer or former employer, the county human services agency (<https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>), or Covered California (<https://www.coveredca.com>). You can also check with the Social Security Administration at (800) 772-1213 to see if you have Medicare coverage.

Medi-Cal offers free or low-cost health coverage for individuals with limited income. Generally, individuals and families with income up to 138% of the federal poverty level (FPL) who meet other eligibility criteria (and children with income up to 266% of the FPL) qualify for Medi-Cal (<https://www.coveredca.com/PDFs/FPL-chart.pdf>). Individuals with disabilities who are working may qualify for Medi-Cal at a higher income level.

Free local assistance may be available for individuals struggling to get or keep health coverage or to access medical care. The Health Consumer Alliance (HCA) is a network of legal service organizations that provide free legal assistance to health consumers across California, in all languages and regardless of income level. The HCA can be reached at (888) 804-3536 or <https://healthconsumer.org>.

Medi-Cal

How do I enroll in Medi-Cal?

You can apply for Medi-Cal year round by contacting your county human services agency in-person, online, or by mail or telephone. You can also apply online at www.coveredca.com/apply. Covered California's Certified Enrollment Counselors provide free Medi-Cal and Covered California application assistance.

After a natural disaster, Medi-Cal application requirements are less restrictive. County eligibility workers must accept telephonic applications and signatures must be accepted by phone and electronically. If you are unable to provide necessary verifications due to unusual circumstances like a fire, flood, or other natural disaster, you can provide a signed affidavit in place of the requested documentation for all verifications except citizenship and immigration status. If you are experiencing homelessness, a written statement on your Medi-Cal application is sufficient to establish residency.

What do I do if I need immediate medical assistance?

If you are applying for Medi-Cal and have an immediate medical need, the county must expedite your eligibility determination whenever possible. If you have severe or immediate medical needs, you may also obtain expedited temporary Medi-Cal through Hospital Presumptive Eligibility, Pregnancy Presumptive Eligibility, or Children's Presumptive Eligibility.

If you have questions about your coverage after you are enrolled in Medi-Cal, contact your county human services agency. If you need help obtaining non-hospital-based medical assistance, contact your doctor, your pharmacy, or your Medi-Cal managed care plan.

How do I keep my Medi-Cal?

Medi-Cal terminations must be delayed during and after natural disasters if you are unable to provide required documentation. County eligibility workers may also retroactively reinstate a survivor's Medi-Cal eligibility while they process signed affidavits or locate required documentation.

As of July 2022, Medi-Cal no longer requires payment of monthly premium payments. If premium payments are ever reinstated, the Department of Health Care Services (DHCS) will suspend collection of monthly premium payments for the Medi-Cal Access Program (MCAP), Medi-Cal Access Infant Program (MCAIP), and the Optional Targeted Low Income Children Program (OTLICP) in counties affected by a state or federally declared public health crisis or natural disaster. DHCS cannot discontinue your Medi-Cal for failure to pay monthly premiums during a natural disaster.

If you lost your Medi-Cal Benefits Identification Card (BIC), contact your county human services agency to request a replacement card.

How do I access care through my Medi-Cal managed care plan?

If you are enrolled in a Medi-Cal managed care plan, contact your plan directly to access care. The customer service phone number for your plan is on the back of your benefits card and your plan's website.

If you have been displaced due to a natural disaster and are currently residing in a different California county, you do not need to reapply for Medi-Cal. Instead, request an inter-county transfer. Contact the Medi-Cal Managed Care Office of the Ombudsman at (888) 452-8609 for assistance. Your county worker should also help you with your health plan change, if needed.

If your providers are unavailable after a disaster, your Medi-Cal managed care plan is still required to provide adequate provider networks, including by authorizing out-of-network care if no providers are available in-network. Plans must make urgent care that does not require prior authorization available within 48 hours (and within 96 hours when prior authorization is required). Non-urgent physician appointments must be available within 10 business days, and specialty appointments must be available within 15 business days.

How do I access my prescription drugs?

