

L.A. Care[®]
Medi-Cal



March 2023

**Medi-Cal Redetermination
Provider Toolkit**



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Dear L.A. Care Provider (Provider),

During the COVID-19 Public Health Emergency (PHE), Medi-Cal beneficiaries have been able to keep their coverage regardless of any change in circumstance (e.g., income eligibility) due to the continuous enrollment requirement that was put into effect to support access to care during the pandemic. On March 31, 2023 the continuous enrollment requirement will be decoupled from the PHE end date, which will set the stage for the resumption of Medi-Cal redeterminations to begin on April 1, 2023. Once routine Medi-Cal renewal operations resume, the county will check to see if beneficiaries still qualify for Medi-Cal and take action following verification of eligibility.

Many beneficiaries have had minimal or no contact with their county eligibility case worker due to the PHE continuous enrollment requirement. It is anticipated that a significant volume of eligible individuals could lose their coverage once redeterminations resume as a result of the County having outdated contact information or beneficiaries being unaware of the renewal process. Managed care plans have received regulatory guidance that presents a unique opportunity for collaboration between States, Counties, managed care plans, and providers to ensure continuous coverage for eligible individuals.

L.A. Care's **call to action** for our providers, as trusted partners to their patients, is to conduct outreach and bring awareness to the resumption of Medi-Cal renewals. The following are two key messages recommended by the California Department of Health Care Services to promote among Medi-Cal beneficiaries. Consistent messaging will help minimize confusion and align efforts across sectors.

1. Keep your contact information up to date with your local county Medi-Cal office by reporting changes to the Los Angeles County Department of Public Social Services at **1.866.613.3777** or visit **benefitscal.com**
2. If you receive important information about your Medi-Cal coverage from the County, complete and submit any requests for information by the due date

To support providers in their outreach and communication efforts, we are excited to share L.A. Care's Redetermination Provider Toolkit. We encourage you to share this information with your provider network, given their opportunity to interact with members often and in-person. To access the Redetermination Provider Toolkit, please visit **<https://www.lacare.org/providers/provider-resources/tools-toolkits/toolkits>**

Included in the Redetermination Provider Toolkit are the following:

1. Redetermination Frequently Asked Questions (FAQs)
2. Access to and guidance to upload educational animation videos including Global Outreach Language (GOL)
 - a. The videos can be shared with members in multiple ways: via social media postings, on websites, displayed in Provider offices or patient exam rooms, etc.
 - b. Link to access and download the videos:
<https://lacarecloud.sharefile.com/d-s3c15c3ec045f4fbe9c2f17203e9bb658>

3. Option to receive a redetermination poster for display in Provider offices
4. The Los Angeles County Department of Public Health Medi-Cal Enrollment Assistance Flyer
 - a. This flyer provides a list of agencies across Los Angeles County with bilingual staff who are able to provide Medi-Cal enrollment assistance
 - b. **CHOIContractorListEngSp.pdf (lacounty.gov)**
5. The Department of Health Care Services Phase 1 and Phase 2 Communication Toolkits including outreach collateral materials with pre-approved GOL
 - a. The Phase 1 **PHE Communication Toolkit 1.0** includes a redetermination website banner, social media graphics, and more that Providers are encouraged to use in their outreach efforts.
 - b. The Phase 2 **Medi-Cal Continuous Coverage Unwinding Toolkit** is included within the Medi-Cal Continuous Coverage Resource page and includes flyers, fact sheets, social media graphics, sample messaging, and more that Providers are encouraged to use in their outreach efforts.
 - c. To sign-up as a DHCS Coverage ambassador, please visit **Planning For the End of the Continuous Coverage Requirement**.
6. The Department of Health Care Services Eligibility Sequencing Map
 - a. The eligibility sequencing map provides a detailed timeline of the renewal activities that will occur over a 14-month time period, in addition to highlighting the specific renewal activities that occur during each renewal period.
 - b. **Appendix A (1).pdf**

L.A. Care greatly appreciates the partnership with each of our providers. Together, we can help raise awareness on redetermination requirements to support continuity of coverage for eligible Medi-Cal beneficiaries. Should you have questions related to the information shared, please contact your assigned L.A. Care Account Manager via phone at **1.844.361.7272** or via email at **DirectNetwork@lacare.org**.

Sincerely,

L.A. Care Health Plan

Provider FAQs: Medi-Cal Redetermination



Due to the continuous coverage requirement that was enacted during the public health emergency (PHE), Medi-Cal beneficiaries have been able to keep their Medi-Cal coverage regardless of any changes in circumstances. Once the continuous coverage requirement ends on March 30, 2023, the Los Angeles County Department of Public Social Services (DPSS) will resume Medi-Cal annual renewal redetermination operations on April 1, 2023.

Q: What is the Medi-Cal annual renewal redetermination process?

A: Every 12 months, DPSS will conduct a review of a Medi-Cal member's information to determine if they are still eligible to receive Medi-Cal benefits and have their Medi-Cal enrollment renewed to the following year.

Q: Which Medi-Cal members are renewed through the ex parte or automatic renewal process?

A: The annual renewal redetermination process begins with an ex parte review. During this review, DPSS will attempt to verify the member's information through multiple sources available to the county. This includes but is not limited to:

- a.** information in the member's Medi-Cal, CalWORKs, and CalFresh case files,
- b.** information accessed through any available electronic databases or electronic verification services including, such as the Federal Data Services Hub, and
- c.** all other sources of relevant information reasonably available to the county that are in accordance with the law and DHCS policy.

If DPSS locates the information needed to redetermine eligibility through the ex parte process, DPSS will not reach out to the member to request any additional information, and will complete the annual renewal and send the approval Notice of Action (NOA) letter.

Q: Why do some Medi-Cal members receive a renewal form and need to provide additional information to have their Medi-Cal renewed?

