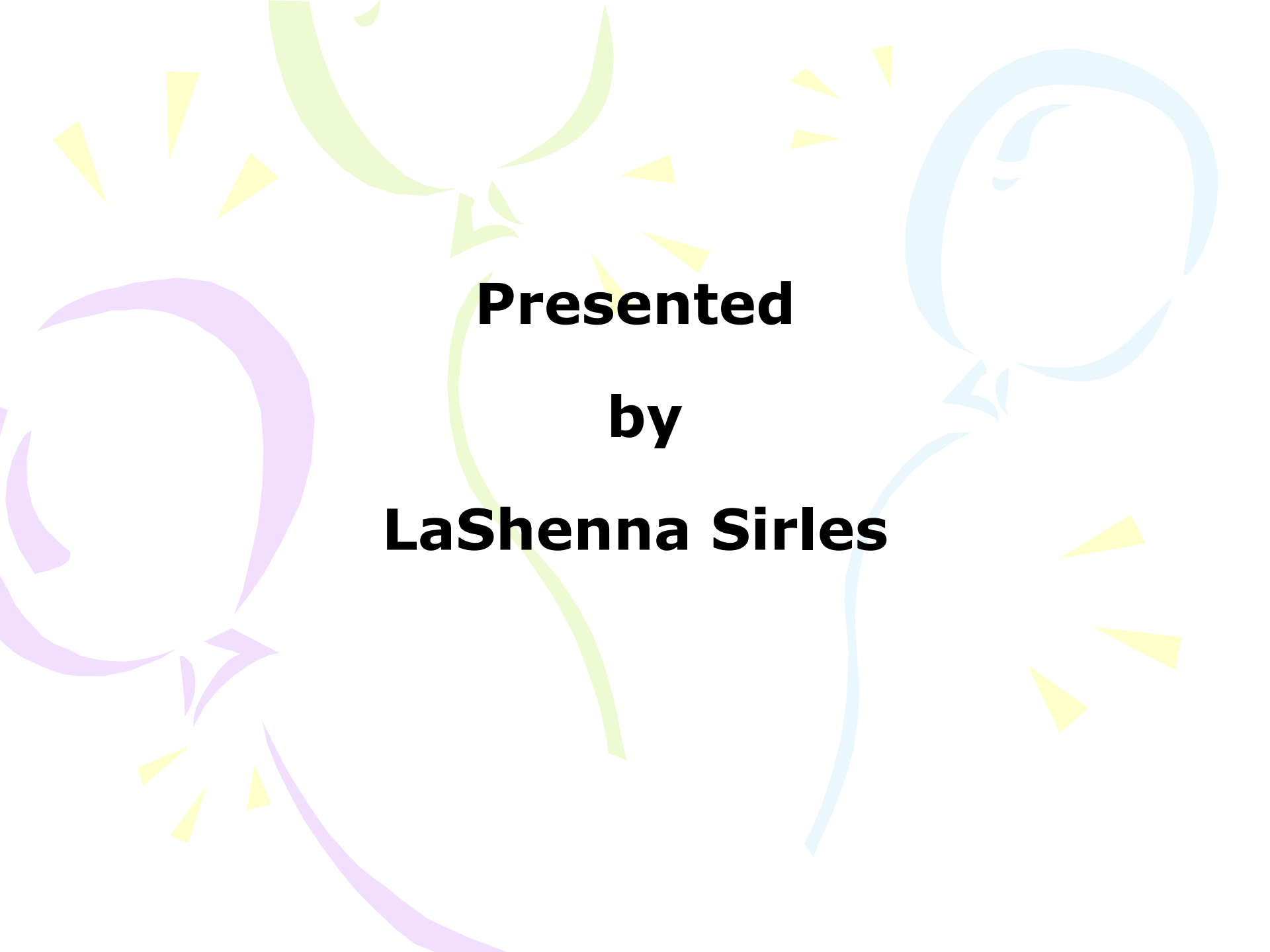




# San Francisco Medi-Cal Health Connections



The background features three large, stylized swirls in light green, light purple, and light blue. Interspersed among these swirls are several yellow starburst shapes, each composed of multiple small triangles pointing outwards.

**Presented  
by  
LaShenna Sirles**



# Medi-Cal Redetermination (RV)

Title 42, Code of Federal Regulations, Section 435.916 (a) requires counties to redetermine the eligibility of Medicaid recipients with respect to circumstances that may change, at least once every 12 months. Welfare and Institutions Code (W&I) Section 14012 states that redetermination must be completed annually and may be required at other times in accordance with general standards established by the Department of Health Care Services (DHCS).

