

CalSAWS | Medi-Cal Renewal Processing

Purpose

The purpose of this fact sheet is to provide information on processing a Medi-Cal (MC) Renewal (RE).

MAGI Only Renewal

Two months prior to the RE due month, the System begins the auto ex-parte process to attempt to process the MAGI Renewal in an automated batch. In this process the system sends an Eligibility Determination Request (EDR) to CalHEERS (CH) in an attempt to electronically verify (e-verify) the renewal information (e.g. income).

Note: The Batch MAGI RE Sweep job (PB00CH203) initiates the MAGI Medi-Cal renewal process by identifying MAGI Medi-Cal programs with a Renewal Due Date two months in the future and sending a Renewal (RE) EDR to CalHEERS through Batch MAGI. The Batch MAGI EDBC RE Sweep job (PB00E120) identifies Medi-Cal Programs with a renewal due date two months in the future, where the RE Determination of Eligibility Response (DER) was received in response to the Batch MAGI RE Sweep job.

If all members on the MC case have electronically verified information and have returned with an eligible (EL) or conditionally eligible (CE) status, the system will process the case including running EDBC, updating the renewal date to the following year, adding a journal, and sending the appropriate Notice of Action (NOA) to the primary applicant, Authorized Representative, and/or Additional Correspondent. The attempt to auto renew a case begins on the 1st business day of the month two months prior to the RE due month.

Example: The auto renew process begins on 04/03/2023 for June 2023 RE due month.

If a case member does not electronically verify, the case will not auto renew and an RE packet will be generated. The RE will need to be manually processed by the worker.

The E-HIT Summary Dashboard provides a list of cases that successfully auto-renew. It also shows cases that are not successfully auto renewed and received a RE packet. Please see CIT 0086-23 for more information on this report.

Medi-Cal Renewal Packet is sent to the beneficiary:

On the 8th business day of the month two months prior to the RE due month a renewal packet will be auto generated and sent by the system for the MAGI only programs that did not auto renew, Non-MAGI, and Mixed Household (MAGI/Non-MAGI) cases.

Note: For MAGI and Mixed Households (MAGI/Non-MAGI), counties have from the fourth business day of the month until 5 pm on the 8th business day of the month two months prior to the RE Due month (before RE packets are auto generated) to process the temporary waiver flexibilities mentioned in MEDILs 23-21 and 23-40 that meet the policy criteria.

When the Renewal Packet is sent out, up to two auto generated reminders (CSF 164) will be sent out until/unless the packet shows received on the Customer Reporting page. Please see the Medi-Cal Renewal Key Dates fact sheet for more details on the generation of the reminder notices.

Medi-Cal Renewal Packet is not Received:

If the Renewal packet is not received, the individuals that are pending the RE packet, will be auto discontinued if they meet certain criteria. This process occurs one to two days prior to 10-day. See the Medi-Cal Renewal Discontinuance Fact Sheet for additional details.

Medi-Cal Renewal Packet is submitted by beneficiary:

Once a renewal packet is marked as Received in the Customer Reporting (Eligibility > Reporting) page, it is up to the worker to take action on the program by either:

- Processing the renewal if they have all the required information, or
- Updating the packet to "Incomplete" and sending an MC 355 to request the missing information.
 - ✓ Once the beneficiary submits the missing information, the worker can process the renewal.
 - ✓ If the beneficiary does not comply with the request for information (MC 355) the worker must take action to discontinue. The program will not be discontinued by batch when the packet is in "incomplete" status.

Workers can access the Customer Reporting Progress Detail Report for detailed information on the RE packet. The report can be accessed by going to: Reports> On Request> Administrative> Customer Reporting Progress Detail Report. Management and Supervisors also have access to the E-Hit Summary Dashboard for a list of cases that have a RE packet marked as received. Please see CIT 0086-23 for more information on this report.

Medi-Cal Renewal Verifications are Received:

Counties can set up Automated Actions to notify workers when documents are available for viewing. Automated Actions are set up in CalSAWS under the County Administrative pages, the county may set up Document Routing Rules, which will automatically trigger a task to notify when specific documents are received. (Please see CIT 0262-23 Fact Sheet: Customer Reporting and Document Uploads through the Self-Service Portal for a step-by-step process on creating a document routing rule).