A: An annual renewal form will be sent to the member if DPSS is unable to redetermine continued Medi-Cal eligibility through the ex parte process. The member is given 60 days to provide the information requested by DPSS. Information requested in the annual renewal form may be provided to DPSS online, by phone, in person, or by mail. Beneficiaries do not need to return the paper annual renewal form but they must provide the necessary information requested in the form and sign the form through any of the available means indicated. If members have questions about renewing their health care coverage, they can call DPSS.

Q: How does a Medi-Cal member know when their renewal month is?

A: The annual renewal month is the month in which the member's annual renewal is due. Typically, the annual renewal due month is the 11th month after their application month. For example, if the member applied in August, their annual renewal due month is usually set to the following July. Members can also determine their renewal month by calling DPSS.

Q: How long does a member have to complete their renewal packet before getting disenrolled from Medi-Cal?

A: The member is provided 60 days to provide the requested information to DPSS. If the requested information is not received by the 60-day due date, Medi-Cal benefits will discontinue at the end of the renewal due month. Members have up to 90 days from the discontinuation date to provide the information needed to re-establish coverage. After 90 days, members will have to submit a new Medi-Cal application.

Q: How can Medi-Cal members update their information?

A: If a member's name has changed, if they have moved to a different address, changed their telephone number, or need to correct any of their personal information, they should call the Los Angeles County Department of Public Social Services at **1.866.613.3777** Monday – Friday from 7:30 a.m. – 6:30 p.m. (excluding holidays) or visit **benefitscal.com**. Members can also go to **KeepMediCalCoverage.org** for more information and to sign up for text or email updates on Medi-Cal renewals.

Q: What happens after renewal packets are returned?

A: The Los Angeles Department of Public Social Services (DPSS) will send the member a letter to let them know if they still qualify for Medi-Cal coverage. If additional information is needed to renew their coverage, DPSS will send the member a letter requesting any missing information.

Q: When Medi-Cal members have had some changes to their household, what do they need to do to keep their Medi-Cal Coverage when the continuous coverage requirement ends and Medi-Cal redeterminations resume?

A: Medi-Cal members are required to report any household changes, such as income, if someone becomes pregnant, a new household member, and any other changes, to their local county office so that they can continue to receive Medi-Cal coverage when the Medi-Cal redetermination process resumes. Members should go to **benefitscal.com** or call the Los Angeles County Department of Public Social Services at **1.866.613.3777** Monday – Friday from 7:30 a.m. – 6:30 p.m. (excluding holidays) to report any changes. Members can also go to **KeepMediCalCoverage.org** for more information and to sign up for text or email updates on Medi-Cal renewals.

Q: Are Medi-Cal members required to fill out and return renewal packets when they receive them?

A: It is important that if members have Medi-Cal that they respond to county requests for updated information, including renewal packets. The county needs the latest member information to renew their Medi-Cal coverage and see if they qualify for no-cost or lower cost coverage. The member does not need to return the paper annual renewal form but they must provide the necessary information requested in the form and sign the form through any of the available means indicated.

Q: Will Medi-Cal members lose their coverage if they get a raise while the continuous coverage requirement is in place?

A: Medi-Cal members need to report all income changes to their local county office. Members should go to **benefitscal.com** or call the Los Angeles County Department of Public Social Services at **1.866.613.3777** Monday – Friday from 7:30 a.m. – 6:30 p.m. (excluding holidays) to report any changes. Members will not lose their Medi-Cal coverage while the continuous coverage requirement is in place if their income goes up or their household changes. Members can also go to **KeepMediCalCoverage.org** for more information and to sign up for text or email updates on Medi-Cal renewals.

Q: If a Medi-Cal member has moved, what should they do to change their address?

A: Medi-Cal members can go to **benefitscal.com** or call the Los Angeles County Department of Public Social Services at **1.866.613.3777** to update their information. Members can also go to **KeepMediCalCoverage.org** for more information and to sign up for text or email updates on Medi-Cal renewals.

Q: Is there help available for Medi-Cal members who have received a renewal packet in the mail and need assistance completing it?

A: Yes. If a member needs assistance completing their renewal packet, there are agencies across Los Angeles County with bilingual staff who are able to provide Medi-Cal enrollment assistance. To view the list of available agencies, please reference the following link: **<http://publichealth.lacounty.gov/mch/choi/CHOIContractorListEngSp.pdf>**



Redetermination Animation & Video Guidance



Redetermination animation videos can be accessed via the website at
<https://lacarecloud.sharefile.com/d-s3c15c3ec045f4fbe9c2f17203e9bb658>.

A Quick Guide to Sharing Videos



Sharing on your social media channels

We recommend sharing vertical videos on your social media channels.

- 1 Download the digital files using the link that was shared.
- 2 Select a video from the “9x16_Vertical” folder that you would like to share.
- 3 Upload the video to your channel.



Sharing via email

We recommend using a YouTube link when sharing the videos. A YouTube link is quick to load and won't slow down an email server.

Either vertical or horizontal versions of the videos are fine for email, as an equal number of people check email from a phone as they do from a desktop.

