

CBO DISPATCH

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CBO Dispatch No.: NGA 16-011 Issue Date: April 18, 2016



Medi-Cal Renewal Packets

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.







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	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 Some households might receive the Request For Tax Household Information (RFTHI) form, which is required for initial MAGI eligibility determination
	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) (HH with both MAGI & Non-MAGI beneficiaries)	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 These households will receive either the MC 216 and MC 604 IPS in one packet OR the MC 216 and MC 210 RV in separate packets	Return completed form and provide requested property and income information Some households might receive the RFTHI form, which is required for initial MAGI eligibility determination



