

## MedPOINT Management

### IMPORTANT Information re: Medi-Cal Redetermination Efforts

As you know, Medi-Cal members have remained enrolled in the program due to the continuous coverage requirements during the Public Health Emergency (PHE) since March 2020. Counties were instructed to delay processing of redetermination until the PHE was lifted which occurred at the Federal level as of May 11, 2023. Based on this instruction, redetermination activity resumed, and processing began in April 2023 for redeterminations due in June 2023. As a result, recipients could lose their coverage as of July 1, 2023, if redetermination documents are not completed or if they are no longer eligible for Medi-Cal. Along with people who moved during the pandemic, beneficiaries with limited English proficiency and people with disabilities are at a higher risk of losing coverage. Beneficiaries are encouraged to continue updating their information on the DHCS portal, report any changes in circumstances and check for upcoming renewal packets.

DHCS has projected that 2-3 million current Medi-Cal beneficiaries could lose their Medi-Cal coverage now that redeterminations have resumed. This equates to an estimated 13-20% of beneficiaries statewide.

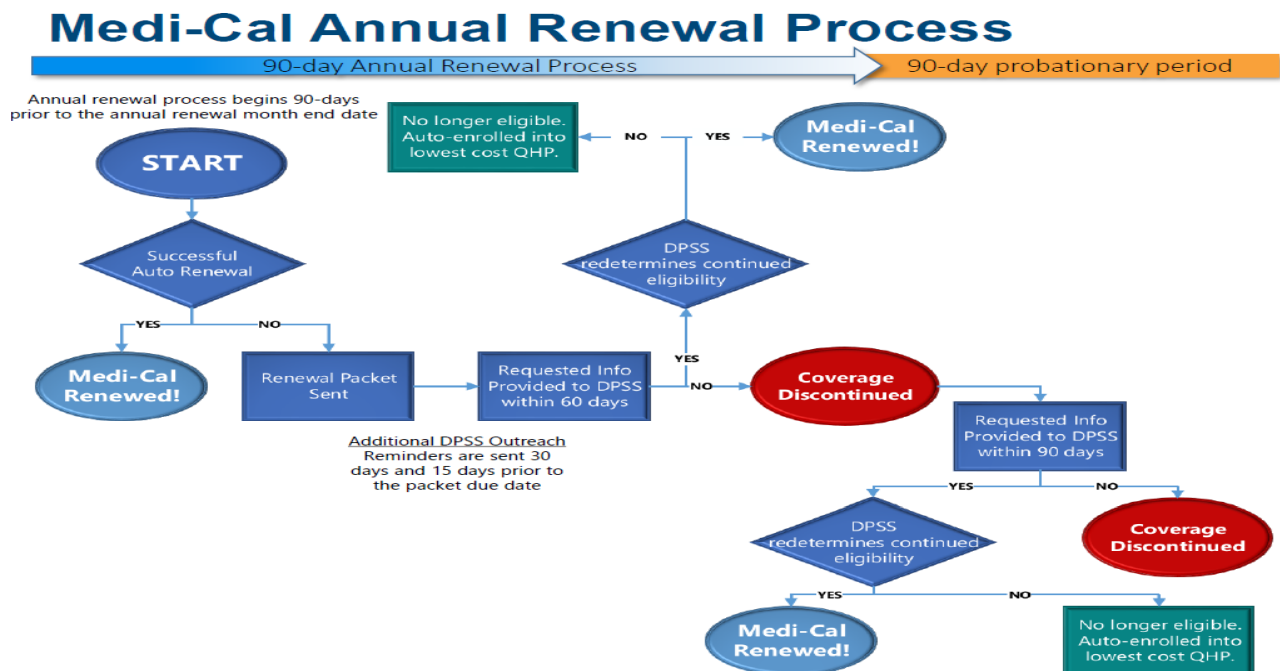
Below are some relevant definitions and information about the enrollment process:

**Annual Renewal Due Month:** The month in which the beneficiary's annual renewal is due. Typically, the annual renewal month is the 11<sup>th</sup> month after the application month; eg, if an individual applies in September, their annual renewal due month is usually set to the following August.

**Annual Renewal Form Due Date:** The annual renewal form is due 60 days from the date that the annual renewal form is sent to the beneficiary.

**Annual Renewal End Date:** The last day of the annual renewal due month.

What is the workflow for the Annual Renewal Process?