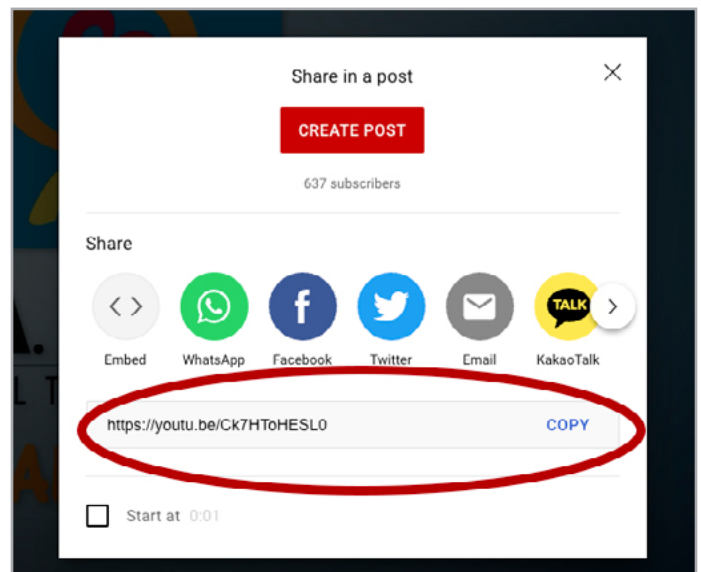
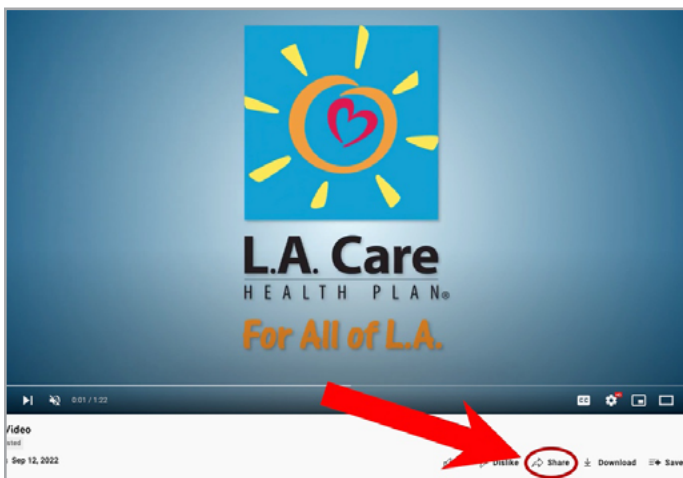
There are two possible methods:

Method 1: Simply copy and paste the original YouTube link that was shared with you into an email

Method 2:

- 1 Navigate to the YouTube video page
- 2 Click the “Share” icon at the bottom of the player

- 3 Copy the URL that appears on the popup

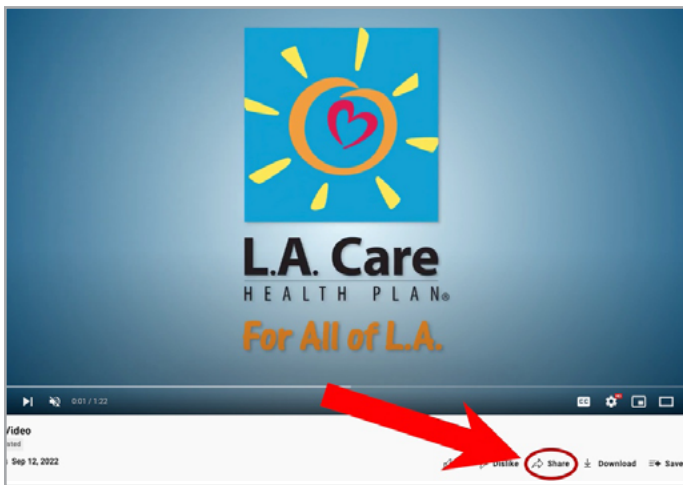




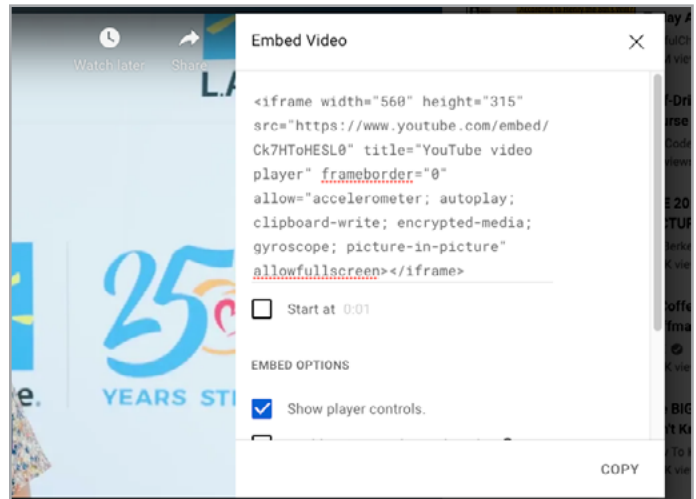
Sharing on a webpage

If you would like to share the videos on your webpage, this is how to locate the embed code on YouTube. For websites, we recommend using the horizontal version of the videos.

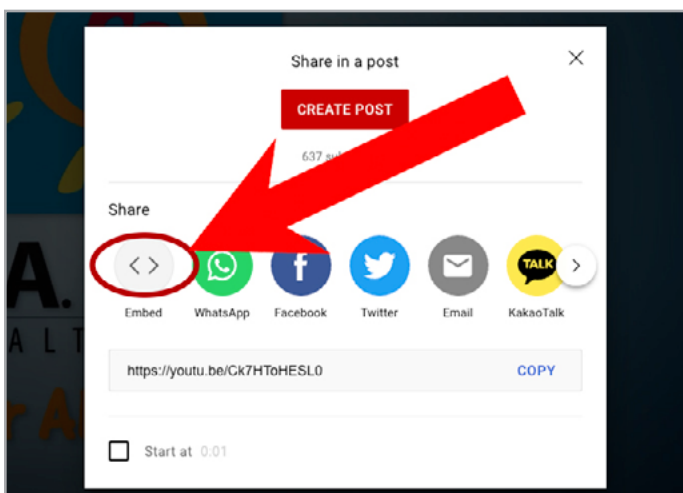
- 1 Navigate to the YouTube video page
- 2 Click the "Share" icon at the bottom of the player



- 4 Copy the embed code



- 3 Select "Embed"



If you have any questions, please contact Jose Bedoya - Jbedoya@lacare.org

Medi-Cal Redetermination Provider Poster





Keep Your *Medi-Cal*

Don't miss important information
about your Medi-Cal health coverage.