Once verifications are received, the system will set a task to the assigned worker for the verifications that were provided. If all verifications have been received, the worker can process the case by updating the appropriate data collection pages and running EDBC. (See Run EDBC section). For MAGI and Mixed Household cases, a MAGI request will be needed to get an updated Determination from CalHEERS prior to running EDBC. The MAGI Determination is only needed for the come up (future) month.

Example: For a 01/2023 Renewal

Step 1: Batch MAGI RE Sweep job requested MAGI for 12/2022 benefit month was returned with Pending Eligible members.

Step 2: Customer submits renewal packet and worker works on the case in 01/2023. Step 3: Worker requests an updated MAGI determination for 02/2023 and authorizes benefits.

Step 4: System updates both DERs (12/2022 & 02/2023) to complete.

If verifications are still missing, send out the MC 355 form from the MC 355 Detail page requesting any additional verifications needed.

Mixed Household Renewals

The Mixed Household (MAGI/Non-MAGI) Renewal process is similar to the MAGI process. The case goes through the auto ex-parte renewal process to attempt to auto renew the MAGI eligible individuals on the case. A Mixed Household Renewal packet is auto generated and sent out to gather the information needed for the Non-MAGI individual(s) and the individual(s) that did not everify. Once the packet is received, the worker can follow the same steps listed in the "Medi-Cal Renewal packet is submitted by beneficiary" section.

In cases where all the MAGI members came back eligible or conditionally eligible on the RE DER, but the Mixed Household renewal packet was not marked received, the system will discontinue the Non-MAGI member(s) and authorize the MAGI member(s). This includes running EDBC, updating the renewal date to the following year, adding a journal, and sending the appropriate NOA.

Non-MAGI Only Renewals

The Non-MAGI renewal packets are sent out on the 8th business day of the month two months prior to the RE due month.

When completing a manual ex-parte review of a Non-MAGI case, counties will have until 5pm on the 8th business day of the month two months prior to the RE due month to complete the renewal and prevent a renewal packet from being generated by the system.

For example: RE due month is 06/2023, therefore the manual ex-parte should be completed on or before 04/12/2023.

If the Non-MAGI renewal cannot be completed through an ex-parte review, once the renewal packet is submitted, the worker can process the renewal by updating all appropriate data collection pages and running EDBC. Beneficiaries who do not submit their renewal packet, will be discontinued by the automated batch job. When the packet is received, the worker can follow the same steps listed in the "Medi-Cal Renewal packet is submitted by beneficiary" section.

QMB Only SSI/SSP Recipient Cases

Individuals who are receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) and are only eligible for the Qualified Medicare Beneficiary (QMB) Medicare Savings Program are not required to submit a renewal packet. When all household members in a case are SSI/SSP QMB Only, the system does not generate a renewal packet. Workers must still verify information using MEDS and process the renewal. These cases can be easily identified in the Medi-Cal Renewals Listing Report by filtering the report to list cases with a Renewal Action of "No Packet – MSP SSI". If the renewal is not processed timely, the case will not be discontinued by the automated batch process, the case will remain open with an overdue renewal.



Example: Calendar of the Medi-Cal Renewal Process for a 12/2023 Renewal

Oct 2023						
S	М	Т	W	Т	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Nov 2023						
S	М	Т	W	Т	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Dec 2023						
S	М	Т	W	Т	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

10/02/2023: RE EDRs are sent to CalHEERS for 12/2023 MAGI/Mixed Household renewals. Once the DER is received, if all members are eligible or conditionally eligible the renewal is automatically processed by batch. Most DERs are received back within the first 5-6 days.

10/11/2023: RE packets are generated for MAGI cases that did not auto-renew and Mixed Household and Non-MAGI cases.

11/14/2023: First Reminder (CSF 164) is automatically sent to cases with a 12/2023 renewal packet in "sent" status.

