In March 2016, Medi-Cal beneficiaries who were due for annual redetermination in January, February, or March but who had not returned the redetermination packets were terminated from Medi-Cal on March 31, 2016.

In order to renew Medi-Cal, each beneficiary will receive one of six (6) different renewal packets. Some packets have one (1) form while other packets have more than one (1) form. The packet a beneficiary receives depends upon the Medi-Cal program for which that person was determined to be eligible.

Beneficiaries who became eligible for Medi-Cal coverage based upon the Affordable Care Act’s (ACA) Modified Adjusted Gross Income (MAGI) will receive Medi-Cal Renewal Form #MC 216. All others whose eligibility was not determined under MAGI will receive a different renewal packet based on their eligibility criteria (e.g., Non-MAGI Aged/Blind/Disabled/Medically Needy, Long Term Care, or Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB)/Qualifying Individuals (QI)). Households with both MAGI and non-MAGI beneficiaries will receive one (1) or more forms sent in one (1) or two (2) packets. Below is a table listing who will receive each form.

While this may be confusing, please encourage clients to complete the forms and return them to their Eligibility Worker as soon as possible with the requested information to avoid a lapse in Medi-Cal coverage. If clients need assistance with completing the forms or if they have questions about their redetermination, please have them contact their Eligibility Worker at 1 (866) 613-3777 for more information.

**WE’RE WORKING FOR YOU...**

If you have any questions or require further information, please contact CBO at (213) 480-3444 or RevenueManagement@dmh.lacounty.gov.
### Form # | Form Name(s) | Beneficiaries receiving the form | Action Required
--- | --- | --- | ---
**MAGI**
MC 216 | Medi-Cal Renewal Form | Parent/Caretaker Relative, Adults, Children, and Pregnant Women | Provide requested verification

**Non-MAGI**
MC 210 RV | Medi-Cal Annual Redetermination Form | Aged, Blind, Disabled, and Medically Needy who are not eligible for MAGI | Return completed form and provide requested property and income information

MC 262 | Redetermination for Medi-Cal Beneficiaries (Long Term Care in MFBU) | All Long Term Care beneficiaries | Return completed form and provide requested property and income information

MC 14 A | Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individuals (QI) application | All Medicare Supplement Plan (MSP) beneficiaries | Return completed form and provide requested property and income information

**MIXED HOUSEHOLDS (HH)**
MC 604 IPS or MC 210 RV | Additional Income and Property Information Needed for Medi-Cal or Medi-Cal Annual Redetermination Form | Households with both MAGI and Non-MAGI beneficiaries | Return completed form and provide requested property and income information

MC 216 & MC 604 IPS or MC 210 RV | Medi-Cal Renewal Form & Additional Income and Property Information Needed for Medi-Cal or Medi-Cal Annual Redetermination Form | Households with both MAGI and Non-MAGI beneficiaries | Return completed form and provide requested property and income information

Some households might receive the Request For Tax Household Information (RFTHI) form, which is required for initial MAGI eligibility determination.

**DOES NOT APPLY TO FEE-FOR-SERVICE PROVIDERS**