**Make sure that your county has your
current information.**



Name



Phone



Address



E-mail

Report any changes to your name, address, phone number,
or e-mail address.

**Los Angeles County Department of
Public Social Services (DPSS)**

1.866.613.3777 (TTY 1.800.660.4026)
Monday–Friday from 7:30 a.m.– 6:30 p.m.
Excluding holidays



Or online at:
[Benefitscal.com](https://www.benefitscal.com)



Los Angeles County Department of Public Health Medi-Cal Enrollment Assistance Flyer



Get Help Applying for Free or Low-Cost Health Coverage

All agencies listed below serve clients in Los Angeles County. Bilingual staff assist families with enrollment in public and private health programs. Please contact the agencies listed below for more information.

SPA 1	Antelope Valley, Lancaster, Palmdale, Northern LA County	Tarzana Treatment Center (661) 726-2630, ext 2186, 4323, or 4330
SPA 2	Burbank, Glendale, Northridge, Santa Clarita, San Fernando Valley	<ul style="list-style-type: none"> • Northeast Valley Health Corp (866) 696-3842 • Valley Community Healthcare (818) 763-8836 Ext 1053 • Child & Family Guidance Center (818) 739-5000
SPA 3	El Monte, Monrovia, Pomona, San Gabriel Valley	<ul style="list-style-type: none"> • Emanate Health, G.E.M. (626) 851-2748 • Asian Pacific Health Care Venture (323) 644-3882 • Maternal & Child Health Access (213) 749-4261 • Worksite Wellness LA (323) 758-9480
SPA 4	Boyle Heights, Chinatown, Downtown LA, Echo Park, El Sereno, Elysian Park, Hollywood, Koreatown, Little Toyko, Pico Union, Westlake	<ul style="list-style-type: none"> • Maternal & Child Health Access (213) 749-4261 • Dignity Community Care (213) 742-5537 • Asian Pacific Health Care Venture (323) 644-3882 • Chinatown Service Center (213) 808-1700 • Korean Health Education Information & Research (213) 637-1080 • Worksite Wellness LA (323) 758-9480
SPA 5	Culver City, Santa Monica, Venice, West Los Angeles	Venice Family Clinic (310) 664-7509
SPA 6	Compton, Crenshaw, Exposition Park, Florence, Watts, Jefferson Park, Leimert Park, Lynwood, Paramount, North University Park, South Central LA, University Park	<ul style="list-style-type: none"> • Dignity Community Care (213) 742-5537 • Community Health Councils (323) 295-9372 ext:228 or 256 • Maternal & Child Health Access (213) 749-4261 • Worksite Wellness LA (323) 758-9480
SPA 7	Artesia, Bell, Bellflower, Bell Gardens, Downey, East LA, Huntington Park, Hawaiian Gardens, Lakewood, Lynwood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, South Gate, Whittier	<ul style="list-style-type: none"> • Human Services Association (562) 806-5400 • Maternal & Child Health Access (213) 749-4261 • St. Francis Medical Center (800) 603-9355 • Worksite Wellness LA (323) 758-9480
SPA 8	Carson, Hawthorne, Inglewood, Lawndale, Lomita, San Pedro, Torrance, Wilmington	<ul style="list-style-type: none"> • Community Health Councils (323) 295-9372 ext:228 or 256 • Crystal Stairs, Inc. (323) 299-9295

For countywide assistance with healthcare advocacy and troubleshooting, call Maternal & Child Health Access at (213) 749-4261 or Neighborhood Legal Services at (800) 896-3202.

For healthcare support through your local public school, call: LA Unified, (213) 241-3840. All other school districts: LA County Office of Education, (562) 922-8954.

City of Long Beach
Dept. of Health & Human Services (562) 570-7979

Altadena, Pasadena & Sierra Madre
Pasadena Public Health Dept. (626)744-6068

Obtenga Asistencia Aplicando Para Cobertura de Salud Gratis o de Bajo Costo

Todas las agencias mencionadas abajo ayudan a los clientes en El Condado de Los Angeles. Empleados bilingües ayudan a las familias con la inscripción en programas de salud públicos y privados. Por favor, póngase en contacto con las agencias para más información. Las agencias se enumeran por áreas de planificación de servicio (SPA).

SPA 1	Antelope Valley, Lancaster, Palmdale, Northern LA County	Tarzana Treatment Center (661) 726-2630, ext 2186, 4323, or 4330
SPA 2	Burbank, Glendale, Northridge, Santa Clarita, San Fernando Valley	<ul style="list-style-type: none"> Northeast Valley Health Corp (866) 696-3842 Valley Community Healthcare (818) 763-8836 Ext 1053 Child & Family Guidance Center (818) 739-5000
SPA 3	El Monte, Monrovia, Pomona, San Gabriel Valley	<ul style="list-style-type: none"> Emanate Health, G.E.M. (626) 851-2748 Asian Pacific Health Care Venture (323) 644-3882 Maternal & Child Health Access (213) 749-4261 Worksite Wellness LA (323) 758-9480
SPA 4	Boyle Heights, Chinatown, Downtown LA, Echo Park, El Sereno, Elysian Park, Hollywood, Koreatown, Little Toyko, Pico Union, Westlake	<ul style="list-style-type: none"> Maternal & Child Health Access (213) 749-4261 Dignity Community Care (213) 742-5537 Asian Pacific Health Care Venture (323) 644-3882 Chinatown Service Center (213) 808-1700 Korean Health Education Information & Research (213) 637-1080 Worksite Wellness LA (323) 758-9480
SPA 5	Culver City, Santa Monica, Venice, West Los Angeles	Venice Family Clinic (310) 664-7509
SPA 6	Compton, Crenshaw, Exposition Park, Florence, Watts, Jefferson Park, Leimert Park, Lynwood, Paramount, North University Park, South Central LA, University Park	<ul style="list-style-type: none"> Dignity Community Care (213) 742-5537 Community Health Councils (323) 295-9372 ext: 228 or 256 Maternal & Child Health Access (213) 749-4261 Worksite Wellness LA (323) 758-9480
SPA 7	Artesia, Bell, Bellflower, Bell Gardens, Downey, East LA, Huntington Park, Hawaiian Gardens, Lakewood, Lynwood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, South Gate, Whittier	<ul style="list-style-type: none"> Human Services Association (562) 806-5400 Maternal & Child Health Access (213) 749-4261 St. Francis Medical Center (800) 603-9355 Worksite Wellness LA (323) 758-9480
SPA 8	Carson, Hawthorne, Inglewood, Lawndale, Lomita, San Pedro, Torrance, Wilmington	<ul style="list-style-type: none"> Community Health Councils (323) 295-9372 ext: 228 or 256 Crystal Stairs, Inc. (323) 299-9295

