

**County of San Diego, Health and Human Services Agency (HHS)A)  
Medi-Cal Program Guide (MPG) Special Notice**

<b>Subject: Health Care Reform (HCR) Medi-Cal Mixed Household Renewals</b>	<b>Number</b>	<b>Page</b>
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**Issue Date:**

January 12, 2015

**Effective Date:**

Upon receipt

**Purpose:**

To inform staff of the redetermination (RV) process for Mixed Modified Adjusted Gross Income (MAGI) Medi-Cal and Covered California Program (CCP) cases.

**Background:**

A mixed household is defined as a household with at least one member who is receiving MAGI Medi-Cal benefits and at least one member who is receiving Covered CA benefits. Medi-Cal beneficiaries have their annual RV set for 12 months from their initial application date or most recent redetermination of eligibility. For consumers enrolled in a CCP, Covered California (Covered CA) re-determines eligibility for the next benefit year during the annual RV period.

**Policy:**

The CCP and MAGI Medi-Cal annual RV are separate processes that may not occur concurrently depending on the Medi-Cal RV month. The CCP portion of the mixed household population will have their benefits renewed every January while the Medi-Cal portion will be renewed at the annual RV due date. If the CCP and Medi-Cal RV are not aligned, any changes reported to the case via the CCP RV will be reported to the Medi-Cal program as a "change in circumstance" for the MAGI Medi-Cal beneficiaries.

Due to different annual redetermination periods and processes for MAGI Medi-Cal and Covered CA programs, there may be two different annual RV dates for members of a mixed household.

**Procedure:**

Covered CA sends the RV notices to the CCP population once the annual RV period is opened. Consumers have 34 days from the date of this notice to complete the RV via the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). Consumers that complete the RV will be re-enrolled into their current health care plan for the 2015 benefit year and will continue to receive subsidized benefits, if eligible. Consumers who provided consent to have their information electronically verified, but do not complete the RV by the 34<sup>th</sup> day, will also be re-enrolled into their current health care plan. However, they will not receive subsidized benefits. Consumers can change their plan during Open Enrollment, which starts November 15, 2014 and ends February 15, 2015.

**Annual RV for Mixed Households with the Same Date:**

For mixed households with the same RV due date, the Medi-Cal annual RV process will initiate the RV for both the MAGI and CCP programs.

The MAGI RV process is initiated with an *ex parte* review of all available information in CalWIN, CalHEERS and other state/federal data systems to determine ongoing eligibility.

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Two months prior to the RV due month, an administrative renewal process takes place wherein CalWIN sends e-HIT transactions to CalHEERS to initiate the electronic verification process for MAGI. If CalHEERS confirms eligibility, CalWIN will:

- receive eligibility results from CalHEERS during the overnight batch process.
- authorize the case during the overnight batch process, if there is no MC Batch AU indicator to prevent auto authorization.
- reset the RV date to 12 months from the original RV month. This completes the RV process for the year.

If CalHEERS does not confirm eligibility, CalWIN will generate and send the MC 0216 Medi-Cal Renewal form to the beneficiary. Refer to [SN 13-09 Addendum L](#) for information on the generation and processing procedures for the MC 0216.

APTC beneficiaries will be automatically enrolled in their current plan for the 2015 benefit year, unless they select a new plan. Workers will assist beneficiaries that request help with plan selection. Refer to [CalHEERS Job Aid "Change Plan"](#) for information on changing plan selection.

**Annual Redeterminations for Mixed Household with Different Dates:**

If a Medi-Cal redetermination occurs prior to the Covered CA redetermination, the transaction will be treated as a change of circumstance for the CCP. The change of circumstance will be sent from CalWIN to CalHEERS via the e-HIT transaction. CalHEERS will update the beneficiary's Covered CA account. Beneficiaries who are still eligible for, and enrolled, in a Covered CA plan will still go through the Covered CA annual redetermination period once it occurs.

If the Covered CA redetermination occurs prior to the Medi-Cal redetermination, the Covered CA redetermination will be treated like a change in circumstance for those beneficiaries in the case who have Medi-Cal eligibility. Any new information received by Covered CA as part of the Covered CA redetermination will be sent down to CalWIN via the e-HIT. Refer to SN 13-09 Addendum M for policy and procedures for change in circumstance redeterminations.

**County Responsibility with Mixed Household Renewal Processing:**

Counties are responsible for Medi-Cal eligibility determinations and ongoing Medi-Cal case management for mixed cases, including redeterminations and processing changes in circumstance.

CCP beneficiaries who belong to a mixed household may complete their annual redetermination using several methods, including:

- completing the redetermination online in CalHEERS.
- contacting the Covered CA service center.
  - Covered CA service center representatives (CSRs) are only able to complete the Covered CA related information on the annual redetermination. However, they will refer beneficiaries to the county if there are any changes or elements reported that impact Medi-Cal eligibility.

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- contacting the county.
  - Workers must assist with completing mixed household redeterminations when beneficiaries contact the county directly by processing the changes in CalWIN.

**Loss of Contact:**

If the MC 0216 form is returned with “no forwarding address” or as “return to sender”, prior to discontinuing the case the worker will:

- perform an *ex parte* review of information available in CalWIN, CalHEERS, and MEDS for the beneficiary and his/her family members to determine the most recent contact information.
- attempt to contact the beneficiary by phone, or by their preferred method of contact.
- mail the MC 355 if this contact is unsuccessful.
- narrate case actions
- send a timely discontinuance Notice of Action if all required attempts at contact fail.

**Reminder:** Former Foster Care Children (FFCC) up to age 26 must not be discontinued due to a loss of contact.

**Impacts:**

**Forms:** The MC 0216 form is available in CalWIN.

**Quality Control (QC):** Upon resumption of Medi-Cal desk reviews, QC will cite the appropriate error when requirements outlined in this material are not followed.

**References:**

All County Welfare Directors Letter (ACWDL) # [14-38](#)

**Sunset Date:**

January 12, 2016

**Approval for Release:**



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Eligibility Operations