

## How it Works

**1** Present your PAI card and provider brochure to your provider.

**2** Your provider must contact CDPH to verify program eligibility and PAI to set up automatic payments. If you are charged payment, continue to the next step.

**3** Submit an invoice, EOB, and MOOP claim form to PAI by fax, e-mail, or mail.

**4** Request a refund from your provider, if applicable. If your claim is denied, you will receive a denial letter via mail.

**I submitted my MOOP claim form. How do I know if a payment was made to my provider?**

PAI will review your MOOP Claim Form, invoice, and EOB. If these are approved, payment will be sent to your provider within four business days.

If the MOOP Claim Form, invoice, and/or EOB are not approved, you will receive a denial letter. You will have 21 days to appeal the denial. If you paid your provider for the visit and your provider received payment from PAI, please contact your provider to obtain a refund.

## Frequently Asked Questions

**I did not receive my PAI card, what do I do?**

*Please contact PAI at 1-877-495-0990, and a new card will be mailed to you.*

**Do I need to apply for this benefit?**

*Clients enrolled in one of CDPH's insurance assistance programs are automatically eligible for this benefit. You do not need to apply.*

**If I paid for my medical out-of-pocket cost already, can you pay me back directly?**

*Due to federal requirements, we are unable to pay clients directly. The payment will be sent to your provider. Please request a refund from your provider.*

**What do I do if my provider insists that I make payment directly?**

*We strongly advise that clients make the payment. You will be responsible for any late payment fees.*

**Is my provider required to bill PAI directly?**

*No, your provider does not have to participate. However, you can submit a Medical Out-of-Pocket Claim Form, invoice, and EOB directly to CDPH.*

## Have More Questions?

California Department of Public Health  
Call Center:

**1-844-421-7050**

or

Pool Administrators, Inc. (PAI):

**1-877-495-0990**

# An Explanation of the Medical Out-of-Pocket (MOOP) Benefit

## A Guide for Clients







## Overview

The California Department of Public Health (CDPH) helps with paying outpatient medical out-of-pocket costs for eligible clients. The Medical Out-of-Pocket (MOOP) benefit helps with paying outpatient medical out-of-pocket costs for clients enrolled in one of our insurance assistance programs, up to the client's annual out-of-pocket maximum. MOOPs include the portion the client owes for copayments, coinsurance, and deductibles.

A medical out-of-pocket cost is money you are charged when you visit your provider, emergency/urgent care or have a lab or x-ray completed.

The following types of **outpatient** visits may be covered:

-  **Labs**
-  **Provider (doctor) visits**
-  **Radiology/X-ray/imaging**
-  **Emergency/urgent care**

An outpatient visit is a visit that does not require overnight hospitalization.

## Am I eligible for the MOOP Benefit?

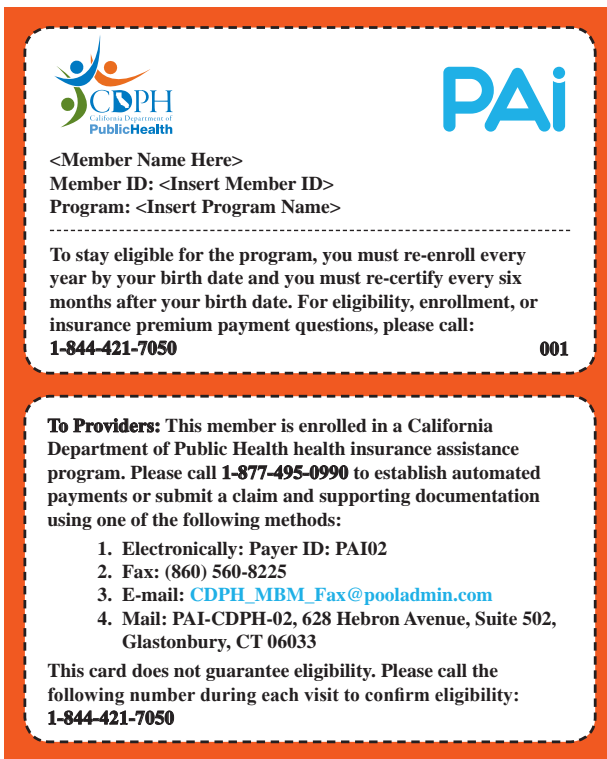
To qualify for the MOOP benefit, you must be:

- 1) Fully enrolled in CDPH's Medication Assistance Program; and
- 2) Fully enrolled in one of CDPH's insurance assistance programs.



## I qualify for the MOOP Benefit. What are the next steps?

To use this benefit, please take the following steps:

- 1) For any outpatient visits, provide your Pool Administrators, Inc. (PAI) card (pictured below) and the Guide for Providers brochure to your provider's office. *Please note: provider participation is optional.*



The image shows a template for a Pool Administrators, Inc. (PAI) card. It features the CDPH logo and the PAI logo. The card contains fields for Member Name, Member ID, and Program Name. It also includes instructions for staying eligible for the program and a list of methods for providers to verify eligibility. The card number 001 is visible in the top right corner.

<Member Name Here>  
Member ID: <Insert Member ID>  
Program: <Insert Program Name>

To stay eligible for the program, you must re-enroll every year by your birth date and you must re-certify every six months after your birth date. For eligibility, enrollment, or insurance premium payment questions, please call: **1-844-421-7050** **001**





**To Providers:** This member is enrolled in a California Department of Public Health health insurance assistance program. Please call **1-877-495-0990** to establish automated payments or submit a claim and supporting documentation using one of the following methods:



1. Electronically: Payer ID: PAI02
2. Fax: (860) 560-8225
3. E-mail: [CDPH\\_MBM\\_Fax@pooladmin.com](mailto:CDPH_MBM_Fax@pooladmin.com)
4. Mail: PAI-CDPH-02, 628 Hebron Avenue, Suite 502, Glastonbury, CT 06033

This card does not guarantee eligibility. Please call the following number during each visit to confirm eligibility: **1-844-421-7050**

- 2) Your provider must contact CDPH to verify program eligibility and can contact PAI to setup automatic payments. If your provider continues to ask you to pay for the office visit directly, obtain a copy of your invoice from your provider.
- 3) Please obtain a copy of an Explanation of Benefits (EOB) from your health insurance plan.

- 4) The documents (invoice and EOB) must include the following:

-  **Your name**
-  **Your provider's name or name of your clinic**
-  **Date of service (date that you went to see your provider)**
-  **The type of outpatient visit:**
  - Labs
  - Provider (doctor) visits
  - Radiology/X-ray/imaging
  - Emergency/urgent care

-  **The medical out-of-pocket cost**
-  **The amount that was covered by your insurance**

- 5) Fill out a [MOOP Claim Form](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_forms.aspx) from the CDPH website: [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_adap\\_forms.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_forms.aspx)
- 6) Submit the MOOP Claim Form, invoice, and EOB to PAI using one of the following methods:
  - **Fax:** (860) 560-8225
  - **E-mail:** [CDPH\\_MBM\\_Fax@pooladmin.com](mailto:CDPH_MBM_Fax@pooladmin.com)
  - **Mail:** PAI-CDPH  
628 Hebron Avenue, Suite 100  
Glastonbury, CT 06033