Medi-Cal RedeterminationFrequently Asked Questions (FAQ)



Updated: 11/9/23

OVERVIEW

Medi-Cal redetermination is happening now. If patients/members do not renew their Medi-Cal eligibility with the county, they can lose their coverage. Here's what you need to know...

General:

- How can patients/members relay an address change to the county?
- A Patients/members may call the IEHP Eligibility Team at **1-888-860-1296** (Monday-Friday, 8AM-5PM) to have their address updated with the county.
- What address options do patients/members experiencing homelessness have?
- A This will depend on the county. Renewal packets can be picked up from the county office.
 - Some patients/members experiencing homelessness may use the county address, and they are asked to come in frequently to complete paperwork. Those with cell phones may also use messaging to complete their package.
- What are examples of Medi-Cal recipients who are auto-renewed?
- Counties will attempt to auto-renew all Medi-Cal beneficiaries. The auto-renewal process is a redetermination of eligibility that is based on reliable information available to the agency without requiring information from the individual. This includes, but is not limited to, information accessed through electronic data sources.
 - If sufficient information is not available to complete an auto-renewal redetermination or if there is information that indicates the beneficiary may be ineligible, the member will receive a renewal packet requesting additional information or documentation needed to determine eligibility.
- What is the process for children in foster care as well as those who have a disability?
- All Medi-Cal beneficiaries, including foster children and individuals with disabilities, must have their eligibility reviewed annually. Depending on the circumstances, their eligibility can be renewed automatically, or additional information and paperwork may be required.
- Open the patient/member still have Medi-Cal coverage during the redetermination period?
- A Yes, they have Medi-Cal coverage until the end of the redetermination period, which is the submission due date of their paperwork.

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What happens when you submit the Medi-Cal renewal paperwork before the due date or after the due date?

A It is critical that members submit their Medi-Cal renewal form by the due date to maintain active eligibility while the county processes the paperwork. If a member does not submit their paperwork by the due date, they will be disenrolled and may experience delays in eligibility reinstatement when submitting their paperwork during the 90-day cure period.

IF	THEN
A member turns in paperwork on time	 The patient/member will keep their coverage and will receive information if their coverage changes (ex. increased share of cost) when the county processes the renewal paperwork. If they remain eligible, the member will receive information about their ongoing coverage from the County. If ineligible, the member will be given adequate notice (a minimum of 10 days) that their benefits will end. They are then referred to Covered California for other health care coverage options.
A member turns in paperwork after their redetermination date, during the 90-day cure period immediately following the redetermination submission due date	 The patient/member is disenrolled and does not have Medi-Cal. However, the 90-day cure period allows for additional time for paperwork to be completed, and for the coverage to be continued. If they remain eligible for Medi-Cal, the member will receive information about their coverage from the County, including the effective date (possible retroactively). If ineligible, they will NOT receive benefits; not even retroactively. The County will inform them they are not eligible for Medi-Cal and the member will be referred to Covered California for other health care coverage options.
A member turns in paperwork after their redetermination date, after the 90-day cure	 The patient/member is disenrolled and does not have Medi-Cal. They will need to file a new Medi-Cal application.
period immediately following the redetermination submission due date	

Is reinstatement of Medi-Cal retroactive?

A The county may retroactively reinstate Medi-Cal coverage.

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- How are the counties ensuring all patients/members are notified in a timely manner?
- A Counties have ramped up efforts to ensure their staffing can manage the expected influx of Medi-cal redetermination submissions.
- If a member is in the process of applying for IEHP Covered and is declined, are they automatically re-enrolled in Medi-Cal or do they have to start the Medi-Cal application process from the beginning?
- A The member will not be automatically re-enrolled into Medi-Cal. If they are within the 90-day cure period, they can submit their renewal form for the county to process. If it is after the 90 days (day 91+), they must reapply.
- What should a practice do if a member's Medi-Cal renewal date has passed and they are calling for an appointment?
- A Please schedule appointments according to the member's eligibility status when verified via the Secure IEHP Provider Portal, not based on the member's Medi-Cal renewal due date. If a member does not submit their Medi-Cal renewal paperwork by the due date, the member will be disenrolled and the member should be directed to call their county DPSS office or IEHP's Eligibility Support Team at 1-888-860-1296.

Hospitals/SNFs:

- Where are renewal packets delivered for patients/members who are residing in SNFs?
- A Renewal packets will be delivered to the address on file with the county.
- Is presumptive Medi-Cal possible after disenrollment if a person comes to the ED or is admitted to the hospital?
- A Yes, this is possible.
- What if a LTC resident previously enrolled with IEHP is enrolled into another plan after automatic renewal?
- Any member wishing to re-enroll in IEHP from their existing plan, can do so anytime. This can be done online, by phone, by mail or in person. For more information, see **Enroll | Medi-Cal Managed Care Health Care Options**.