Para obtener asistencia en todo el condado con defensa y solución de problemas de atención médica, llame a Maternal, Child, yHealth Access al (213) 749-4261 o Neighborhood Legal Services al (800) 896-3202.

Para obtener asistencia médica a través de su escuela pública local, llame al: LA Unified, (213) 241-3840. Todos los demás distritos escolares: Oficina de Educación del Condado de Los Ángeles, (562) 922-8954.

City of Long Beach
Dept. of Health & Human Services (562) 570-7979

Altadena, Pasadena & Sierra Madre
Pasadena Public Health Dept. (626)744-6068



**Medi-Cal Continuous Coverage Requirement
Department of Health Care Services
Communication Toolkit Phase 1**



MEDI-CAL CONTINUOUS COVERAGE REQUIREMENT

**Department of Health Care Services
Communication Toolkit Phase 1**



**DEPARTMENT OF
HEALTH CARE SERVICES**

Impact of COVID-19 on Medi-Cal Coverage

In January 2020, the U.S. Department of Health and Human Services (HHS) declared a [Public Health Emergency](#) (PHE) in response to the outbreak of COVID-19. Special rules were put in place during the COVID-19 PHE to allow more people to get access to and keep their Medi-Cal benefits. Prior to the PHE, California would review information provided by beneficiaries and renew their participation in Medi-Cal if they still qualified. However, when the continuous coverage requirement expires at the end of the PHE, California will need to conduct a full redetermination for all beneficiaries who would have otherwise been subject to redetermination.

Why Communications is Important

Currently, states are required to keep all Medicaid members continuously enrolled in health coverage. When the federal continuous coverage requirement ends, the process of redetermining individuals presents the single largest health coverage transition event since the first open enrollment of the Affordable Care Act and the Medicaid expansion. As California plans to resume normal business operations, beneficiaries will need to know what to expect and what they need to do to keep their health coverage. Most beneficiaries will either remain eligible for Medi-Cal or qualify for tax subsidies that will allow them to buy affordable coverage through Covered California.

This toolkit serves as a communications guide and provides resources to support ongoing preparations for the upcoming end of the continuous coverage requirement. Download the updated [Medi-Cal Continuous Coverage Resources](#) and start educating beneficiaries.

Communication Goals

The unwinding of federal Medicaid continuous coverage requirement necessitates a coordinated, phased communications plan to reach beneficiaries with messages across multiple channels using trusted messengers. The DHCS communication plan is designed to meet the following goals to help beneficiaries continue coverage once the COVID-19 PHE has ended:

- » **Educate** – Raise awareness of actions beneficiaries need to take and when they need to take them in order to maintain coverage.
- » **Engage** – Engage community partners with necessary tools for reaching beneficiaries.
- » **Provide Consistency** – Create a consistent voice across community partners.

Two-Phase Approach to Communications

- » **Phase 1** – This phase encourages beneficiaries to provide updated contact information, such as name, address, phone number, and email, so they can be contacted with important information about keeping their Medi-Cal benefits.
- » **Phase 2** – This phase will encourage beneficiaries to continue to update contact information, report any changes in circumstances, as well as check for upcoming renewal packets that may come through regular mail for cases that could not be renewed using information the local county office has available. Phase 2 will begin 60 days prior to the end of the PHE. A Phase 2 Outreach Toolkit will be released in the future.

DHCS Coverage Ambassadors

DHCS will engage community partners to serve as **DHCS Coverage Ambassadors** to deliver important messages to Medi-Cal beneficiaries about maintaining Medi-Cal coverage after the COVID-19 PHE ends. **DHCS Coverage Ambassadors** will be trusted messengers comprised of diverse organizations that can reach beneficiaries in culturally and linguistically appropriate ways. Additionally, **DHCS Coverage Ambassadors** will connect Medi-Cal beneficiaries at the local level with targeted and impactful communication.

Ambassadors may include, but are not limited to:



DHCS



Community Organizations



Providers



Stakeholders



Managed Care Plans



Health Care Facilities



Local County Offices



Clinics



Health Navigators



State Agencies



Advocates

Communication Strategies:

