

**Medi-Cal Redetermination FAQs  
April 18 and 20, 2023**

- 1. Where will the renewal packets be delivered for patients/members who are residing in SNFs?**
  - Packets will be mailed to the address on file with the county.
  
- 2. How can patients/members relay an address change to the county?**
  - 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.
  
- 3. What address options do patients/members experiencing homelessness have?**
  - This will depend on the county. Redetermination 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.
  
- 4. 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.
  
- 5. 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.
  
- 6. Does the patient/member still have Medi-Cal coverage during the redetermination period?**
  - Yes, they have Medi-Cal coverage until the end of the redetermination period, which is the due date for submission of their paperwork.

**7. What is the effect of submitting the required redetermination paperwork during or after the due date?**

IF...	THEN...
<p>A member turns in paperwork on time</p>	<ul style="list-style-type: none"> <li>• 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 redetermination paperwork.               <ul style="list-style-type: none"> <li>○ If they remain eligible, the member will receive information about their ongoing coverage from the County.</li> <li>○ 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.</li> </ul> </li> </ul>
<p>A member turns in paperwork after their redetermination date,</p> <p><b><i>during the 90-day cure period immediately following the redetermination submission due date</i></b></p>	<ul style="list-style-type: none"> <li>• The patient/member is disenrolled and does not have Medi-Cal.</li> <li>• However, the 90-day cure period allows for additional time for paperwork to be completed, and for the coverage to be continued.               <ul style="list-style-type: none"> <li>○ If they remain eligible for Medi-Cal, the member will receive information about their coverage from the County, including the effective date (possible retroactively).</li> <li>○ 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.</li> </ul> </li> </ul>
<p>A member turns in paperwork after their redetermination date,</p> <p><b><i>after the 90-day cure period immediately following the redetermination submission due date</i></b></p>	<ul style="list-style-type: none"> <li>• The patient/member is disenrolled and does not have Medi-Cal.</li> <li>• They will need to file a new Medi-Cal application</li> </ul>

**8. Is reinstatement of Medi-Cal retroactive?**

- The county may retroactively reinstate Medi-Cal coverage.

**9. Is presumptive Medi-Cal possible after disenrollment if a person comes to the ED or is admitted to the hospital?**

- Yes, this is possible.

**10. 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](#).

**11. What protocols are being undertaken by counties to ensure all patients/members are notified in a timely manner?**

- Counties have ramped up efforts to ensure their staffing can manage the expected influx of Medi-Cal redetermination submissions.