You can contact your prescribing provider, pharmacy, and/or managed care plan to request a refill. Medi-Cal beneficiaries are also entitled to at least a 72-hour fill of prescription drugs in an emergency situation. Medi-Cal must approve or deny pharmacy authorization requests within 24 hours.

How do I replace removable dental appliances?

Removable dental appliances (orthodontic retainers, space maintainers, partial and full dentures, and temporomandibular joint appliances) may be replaced under special expedited procedures. DHCS should issue guidance after each major disaster. Here is an example of guidance from a 2025 disaster: https://dental.dhcs.ca.gov/MCD_documents/providers/provider_bulletins/Volume_41_Number_01.pdf.

Covered California

How do I enroll in coverage through Covered California?

Each calendar year, Covered California's open enrollment is November 1 through January 31. See Covered California's Shop and Compare tool at <https://apply.coveredca.com/lw-shopandcompare> to review your coverage options and determine whether the doctor you want to see is in a plan's network.

You can enroll in coverage outside the Covered California open enrollment period if you experience a "qualifying life event" (QLE), which entitles you to a special enrollment period (SEP). A declared state of emergency in California, due to a wildfire, flood, or other natural or human-caused disaster, gives affected

individuals an SEP for 60 days from the declared state of emergency, which includes the right to change plans if the disaster causes displacement. Other examples of qualifying life events include loss of health insurance, a permanent move to or within California, having a baby or adopting a child, getting married or entering a domestic partnership, or becoming a citizen or gaining other lawfully present status.

If you need help enrolling or have questions about whether you are entitled to an SEP, call Covered California's Service Center. The Service Center is open Monday – Friday, 8:00 a.m. – 6:00 p.m. The number is (800) 300-1506 (TTY: (888) 889-4500). You can enroll online at www.coveredca.com or contact a Certified Insurance Agent or Certified Enrollment Counselor for enrollment assistance. Search for an enrollment assister by zip code and language at <https://www.coveredca.com/support/find-an-enroller>.

Do I qualify for financial assistance?

You may qualify for financial help to receive health insurance through Covered California. Eligible consumers may receive two forms of financial assistance, Advanced Premium Tax Credits (APTCs), and Cost-Sharing Reduction payments (CSRs). APTCs reduce your monthly premium costs, and CSRs reduce out-of-pocket costs (such as copays, coinsurance, and deductibles). Additionally, consumers are eligible for additional financial help from the state of California to lower the cost of premiums.

What do I do if I need immediate medical care?

If you need medical assistance, contact your doctor, your pharmacy, or your health plan. Covered California plans are required to provide individuals who have been displaced by a state of emergency access to medically necessary health care services by taking action, such as suspending prescription refill limits or granting care out-of-network. Plans must make urgent care that does not require prior authorization available within 48 hours (and within 96 hours when prior authorization is required). Non-urgent physician appointments must be available within 10 business days, and specialty appointments must be available within 15 business days. Contact your plan for more information.

If you have questions about your premium or payment due dates, contact your health insurance company. For a list of phone numbers for Covered California health insurance plans, see www.coveredca.com/find-help/health-plans.

If you lost your membership ID card, call your health insurance company directly to request a replacement ID card.

COVID-19 HEALTH CARE POLICY CHANGES

Medi-Cal

Medi-Cal covers medically necessary COVID-19 testing, screening, and treatment at no cost to the beneficiary. You do not need to get this care approved in advance.

DHCS has a 24-hours-per-day, 7 days a week advice line that connects you with a nurse to discuss your COVID-19 symptoms and helps connect you with local resources. Call the Medi-Nurse Line at (877) 409-9052. Learn more at <https://www.dhcs.ca.gov/Pages/DHCS-COVID-19-Medi-Nurse-Line.aspx>.

Medi-Cal Managed Care and Private Insurance

The California Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) require plans to cover screening and testing for COVID-19. In most cases, testing is available at no cost to the consumer. Plans may not require prior authorization for services related to testing and screening. For more information, call your health plan or go to the CDI (<https://www.insurance.ca.gov/>) and DMHC (<https://www.dmhc.ca.gov/>) websites.