PLAN	EDUCATE	RENEW	TRANSITION
<p>Objective: State and partners engage in operational planning and develop coordinating mechanisms.</p>	<p>Objective: Medi-Cal beneficiaries are informed of upcoming changes.</p>	<p>Objective: Medi-Cal beneficiaries understand how to renew and take steps to do so.</p>	<p>Objective: Individuals transition to new coverage if no longer eligible for Medi-Cal.</p>
<p>Primary Audience: DHCS Coverage Ambassadors that work with Medi-Cal beneficiaries.</p>	<p>Primary Audience: DHCS Coverage Ambassadors; beneficiaries who will need to take action to stay enrolled.</p>	<p>Primary Audience: All Medi-Cal beneficiaries.</p>	<p>Primary Audience: Medi-Cal ineligible individuals; uninsured; eligible individuals who lose coverage due to procedural reasons.</p>
<p>Update your contact information. Make sure local county offices and health plans have your correct mailing address, phone number, and email address to reach you with important updates about your health coverage.</p>	<p>Get ready. COVID-19 PHE is ending. Here's what you need to know about upcoming changes to Medi-Cal eligibility and what you can do to prepare.</p>	<p>It's time to renew. Renew your Medi-Cal health coverage now. Here's what you need to do to keep your coverage.</p>	<p>If you are no longer eligible for Medi-Cal, there are other low-cost health insurance options. Financial help is available to lower costs. Visit Covered California to find a plan.</p>

DHCS Phase 1 Toolkit: Goals, Content Area, Tactics

Outreach Goals	Audience		
	Beneficiaries	Ambassadors	Call Centers
Raise awareness of actions beneficiaries need to take and when they need to take them in order to maintain coverage.		X	
Engage community partners with necessary tools for reaching beneficiaries.		X	
Create a consistent voice across community partners.		X	X
Toolkit Content			
Call Script		X	X
Interactive Voice Response (IVR) Call Script		X	X
Flyer/Insert Snippet	X	X	
Social Media	X	X	
Website Banner	X	X	
Website Text for County Office Page	X	X	

Raise Awareness

- » Download the [updated Medi-Cal Continuous Coverage Resources](#) and start educating beneficiaries.

Outreach Tactics

Call Script

- » Scripted messages shared with call center staff

IVR Call Script

- » Scripted messages shared with call center staff

Flyer/Insert Snippet

- » Direct mail to beneficiaries
- » Share in ambassador locations, including:
 - » Community centers
 - » Women, Infants & Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) offices
 - » Hospitals
 - » School nurse offices
 - » School health centers
 - » Local County Offices

Social Media

- » Twitter
- » Facebook
- » Instagram
- » LinkedIn

Website Banner

- » Share on local county office websites
- » Program websites

Website Text for County Office Page

- » Share on local county office websites

Toolkit Content

The following resources provide ready-to-use messaging and materials that can be shared in your community:

Call Script Snippet

Beneficiary Caller	County/Managed Care Plan/ Community Partner/Agent
Do I need to report any household changes to keep my Medi-Cal coverage?	Yes, you are required to report any changes in your household, such as income, if someone becomes pregnant, a new household member, and any changes to your address, to your local county office. This may help ensure that you continue to receive your Medi-Cal coverage after the end of the federal COVID-19 public health emergency. [insert local county contact information]
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 other no-cost or lower cost coverage.
Will I be discontinued from Medi-Cal coverage if I got a raise during the COVID-19 public health emergency?	Please report income changes to your local county office. If your income goes up or your household changes, as long as the COVID-19 public health emergency continues, you will not lose your Medi-Cal coverage.

I moved. Whom should I tell that I moved?

County Response: We can update your address. You may report this change by phone, online, mail, fax, or in person.

Managed Care Plan Response: We can update your address for your managed care plan. It's important that we share this information with the county so you can continue receiving important notices about your Medi-Cal. Is that OK with you? If you do not want us to share your new address with your local county office, you will need to contact them directly and provide your updated information. [insert local county contact information]

Community Partners Response: Please contact your local county office to provide your new address to ensure that your Medi-Cal coverage continues. [insert local county contact information]


How do I sign up for an online account to access my Medi-Cal case or report changes?

You can access your Medi-Cal case, complete your annual renewal, or report changes to your case by creating an online account. You can create one today by going to benefitscal.com and selecting the "Create an Account" link in the upper right hand corner of the page.

IVR Call Script

- » If you've moved within the last two years, please provide your new address to your local county Medi-Cal office to ensure you continue to receive important information about your Medi-Cal coverage.
- » Please report changes in your household, such as income, pregnancy, a new household member, or address, to your local county Medi-Cal office as soon as possible.
- » Report any changes to your contact information (phone number, email, or mailing address) to your local county Medi-Cal office online or by phone, email, fax, or in person.

Flyers







Keep Your Medi-Cal

Don't miss important information about your Medi-Cal health coverage.

Make sure that your county has your current contact information.

Contact your local county office – online, by phone, email or fax, or in person – to report any changes to your name, address, phone number, or e-mail address.


To find a listing of county offices, visit dhcs.ca.gov/COL, or call the Medi-Cal Member Helpline at (800) 541-5555.

Name	
Address	
Phone	
E-mail	

Did You Know?

You can complete your annual renewal and report changes to your Medi-Cal online.

Create your online account today by going to mybenefitscalwin.org and selecting the "Create An Account" link.







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Did You Know?

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Create your online account today by going to benefitscal.com and selecting the "Create An Account" link in the upper right corner, underneath the "Log In" button.

Social Media

Your Medi-Cal county eligibility worker may soon contact you to ensure your contact information is correct. If not, please provide the county with your updated information so you can continue receiving important information about your Medi-Cal coverage: <http://dhcs.ca.gov/COL>. [local county contact information can be inserted here]



Medi-Cal Beneficiaries

Keep your contact information
(phone, address, or email)
current to get important information about
your Medi-Cal health coverage.

Contact your Medi-Cal county
eligibility worker today.



Medi-Cal Beneficiaries

Has your contact information
changed in the past two years?

Contact your Medi-Cal county
eligibility worker today.

Have you moved? Let your Medi-Cal county eligibility worker know. It's important to provide the county with your updated information so you can continue receiving Medi-Cal coverage information, such as renewal packets, benefit change notices, or other vital reminders: <http://dhcs.ca.gov/COL>. [local county contact information can be inserted here]



Medi-Cal Beneficiaries

Have you moved?

Don't miss out receiving important
information. Let your Medi-Cal eligibility
worker know you have a new address.

