

# Medi-Cal Redetermination Presentation

Special Consumer Protection Committee Meeting  
July 18, 2025

# Agenda

- ▶ Introduction
- ▶ Medi-Cal Redetermination Overview
- ▶ Types of Medi-Cal Cases
- ▶ Medi-Cal Redetermination Process
- ▶ Medi-Cal Redetermination Statistics
- ▶ Medi-Cal - Customer Reporting

# Medi-Cal Determination Overview

- ▶ According to Federal and State Regulations, counties are required to perform redeterminations of eligibility for Medi-Cal beneficiaries every 12 months with few exceptions.
- ▶ Medi-Cal beneficiaries must be evaluated for eligibility to all Medi-Cal programs or forwarded to Covered California before they are discontinued from benefits.
- ▶ As of July 2025, Department of Human Assistance (DHA) has over 270,000 active Medi-Cal cases without CalWORKs program.

# Modified Adjusted Gross Income (MAGI)

- ▶ Many Medi-Cal beneficiaries qualify for Modified Adjusted Gross Income or MAGI Medi-Cal
- ▶ These individuals will automatically run through the Federal Data Service HUB to electronically verify income, incarceration and death.
- ▶ If the electronic review is sufficient to confirm eligibility the auto-renewal process is complete and Medi-Cal eligibility is renewed for 12 months.
- ▶ This provides a streamlined experience for many Medi-Cal beneficiaries providing continuous coverage.

# Non-MAGI Beneficiaries

- ▶ Individuals receiving cash-based programs such as CalWORKs and Foster Care programs.
- ▶ Other specialized Medi-Cal only programs for aged (over 65), blind, and disabled individuals.
- ▶ These customers are not auto verified through the Federal HUB. Instead, the system sends a packet to complete a redetermination.

# Medi-Cal Redetermination Process

## Packets Sent and Returned

- ▶ The redetermination process starts 60 days prior to the end of the renewal period, this includes sending information to the Federal HUB to verify matches (MAGI cases) and sending out packets.
- ▶ Packet is only sent out if unable to be auto-renewed ( or verified through the federal HUB); if customer returns the packet to the county on time, benefits will continue until the worker processes the task.
- ▶ Customer must complete their renewal forms and submit verifications. They can do this by mail, fax, telephone, in person or online.
- ▶ An interview is not mandatory, but customers can request an appointment.
- ▶ Once information is received, our system scans in the documents and creates a task and assigns this task to a worker to review and process.
- ▶ If further information is needed, the worker will contact the customer for more information.

# Medi-Cal Redetermination Process

## - Packets Sent and Not Returned

- ▶ The redetermination process starts 60 days prior to the end of the renewal period.
- ▶ Customers are sent two reminders after the packet is mailed if the packet has not been returned to the county before the due date.
- ▶ If the customer does not return packet and verifications, their case discontinues and a NOA (notice of action) is sent to the customer.
- ▶ Customers have 90 days from their discontinuance date to submit information and verifications to have the case reviewed for reactivation.
- ▶ After 90 days, the customer must reapply.

# PHE Unwinding Effort

- ▶ March 2020-May 2023 Medi-Cal Redeterminations were paused in response to the COVID 19 Public Health Emergency.
  - ▶ During this time, all beneficiaries were continued in Medi-Cal coverage despite any changes to income and were only discontinued for specific reasons such as moving out of state, death, or obtaining other health insurance.
- ▶ Counties began redetermination process in April 2023 with redeterminations due in June 2023. This process is referred to as the Unwinding.
- ▶ October 2023 Sacramento County migrated from CalWIN to CalSAWS which caused a delay in the Unwinding effort.
- ▶ July 2024 - over 62,000 unwinding cases
- ▶ As of today, July 18, 2025, Sacramento county has only 231 Medi-Cal cases left to Unwind.
- ▶ Completing this Unwinding process means the auto renewal process will be correctly performed for future redeterminations resulting in increased convenience for customers and a faster more streamlined renewal process.



# DHA Medi-Cal Redetermination Data

## ▶ Monthly Redeterminations

- ▶ Redeterminations Due: 18,000 - 22,000
- ▶ Average Percent MAGI: 78%
- ▶ Average Percent Non-MAGI: 22%

### **MAGI Only Cases**

- ▶ Average: 13,000 - 18,000
- ▶ Average Percent MAGI cases that Auto-Authorize: 79%

# The Power of Communication-

## Ways Customers Can Help Us Provide Continuous Coverage.

- ▶ Customers are to report any changes within 10 business days
- ▶ Updating information is very **important** to keep cases current and maintain coverage.
- ▶ Some examples of changes are address, phone number, income, household composition, changes in citizenship, newborns.
  - ▶ Some changes, such as income or a household composition, will trigger a change in circumstance redetermination, and the customer will be granted a new 12-month eligibility period.
- ▶ Information can be submitted by mail, fax, telephone, in person or online.
- ▶ Information submitted is scanned into the system and workers are assigned to process the updates.
- ▶ If further information is needed, the worker will contact the customer for more information.

## The DHA Contact Information:

[www.BenefitsCal.com](http://www.BenefitsCal.com)

1-800-560-0976

[ha.saccounty.gov](http://ha.saccounty.gov)

Thank You!