# Best Practices for Completing Medi-Cal Renewal Forms

1. Complete all areas of the redetermination forms with accurate information.
2. Submit all redetermination forms and requested information by the printed due date via fax, mail, or at the Medi-Cal office.
3. If assistance is needed or questions regarding submission of renewal forms, please contact the Medi-Cal hotline.

## **Resource Information:**

Medi-Cal Hotline: 415-558-2800

Fax number: 415-355-2432

Email: [SFMedi-Cal@sfgov.org](mailto:SFMedi-Cal@sfgov.org)

# Important Timelines

- Renewal packets are mailed out 60 days before the redetermination due date.
- Client has until the end of the redetermination month to submit redetermination packet
  - A discontinuance Notice of Action (NOA) will be generated 10 days prior to the last day of the redetermination month.
- If the client fails to act on the 30 day discontinuance
  - **"90 day cure period"** from the effective date of the "Failure to complete the Medi-Cal redetermination" discontinuance to provide appropriate information to the Medi-Cal office.

# Supreme Court of California

- Effective Immediately:
  - The Supreme Court of California has issued an injunction letter, resulting from a lawsuit, in which it mandates all counties to stop the discontinuance of any cases due to failure to comply with the redetermination process, or due to failure to provide verifications/information at redetermination time.

# Medi-Cal Redetermination Packet

- There are four different sets of forms based on the case type for Medi-Cal Redetermination:
  1. The MAGI redetermination packet for cases that result as not compatible with the Federal HUB.
  2. The Mixed Medi-Cal (both MAGI & Non-MAGI) redetermination packet
  3. The Non-MAGI Medi-Cal redetermination packet.
  4. The Long-Term Care Medi-Cal redetermination packet.

The slide features a decorative background on the left side with a light green balloon at the top, a light blue balloon in the middle, and a light purple balloon at the bottom. Yellow streamers and triangular flags are scattered around the balloons. The main title is enclosed in a black rectangular box.

# **MAGI Redetermination Form**

- **MC 216- Medi-Cal Renewal Form**

- The pre-populated MC 216 will be auto-generated and sent by CalWIN (county eligibility system). CalWIN will pre-populate the information it has for the beneficiary on the form.

- **Submit Recent Income Tax Form**



# Mixed Medi-Cal Redetermination Packet

- **MC 216- Medi-Cal Renewal Form**

- The pre-populated MC 216 will be auto-generated and sent by CalWIN.
  - **Recent Income Tax form and recent paystubs**

- **MC 604 IPS- Evaluation for Non-MAGI Medi-Cal**

- The MC 604 IPS acquires the necessary Non-MAGI MC asset, income, and deduction information to evaluate for Non-MAGI Medi-Cal eligibility when such information has not been previously obtained or is not current for individuals who are:
  - No longer eligible for MAGI Medi-Cal, or
  - Non-MAGI in a Mixed Medi-Cal case (MAGI & Non-MAGI case members.)
    - **Recent Income Tax form, recent paystub, and recent financial statement(s) for an individual and/or family members in the household.**



# Non-MAGI Medi-Cal Redetermination Packet

- The Non-MAGI only redetermination packet (non-LTC) consists of the following forms:
  - The Request for Tax Household Information (RFTHI) forms consist of:
    - **MC 01-2014**
    - **MC 01-2014 APDX-RFTHI**
    - **MC 0216 Medi-Cal Renewal Form**
      - **Recent Income Tax forms**
      - **Recent Paystubs**



# Long-Term Care Medi-Cal Redetermination Packet

- The Long-Term Care Medi-Cal redetermination packet consists of the following forms:
  - **MC 262- Redetermination for Medi-Cal Beneficiaries**
    - Recent Income information
    - Recent Financial information, if applicable.

# Medi-Cal Medicare (Medi-Medi) Redetermination Process

- The eligibility worker performs the following:
  - **Ex-Parte Review** in the MEDS (state data base) to verify income
  - **Medi-Cal 14A**

# Eligibility Discrepancies in Medi-Cal Eligibility

- CalHEERS
  - Conditionally Eligible
  - Different incomes reported to the system
- Calwin and MEDS
  - Eligibility was granted under Client Index Number (CIN) base and not case base

# Forms of Verification for Redetermination Process

- If selected, **automatic renewal** allows the county to electronically verify necessary information for the redetermination process.
- **Recent year tax return**
- **Paystub(s)**
- **Self-Employment**
  - Schedule C from recent tax return
  - Profit and Loss statement
- **Self-Declaration statement**
- **Financial statement(s)**
- **Family Support Bureau**