- Approximately 90 days prior to the beneficiary’s annual renewal date, DPSS will begin redetermination activities by trying to auto renew coverage first – this is ex parte renewal.
- During ex parte review, DPSS will attempt to verify the beneficiary’s information through multiple sources available to the County.
- If DPSS is able to locate the information needed to redetermine eligibility through the ex parte process, then DPSS will not reach out to the beneficiary to request any additional information.
  - DPSS will complete the annual renewal and send the approval Notice of Action letter.
  - This scenario is known as the automatic Medi-Cal renewal process or the “e-Hit”.
- If DPSS is **not** able to redetermine continued eligibility through the ex parte process, then DPSS will send a pre-populated annual renewal form to the beneficiary at least 75 days prior to the beneficiary’s annual renewal end date.
  - The beneficiary is given 60 days to complete and submit the renewal form.
  - The beneficiary must provide the requested information to DPSS by the 60-day due date to prevent any lapse in coverage.
  - Beneficiaries are not required to return the paper annual renewal form; however, they must provide the information requested in the form and sign the form by any of the following ways – acceptable signatures include handwritten, electronic or telephone recorded and may be provided online, by phone, in person or by mail.
  - If DPSS receives the information needed to redetermine continued eligibility, then DPSS will complete the annual renewal and send the approval Notice of Action letter.
- If 30 days have passed since the annual renewal form was sent to the beneficiary and DPSS has not received the requested information, then DPSS will contact the beneficiary by phone or in writing to provide a reminder.
  - If the beneficiary provides some of the requested information but DPSS still requires additional information to redetermine eligibility, then DPSS will attempt to contact the beneficiary once more by sending a Medi-Cal Request for Information
  - If the beneficiary provides some of the requested information and DPSS still requires additional information to redetermine eligibility, then DPSS will contact the beneficiary by sending a Medi-Cal Request for Information.
  - DPSS will send a second Medi-Cal Request for Information if the additional information is still needed and the beneficiary’s annual renewal end date has not passed.
  - If DPSS receives the information needed to redetermine continued eligibility by the annual renewal form due date, then DPSS will complete the annual renewal and send the approval Notice of Action letter.
- If DPSS does **not** receive the information requested to redetermine continued eligibility by the annual renewal form due date, then DPSS will send a 10-day Notice of Action letter explaining the reason for discontinuance from Medi-Cal.
  - If the beneficiary provides all requested information after their annual renewal form due date but before the annual renewal end date, DPSS will rescind the discontinuance and complete the eligibility redetermination to avoid a break in coverage and send the approval Notice of Action letter.
- A beneficiary that is discontinued from Medi-Cal for failing to provide needed information or verification needed to confirm ongoing eligibility during the annual renewal process is entitled to a 90-Day Cure Period. The 90-Day Cure Period language will be included in the Notice of Action; it is also known as the reinstatement period or doing “on hold”.
- If the beneficiary provides the needed information during the 90-day Cure Period and the beneficiary is found eligible, then the discontinuance will be rescinded and the beneficiary’s eligibility will be retroactively restored back to the discontinuance date as though the information or verification was provided timely.

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## HOW CAN YOU HELP?

- **Conduct outreach and bring awareness to your patients on the resumption of Medi-Cal renewals by disseminating the key messages recommended by DHCS which are listed below.**
  - Remind your patients to update their contact information so the county can contact them about Medi-Cal. If the information has changed, it can be updated online at [benefitscal.com](https://benefitscal.com) or by calling 1-866-613-3777 Monday-Friday 7:30 am – 6:30 pm excluding holidays.
    - Individuals experiencing homelessness who need a mailing address to receive/send communication to/from the County may utilize a County district office closest to them. The office locations are listed on the County website: <https://dpss.lacounty.gov/en/resources/offices.html>
  - Remind your patients that DPSS has released a video tutorial and written instructions on the Medi-Cal renewal process.
  - Remind your patients to create or check their online accounts.
    - Patients can sign up to receive alerts on their account registered through [benefitscal.com](https://benefitscal.com).
  - Remind your patients to check their mail.
    - The County will mail beneficiaries a letter about Medi-Cal eligibility and if they need to complete a renewal form.
  - Remind your patients to complete their renewal form if it is received. [The packet will arrive in a yellow envelope.]
    - If the patients receive a renewal form in the mail, they need to be reminded to submit information by mail, phone, in person online so that they don't lose coverage.
    - Beneficiaries who do not have a valid SSN will not be able to successfully complete the ex parte process and a packet will be sent to have the beneficiary complete their annual Medi-Cal renewal.
    - If a beneficiary needs assistance completing their renewal packet, there are agencies across LA County with bilingual staff who are able to provide Medi-Cal enrollment assistance. To view the list of available agencies, please reference the link below: <http://publichealth.lacounty.gov/mch/coi/CHOIContractorListEngSp.pdf>
  - Remind your patients to be alerted to scammers.
    - There is no cost to renew Medi-Cal and patients should be reminded of this.

## HEALTH PLAN COMMUNICATION TOOLS FOR PROVIDERS & MEMBERS

### LA Care:

- 11x16 posters; digital copies are available in 11 threshold languages
- Co-branded postcard utilizing Global Outreach Language that will be distributed at participating events
- Included Redetermination Information Page in the Medi-Cal Annual Mailing (January 2023)
- Member Animation and Social Media Campaigns
- Commercial TV & Radio Ads

### Anthem:

- Member IVR-Text Campaigns
- Social media, radio and newspaper ads
- Community Event sponsorship

- Meetings with Community Based Organizations and Promotoras
- Call Center Redetermination Training

Blue Shield CA Promise:

- Community Resource Center Outreach
- Assisting PPGs/PCPs to act effectively
- Alerting and supporting internal member facing teams to be prepared and act
- Onsite Lunch & Learns for Providers
- Collateral Materials available for Providers

[Additional health plan communication tools will be added once received.]

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## MedPOINT SUPPORT FOR IPA CLIENTS

- Added a 'hold message' to client support queues reminding members to update their information and complete the redetermination packets once they arrive.
- Added a message regarding this process to our external website: [www.medpointmanagement.com](http://www.medpointmanagement.com) and internal web portal, MPMWeb advising providers regarding this process.
- Monthly reports have been created at the provider level with member redetermination dates so they can be downloaded and utilized at provider locations for outreach efforts.
- Can work with providers to message individual member lists through Robotalker should you wish to pay for this option.