Medicaid Redetermination Supplemental Funding
State Maternal Health Innovation Program

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What is Medi-Cal?

- Medi-Cal is California's Medicaid health care program
- This program pays for a variety of medical services for children and adults with limited income and resources.
- Federal and state taxes support Medi-Cal.
- People are eligible for benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status, as long as they continue to meet the eligibility requirements.
- People can apply for health insurance that can cover pre-natal care, labor and delivery, and postpartum care.
Medi-Cal Access Program

The Medi-Cal Access Program (MCAP) helps pregnant individuals who can’t afford health coverage.

Coverage
• MCAP covers medical, vision, and dental services, prenatal care, hospitalizations, mental health, prescriptions, and more.
• The coverage is free throughout pregnancy and for one year after pregnancy.

Eligibility
To be eligible for MCAP you must be:
• Pregnant
• A California resident
  o Immigration status doesn’t matter.
• Not covered by any other health insurance plan, or have a plan that:
  o Does not cover maternity services,
  o Has a maternity-only deductible or copayment greater than $500.
• Within the MCAP income eligibility guidelines
  o Monthly income must be between $5,325 and $8,050 in 2023 for a family of four.
• Eligibility continues for 365 days after the pregnancy ends, no matter how it ends, or if income increases.
MCAIP Covers Babies!

• Babies born to individuals on MCAP are eligible for the Medi-Cal Access Infant Program (MCAIP).
• The baby’s health coverage begins on the date of birth.
• Coverage is guaranteed for the first year and can last up to two years.
• MCAIP covers well-baby visits, immunizations, hospital stays, and more.
Keep Your Medi-Cal Coverage

The California Department of Health Care Services (DHCS) is conducting a statewide public information, education, and outreach campaign to raise awareness about the return of the annual Medi-Cal eligibility renewals and encourage Medi-Cal members to take steps to keep themselves and their families covered.
Medi-Cal Redetermination

- County Medi-Cal offices review each member's eligibility once a year or when they report changes to their household. Everyone's renewal date is different.
- Medi-Cal members are responsible for updating their contact information and completing the renewal form when they receive it.
- The form requests members’ information regarding income, family size, and any changes in their demographic details.
- Members must submit the completed renewal form within 90 days, or their coverage will end.
CMQCC Maternal Health Medicaid Program

- Support efforts to inform organizations and individuals in California about keeping pregnant and parenting Medi-Cal members covered
- Partner with maternal health clinics and community
- Report findings to HRSA
CMQCC Maternal Health Medicaid Program

Goals:

1. Establish the Medi-Cal redetermination task force group.
2. Identify clinic sites serving pregnant and postpartum individuals throughout California and within the focus counties.
3. Identify community-based organizations serving pregnant and postpartum individuals throughout California and within the focus counties.
4. Develop a robust communication outreach strategy plan to engage with perinatal providers, pregnant/parenting individuals, and the community.
5. Contact, visit, and connect with clinic sites to establish a relationship between the clinics and CMQCC.
6. Orientate and educate providers and clinic staff on the re-determination issue, enrollment process, using the DHCS outreach and education materials, and how to talk to their patients about re-enrollment.
7. Establish a one-stop-shop landing page on the CMQCC website that provides ongoing enrollment support for providers and clinics.
How to Complete Your Medi-Cal Renewal Form

Renewal forms will come in the mail in a bright yellow envelope. You must turn in any information that your local Medi-Cal office needs to renew your Medi-Cal. Look for the deadline listed on your renewal form. You must respond by that date to keep your Medi-Cal coverage.

Before you get started, make sure you have everything you may need.

- You must provide income information, your address, or details about any changes to who is in your tax-filing household.
- If you have new members in your household or previous household members no longer live with you, you must report the change. Additional verification may be required.
- Some parts of your renewal form are pre-filled based on the information Medi-Cal has on file. Correct or add any new information before submitting. Make corrections even if you’ve already reported the changes.
- You may need to provide proof of income to confirm you are still eligible. The form lists examples, such as pay stubs, benefits/awards letters, and tax returns.
- You do not need to send proof of non-income assets or property, such as bank accounts, cash, second vehicles and homes, and other financial resources.

Four Ways to Complete Your Medi-Cal Renewal Form:

Choose how you want to renew and complete all the steps

ONLINE
- This is the quickest and easiest way to complete your renewal.
- You can log in or create an account through BenefitsCal.com.
- If you don’t know which system to use, visit KeepMediCalCoverage.org for help.
- KeepMediCalCoverage.org has how-to videos to guide you through completing your form.
- Upload any required proof of regular income, changes to your household, and change of address.

BY PHONE
- You can call your local Medi-Cal office for help or to provide renewal information.
- Call the phone number listed on your renewal form.
- Make sure to have information about your regular income, changes to your household, and change of address ready to share.

BY MAIL
- Follow the instructions on your renewal form.
- Update any information that is wrong or has changed directly on the form.
- Include any required proof of regular income, changes to your household, and change of address with the form.
- Remember to sign and date your form before sending it back.
- Return it in the postage-paid, pre-addressed envelope.

IN PERSON
- You can get help and return your completed form at your local Medi-Cal office.
- If you don’t know where to go, visit KeepMediCalCoverage.org and select “Find my local Medi-Cal office.”
- Make sure you bring all of your documents with you to update the information that you will be reporting.

You can also contact an Enrollment Navigator for additional help. Visit KeepMediCalCoverage.org and select “Find local help.”

California Maternal Quality Care Collaborative
Resources

• https://www.dhcs.ca.gov/Documents/myMediCal.pdf


• https://www.dhcs.ca.gov/keep-your-Medi-Cal/Pages/faqs.aspx
Thank You!