11/27/2023: Second Reminder (CSF 164) is automatically sent to cases with a 12/2023 renewal packet in "sent" status.

12/18/2023: Automated Discontinuance Batch discontinues Medi-Cal programs/persons that did not submit their renewal packet.

12/18/2023-01/05/2024: The Auto Recission Batch identifies and rescinds programs when the Medi-Cal RE packet is received before the program's Discontinuance date. (See Key Dates Fact for more information).

MAGI/Mixed-Household:

Process renewals with temporary waiver flexibilities between 10/05/2023 and 5pm 10/11/2023 to prevent the system from sending out a renewal packet.

Manual Ex-Parte for Non-MAGI:

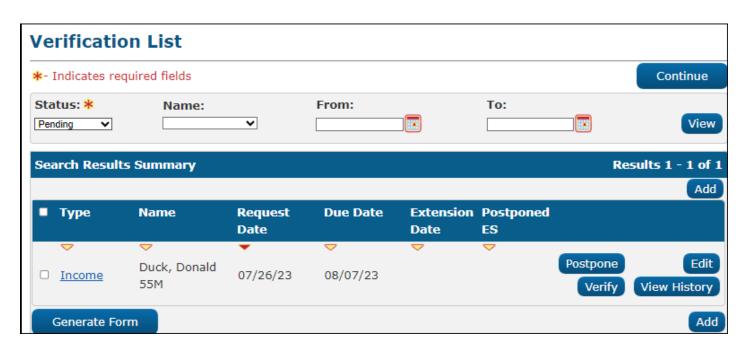
From the 1st of the month until 5pm on 10/11/2023 to prevent the system from sending out a renewal packet.

Mandatory Verifications

When a record is placed in a "pending" verification status on a data collection page, it will create a record on the Verification List page. The Mandatory Verification logic will impact Non-MAGI individuals when there's an overdue Mandatory Verification. For Counties that are opted in, a monthly batch runs to discontinue Non-MAGI individuals with overdue mandatory verifications. If a county is not opted into the Mandatory Verification batch, any other batch that runs a case could also result in discontinuance. The verification types that are currently Mandatory for Non-MAGI Medi-Cal: Residency, Income, Liquid Property, Motor Vehicle, Personal Property, Real Property, and Transferred Property.



Verifications past the due date on the Verification List page will allow the case to discontinue. It is suggested, for Mixed Household and Non-MAGI only cases with no other active programs, to update the due date of the pending verification on the Verification List page to match the due date on the MC 355 List page.



Note: The MC 355 List page is not connected to any data collection page like the Verification List page. The MC 355 List page is completely dependent on the user entries, and it does not save detailed history like other pages.

Non-Compliance

The Social Security Number (SSN) is entered on the Individual Demographics page. When 'pending' is selected in the Verified field, a pending verification record is added to the Verification List page.

If there is a SSN and/or Name/Identity Verification record on file that becomes past due, a Non-Compliance record is automatically created. The Non-compliance record impacts EDBC and the next EDR will include the Non-Compliance as well. This could result in the person that has the noncompliance discontinuing.

When completing the SSN for a child under one years old, select reason of "I have applied for an SSN". Do not select "Child under 1." If someone does not have a SSN (including children under 1 year old), "not applicable" should be selected in the Verified field.

Reporting Page

For successful updates, the RE packet(s) must be in the 'Reviewed - Ready to Run EDBC' status before running the EDBC with the 'RE' Run Reason. Following this order will ensure both the RE Due Date advancement and the updating of the packet(s) to 'Complete - EDBC Accepted' will occur. Subsequent runs will not update the packet(s) if the RE Due Date no longer matches the Packet's Submit Month.

In CalSAWS, there is no nightly EDBC batch that updates the Renewal on a case when the Reporting page status is updated to "Reviewed-Ready to Run EDBC." The worker must run EDBC to complete the renewal process.

