



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

December 10, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-60

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY ADMINISTRATIVE OFFICERS
MEDS COORDINATORS
(Reference: All County Welfare Directors Letters (ACWDLs) 14-11, 14-18, 14-31, 14-32, 14-35, 14-38; Medi-Cal Eligibility Division Information Letters (MEDILs) I14-10; I14-33; I14-33E)

SUBJECT: Medi-Cal Renewal Process – The 90-Day Cure Period Job Aid

The purpose of this letter is to provide the attached job aid for counties outlining the requirements of the new 90-day cure period of the Medi-Cal renewal process. Per California Welfare and Institutions Code, Section 14005.37(i), the 90-day cure period begins from the date of the Notice of Action for discontinuance.

If you have any comments, questions or for further information, please contact Michelle Marean-Williams at (916) 341-3968 or by email at michelle.marean-williams@dhcs.ca.gov.

Original Signed By

Tara Naisbitt, Chief
Medi-Cal Eligibility Division

Attachment

Attachment for MEDIL: I 14-60: Medi-Cal Renewals Process – The 90-Day Cure Period Desk Aid

- From the 61st day after requesting information for the Medi-Cal renewal and making at least one documented attempt to contact the beneficiary, if the County has still not received the required information, the beneficiary will be discontinued from Medi-Cal for not providing required information. In accordance with due process requirements, counties shall send the beneficiary a timely and adequate discontinuance Notice of Action (NOA) explaining the basis for discontinuance and information about the 90-day cure period as described in Medi-Cal Eligibility Division Information Letter I14-33E.

Please Note: If the beneficiary provides the requested information prior to the effective date of discontinuance, the county shall rescind the discontinuance action and continue the redetermination process.

- Under new rules of the Affordable Care Act (ACA), the beneficiary has an additional 90 days after the discontinuance date specified on the NOA to provide the required paperwork (MC 0216) and additional information needed for redetermination. This 90-day timeframe is referred to as the “cure period”.
- As of January 1, 2014, the new cure period is 90 days for both Modified Adjusted Gross Income (MAGI) and non-MAGI beneficiaries.
- If the County receives the required information within the 90-day cure period after the discontinuance date, the County must treat the information as being received timely.
- Once the additional information is received, the County shall immediately enter the information into the Statewide Automated Welfare System, and if the household contains MAGI individuals, then run the information through the California Healthcare Eligibility, Enrollment, and Retention System Business Rules Engine to determine continued eligibility.
- If the beneficiary is determined to be eligible during the 90-day cure period, the County shall grant benefits back to the date of discontinuance, retain the annual redetermination date, and notify the beneficiary that their Medi-Cal benefits will be restored back to the date of discontinuance so that there is no break in Medi-Cal coverage.
- If the beneficiary is no longer eligible under a MAGI category, but is found eligible for a Covered CA plan, the beneficiary will be determined eligible for the Covered CA plan. The county should contact the beneficiary by any means available to the county, including by sending out the Non-MAGI screening packet as prescribed in All County Welfare Directors Letter 14-18, to see if the beneficiary wants to be evaluated for Non-MAGI Medi-Cal eligibility.
- Counties should ensure that the good cause regulations are followed so that if a beneficiary provides the information outside of the 90-day cure period and there is good cause for not providing the information timely, it shall be considered timely.
- If the beneficiary has not provided the additional information to the County within the 90-day cure period, then the beneficiary is discontinued from Medi-Cal.
- Once a beneficiary is discontinued from Medi-Cal, they need to re-apply for coverage.

Note: In accordance with Welfare & Institutions Code, Section 14005.37(i), the provision of the requested information, does not constitute a finding of Medi-Cal eligibility. The discontinuance action shall not be overturned until the information is processed and eligibility is found to exist. However, the County must act promptly to process the information provided by the beneficiary.