



OC In+Care

Newsletter for providers serving people living with HIV in Orange County

In this issue of the In+Care newsletter, we are going to discuss the Medi-Cal renewal process and some key things that may help your client(s) with their Medi-Cal redetermination packet. In Orange County, Medi-Cal is also called CalOptima.

What is Medi-Cal redetermination?

Medi-Cal recipients must have their eligibility assessed and verified every 12 months¹. This process is to make sure clients are still eligible to receive Medi-Cal benefits. This process is different from Ryan White eligibility screening. If someone is receiving Ryan White services, they must continue to be screened for Ryan White eligibility every 6 months.

What will happen and what must be done?

Beginning in 2015, Medi-Cal will do a prescreening of all recipients' files to see if they are still eligible to receive services under Medi-Cal¹. Clients may have received a **Request for Tax Household Information (RFTHI)** that must be completed for Medi-Cal to gain access to income information. If the information shows that the individual is still eligible to receive Medi-Cal, their eligibility will automatically renew. Clients will receive a letter that states they are renewed for another year¹. This means that they will not need to submit any information to continue being eligible for Medi-Cal.

However, if current or updated information is needed, a **redetermination packet** will be sent to the client asking for specific documents. Information needed is on a case-by-case basis¹.

My client does not have a stable address, how can they complete the redetermination process?

Clients can call **(800) 281-9799** or visit any Social Services Agency office (listed at the end of the newsletter) to complete the process.

My client received a redetermination packet, what are they supposed to do with it?

If the client receives a redetermination packet, provide all the required information before the due date indicated in the packet.

My client does not have a stable address or the address on file is wrong; what should they do?

Individuals can call **(800) 281-9799** to see if they need to complete the redetermination process. If so, they can go to a Medi-Cal office (locations listed at the end of the newsletter) and find out what you need to do to get or keep coverage. If they need to update their address, they can call **(800) 281-9799**.

If my client has questions about the requested information who should they contact?

If there are questions, clients can contact their Medi-Cal worker or the contact person indicated in the redetermination packet.

Clients can also contact **(800) 281-9799** for general Medi-Cal coverage questions.

When do clients have to return the completed redetermination packet?

The redetermination packet should have the due date when and all of the requested information must be

provided. Make sure you do this as soon as possible before the due date.

What if clients do not submit their documents on time?

Medi-Cal benefits will be stopped. Clients will receive a Notice of Action that explains why their benefits have been stopped¹.

The Notice of Action will also state that they have 90 days from the date of the Notice of Action, also called a **“cure period”**, to provide requested information².

If the client provides the requested information within the 90 days after the notice, their benefits may be reinstated and there should be no break in Medi-Cal coverage. However, there may be delays in benefit claims if they are reinstated during the 90 day period.

If clients do not provide the information or the information submitted is not acceptable, their benefits will be stopped and they will have to reapply for Medi-Cal.

Can my client get ADAP for their medications if they are in the 90-day “cure” period?

No. Currently, ADAP guidelines states that clients cannot receive ADAP during the 90-day period. If clients receive a **denial letter from Medi-Cal**, they can apply to receive ADAP services with a Ryan White eligibility worker.

Can my client get Ryan White medical care if they are in the 90-day “cure” period?

No. Ryan White services are provided as payer of last resort. In order to receive Ryan White medical care a **denial letter from Medi-Cal** would be needed.

Should my client apply for Ryan White if they have Medi-Cal?

Yes. Ryan White covers services that are not covered by Medi-Cal (for example, food pantry, housing services, or legal services). Ryan White covers services that are partially covered by Medi-Cal (for example dental care). It is important to be screened for Ryan White eligibility to ensure they can access all the services they need and are eligible to receive.

Reminders:

- ❖ Call **(800) 281-9799** for Medi-Cal questions.
- ❖ Clients should check and open your mail!
- ❖ If clients change their address, they should let their Medi-Cal worker know.
- ❖ If clients received a redetermination packet, they should provide the requested information as soon as possible to prevent a loss in coverage.
- ❖ Clients can use <https://www.mybenefitscalwin.org/> to help manage their Medi-Cal account online!

Medi-Cal Locations	
Hours of Operation: 7am-5pm, Monday-Friday (800) 281-9799	
Anaheim Regional Center 3320 E. La Palma Ave. Anaheim, CA 92806	Garden Grove Regional Center 12912 Brookhurst St. Garden Grove, CA 92840
Aliso Viejo Regional Center 115 Columbia Aliso Viejo, CA 92656	Santa Ana Regional Center 1928 S. Grand Ave., BLDG. B Santa Ana, CA 92705

¹ Department of Health Care Services. (2014, September 19). Medi-Cal Annual Redetermination Process for MAGI Beneficiaries (Reference ACWDL 14-18) Letter No. 14-32.

² Department of Health Care Services. (2014, December 10). Medi-Cal Eligibility Division Information Letter No.: 14-60. Medi-Cal Renewal Process-The 90-Day Cure Period Job Aid.

