



COVID-19 and the Public Health Emergency (PHE) Frequently Asked Questions (FAQ)

On January 27, 2020, Health and Human Services (HHS) the declared COVID-19 pandemic to be a public health emergency (PHE). A PHE is an official declaration made by the Department of Health and Human Services (HHS), a federal agency when a disease or disorder presents an emergency to public health, or that a PHE otherwise exists due to significant outbreaks of infectious disease. PHEs can last up to 90 days and can be extended at any time by HHS.

How will I know when PHE ends?

In response to continued impacts of the COVID-19 pandemic, A PHE lasts for 90 days and must be renewed to continue; the PHE for COVID-19 has been renewed several times. The Biden Administration has said that it will give states a 60 day notice before the PHE expires, you will than be receiving a renewal packet in the mail.

How will this impact my health at TrueCare?

Usually, PHE will not affect TrueCare's operational standards to serve you. If you are not eligible for any Medi-Cal programs, you may be eligible through the Health Insurance Marketplace. TrueCare is committed to helping people in our community lead happy and healthy lives. We promise to never turn any patient away for their inability to pay and offer flexible payment options to fit your needs.

How will I know if the PHE ending will affect my or my family's coverage?

Medi-Cal beneficiaries will be informed of upcoming changes by mail, therefore it's important to report any changes in your household to your local county office. This includes changes to your income, disability status, phone number, or mailing address. You should also report if someone in your household becomes pregnant, if someone moves in, or anything else that may affect your Medi-Cal eligibility. Reporting these changes may help you continue to receive Medi-Cal coverage after the end of the COVID-19 PHE. You may also see one of our Program and Resource Specialist to assist you update any changes.

Mixed Household Cases and Other Medi-Cal Reminders?

Although family members can apply together for health coverage, each member of the household is evaluated and provided an eligibility determination individually. Some members of the household may qualify for Medi-Cal, whereas others may qualify for financial assistance (Advanced Premium Tax Credit and/or Cost Sharing Reductions) through Covered California. For these mixed household cases please see a Program & Resource Specialist for further assistance.

Are we required to fill out and return renewal packets when we receive them?

Yes, it is important that Medi-Cal beneficiaries respond to county requests for updated information, including renewal packets. This will make sure the county has the most current information it needs to renew your Medi-Cal coverage. It will also help the county see if you qualify for no-cost or lower cost coverage.

Who do I contact if I have questions?

Please call or text us at 760-736-6734 or contact your local county office at 866-262-9881