



Medi-Cal redetermination is the process where beneficiaries are reevaluated for Medi-Cal eligibility every 12 months. Medi-Cal redetermination is also referred to as renewal, recertification, or case review. Redetermination requires beneficiaries to complete a renewal packet, provide supporting verifications, submit the information to a local Department of Public Social Services (DPSS) office for review. During the case review, enrollees will have to pass income or asset tests to continue to be eligible for Medi-Cal.

Due to COVID-19 Public Health Emergency (PHE), the Federal government put a pause on the annual Medicaid redetermination process. Medicaid is called Medi-Cal in California. With the pause in redeterminations during the PHE, beneficiaries maintained their Medi-Cal coverage. As result, about 13 million Medi-Cal beneficiaries remained enrolled without re-certifying their Medi-Cal eligibility since 2020.

As PHE flexibility measures come to an end, the Federal Consolidated Appropriations Act of 2023, reinstated Medi-Cal annual redetermination effective April 1, 2023. Beginning in April, DPSS started reviewing eligibility records and mailing redetermination packets to beneficiaries with a renewal month of June 2023. Medi-Cal beneficiaries must complete the redetermination packet and return them to their local county offices for review. **Medi-Cal will be discontinued as early as July 2023** for those whose redetermination packet and supporting verifications are incomplete. Beneficiaries whose Medi-Cal was discontinued for this reason will receive a Notice of Action for Discontinuance of Medi-Cal for incomplete annual renewal.

In an effort to keep their health coverage active and ensure that redetermination materials are received timely, DPSS encourages all Medi-Cal beneficiaries to log in to their accounts to confirm that their contact information is up to date with their current addresses, phone numbers, and email address.

Once received, beneficiaries have a variety of ways to complete and submit their redetermination packets. Redeterminations can be completed online, by phone, in person, or submitted by mail. Providers are strongly encouraged to help clients with the redetermination process.

Ways to help clients with their Medi-Cal redetermination:



Go to the BenefitsCal website with the client to help them update contact information, complete the Medi-Cal redetermination packet, and upload supporting documents. Use this link to log on to the BenefitsCal website. [Home | BenefitsCal](#)



Call the DPSS Customer Service Center to complete the Medi-Cal Redetermination over the phone. The client must be present (either in person or on the call) with staff in order for providers to assist. Call the DPSS Customer Service Center: (866) 613-3777.



Go with the client or assist them in getting to a convenient DPSS office. Medi-Cal Redetermination can be completed in person by walking into a local DPSS office and speaking to an eligibility worker. Clients should take the required verifications with them when they go. [Office Locations \(DPSS\)](#)



Help clients mail their completed redetermination packet to a local DPSS Office. Click the following link to find a list of DPSS Office locations: [Office Locations \(DPSS\)](#)

Per California Welfare and Institutions Code, Section 14005.37(i), if a Medi-Cal beneficiary experiences Medi-Cal discontinuance, the member has a 90-day cure period beginning from the date of the Notice of Action of discontinuance. Have the member contact their local county office or their eligibility worker that is listed on the Notice of Action for potential reinstatement.