Medi-Cal Beneficiaries

Has your phone number changed?

Don't miss out on receiving important information. Let your Medi-Cal eligibility worker know you have a new phone number.



Did you start a new job? Let your Medi-Cal county eligibility worker know. It's important that you report your new income to the county as soon as possible. You will still keep your Medi-Cal coverage during the COVID-19 public health emergency: <http://dhcs.ca.gov/COL>.

Medi-Cal Beneficiaries

Did you start a new job?

It's important that you report your new income as soon as possible

Contact your Medi-Cal county eligibility worker today.



Are you pregnant? Let your Medi-Cal county eligibility worker know. It's important that you report any household changes as soon as possible. You will still keep your Medi-Cal coverage during the COVID-19 public health emergency: <http://dhcs.ca.gov/COL>.

Medi-Cal Beneficiaries

Are you pregnant?

It's important that you report any household changes as soon as possible.

Contact your Medi-Cal county eligibility worker today.



You must report any household changes to your Medi-Cal county office as soon as possible. You can report changes in person, online, or by phone, email, or fax.



Website Banner

Important: Are you enrolled in Medi-Cal? Has your contact information changed in the past two years? Give your county office your updated contact information so you can stay enrolled. [Find your local county office.](#)

Website Text for County Office Page

During the COVID-19 public health emergency (PHE), Medi-Cal beneficiaries have stayed enrolled in the program. If your contact information or household circumstances have changed, please update your information today by contacting your local county office at: [phone number, SAWS portal, and county link to directory]. This may help you keep your Medi-Cal coverage after the COVID-19 PHE ends.

**Department of Health Care Services
Phase 2 Flyers**





Keep yourself and your family covered.



Make sure your information is up to date.

Medi-Cal covers vital health care services for you and your family, including doctor visits, prescriptions, vaccinations, mental health care, and more. So, if you have Medi-Cal, make sure you renew it when it's time.

Update your contact information

Report any new changes to your name, address, phone number, and email address, so your county can contact you.

Check your mail

Counties will mail you a letter about your Medi-Cal eligibility. You may need to complete a renewal form. If you're sent a renewal form, submit your information by mail, phone, in person, or online, so you don't lose your coverage.

Create or check your online account

You can sign up to receive alerts on your case. Create or log into your account to get these alerts. You may submit renewals or requested information online.

Complete your renewal form (if you get one)

If you received a renewal form, submit your information by mail, phone, in person, or online to help avoid a gap in your coverage.

For more details and to learn how
to update your contact information,
visit [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org)



Medi-Cal





Medi-Cal Beneficiaries:

Take action to keep your Medi-Cal

Your local county office will mail you a letter about your Medi-Cal coverage.



The letter will tell you if:

Your county needs information from you to renew your Medi-Cal

or

Your Medi-Cal was renewed automatically



If you get a renewal form, please fill it out and return it right away.



Check that your local county office has your updated information, including your name, current address, email address, and phone number.

Click to upload your logo image.

For more details and to learn how to update your contact information, visit KeepMediCalCoverage.org



Office Name
-
Physical Address Line 1
Physical Address Line 2
Phone Number
Website

Renewal Eligibility Sequencing Maps



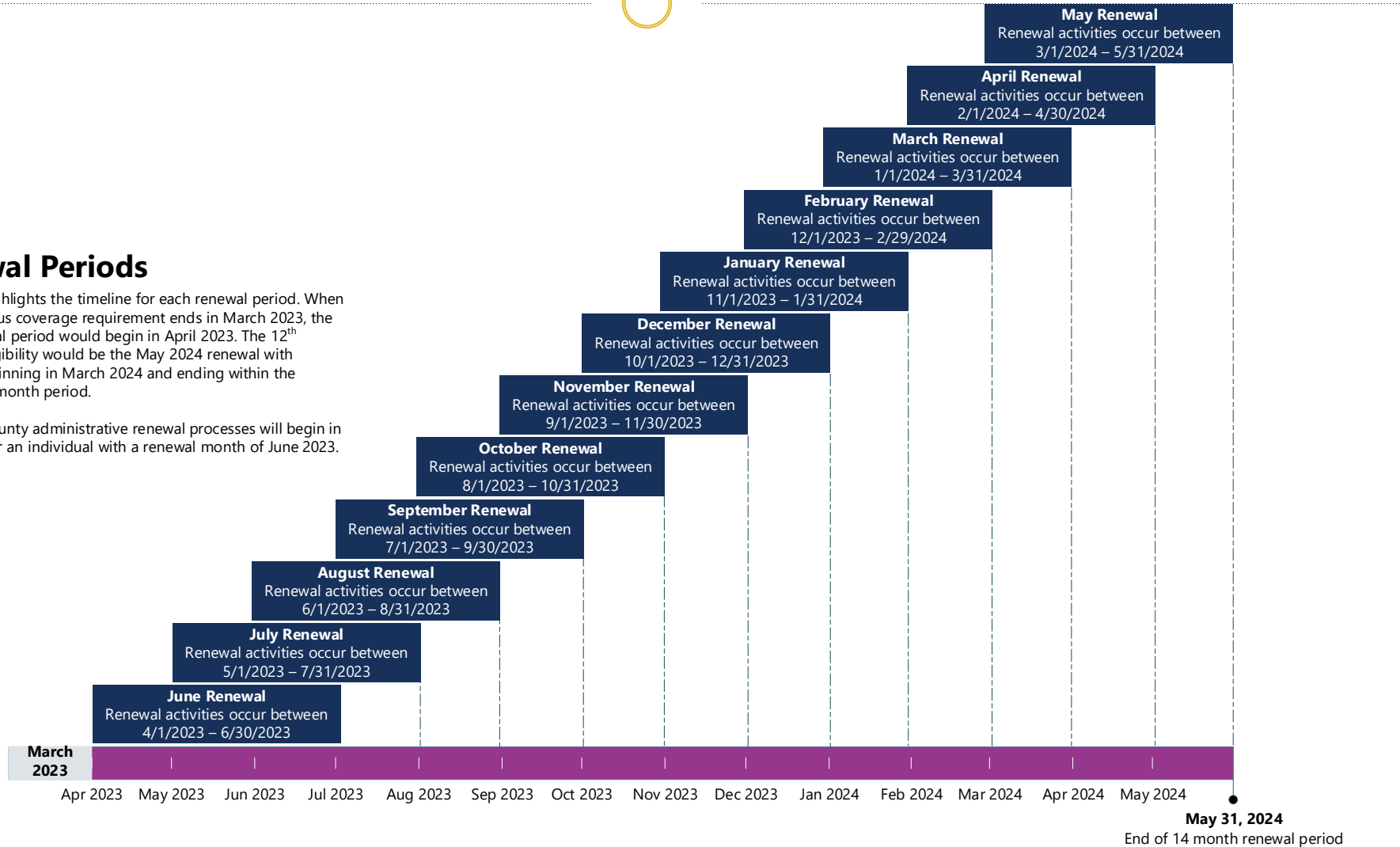
ELIGIBILITY SEQUENCING MAP



Renewal Periods

This page highlights the timeline for each renewal period. When the continuous coverage requirement ends in March 2023, the DHCS renewal period would begin in April 2023. The 12th month of eligibility would be the May 2024 renewal with activities beginning in March 2024 and ending within the required 14-month period.

Example: County administrative renewal processes will begin in April 2023 for an individual with a renewal month of June 2023.

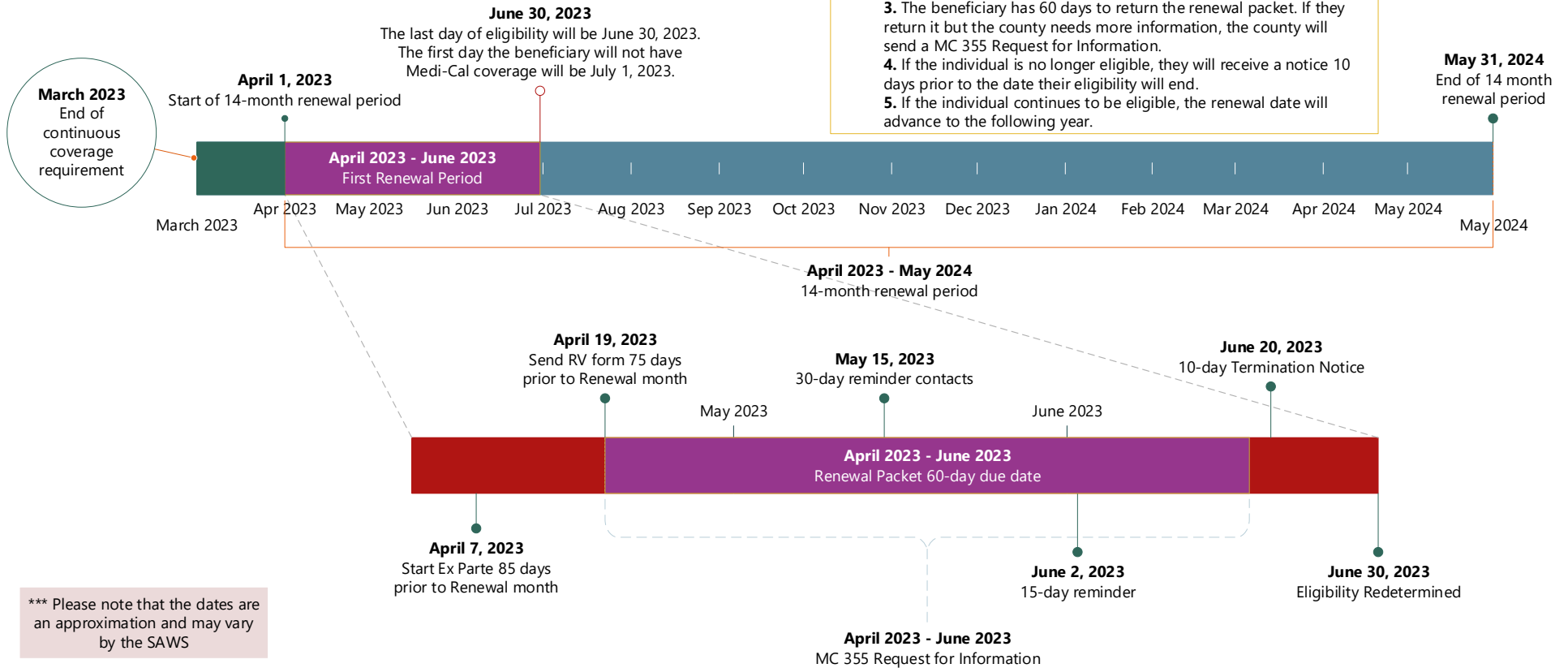


ELIGIBILITY SEQUENCING MAP



June Renewal Month
 This map highlights the county renewal activities for an individual whose renewal month is June 2023. When the continuous coverage requirement ends in March 2023, counties would begin the following renewal activities.

1. 85 days prior the county will attempt to renew eligibility using available information and data sources without contacting the beneficiary.
2. If the county is unsuccessful, they will send a renewal packet at least 75 days prior to the renewal month.
3. The beneficiary has 60 days to return the renewal packet. If they return it but the county needs more information, the county will send a MC 355 Request for Information.
4. If the individual is no longer eligible, they will receive a notice 10 days prior to the date their eligibility will end.
5. If the individual continues to be eligible, the renewal date will advance to the following year.



*** Please note that the dates are an approximation and may vary by the SAWS



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