Program	Statu	s Status Detail		
МС	Review	Reviewed- Ready to Run EDBC V		
Medi-Cal Sta	atus History			
Medi-Cal Sta Status	atus History Status Date	Action Date		
		Action Date 07/27/2023 09:14:46 AM		

Running EDBC

The system will Auto-Set the EDBC Run Reason to 'RE' when processing the case Renewal if the following criteria is met:

- the renewal packet submit month = RE DUE MONTH,
- the renewal packet is marked 'Reviewed-Ready to Run EDBC' and
- the worker runs EDBC for any month from one month prior to the RE Due month or later.

There may be times where those things are not aligned and therefore it is suggested that 'RE' run reason is selected when running EDBC for Renewal and Change in Circumstance(that require a renewal update).

Unless the worker is trying to take a positive action on a past month, when processing a renewal, EDBC should be run for the come up (future) month.

Ru	n EDBC					
* - I	ndicates requir	ed fields		Change Reason	Run EDBC	Cancel
Benefit Processing Range:						
Beg	in Month: 粩		End Month: 🗚			
09/20	23 ~		09/2023 ~			
Program Status Timely Notice Exception			Timely Notice Exception	Reason	Run Reason	
	Medi-Cal	Active			RE	\checkmark

Additional Information

Single Month (1 month) EDBC - Allows for Override.

Multi-month (range of up to 6 months) EDBC - Can not complete an override.

Negative Action

When completing a denial/discontinuance (negative action) on a MAGI/Mixed Household case (e.g. someone is reported as out of the home or household fails to complete redetermination), send a negative action MAGI request to CalHEERS. Once the DER is received showing the person or household is no longer MC eligible, run Negative Action EDBC from the Negative Action Detail page located on the task navigation bar from the Case Summary page.

Case Summary	Negative Act	ion Detail	
Case Number:	*- Indicates required Benefit Month: *	l fields	Run EDBC
Person Search	Medi-Cal	Run EDBC for this program	
EBT Account Search Application Registration	Person	SSN	Date of Birth
Case Summary	2		
Contact	Negative Action R	eason'	
Authorized Representative		v	
Application Questions			
Negative Action	Run Reason:		
New Program	· · · ·		
New Person			
Hide Person			Run EDBC
EBT Account List	This Type 1 page took 0.4	11 seconds to load.	
Issuance History			

Note: when a negative action is requested for MAGI, if the EDBC is not ran from the Negative Action Detail page, the correct discontinuance reason will not be listed in the Medi-Cal EDBC Summary.

When completing a negative action for a person or a household that has Non-MAGI only benefits, update the data collection pages and run Negative Action EDBC from the Negative Action Detail page located on the task navigation bar from the Case Summary page.

Manual EDBC

A manual EDBC is a determination of program eligibility and benefit amount determined by the worker outside of the system. Manual EDBC is completed when a case is processed for months prior to migration into CalSAWS. See the Manual EDBC Fact Sheet or the EDBC – Manual EDBC and Clarifications Job Aid for a detailed walkthrough of completing this action.

Manually Generating an RE Packet

If a renewal packet needs to be manually generated, select Client Correspondence on the Global Navigation bar and select Templates from the Local Navigator drop down. On the Template Repository Search page, type in the renewal packet needed (MAGI RE Packet, Mixed Household, RE Packet or Non-MAGI RE Packet) or type in "RE packet" for all MC RE packets to display. The appropriate renewal form name must be entered for the packet to show on the Reporting page. The individual renewal forms (MC 216, MC 217, and MC 210 RV) are available in the template repository, however only the packet can be tracked in the Customer Reporting List page.

Although the system automatically generates most renewal packets, there may be instances where it's too late for the system to generate the packet and it must be manually generated. For instance, when a CalWORKs program is discontinued for not completing their renewal and now the Medi-Cal renewal must be processed. Or when an Inter County Transfer (ICT) is processed by intake and the renewal is due soon after. In these instances, the automated process that sends the renewal

packets will likely not capture these cases as there is no active Medi-Cal program when the packets are generated by the system two months prior to the RE Due Month.

Reports

There are three major reports and one dashboard that counties can use to manage their Medi-Cal renewal workload. The reports are the RE Date Report, Medi-Cal Renewals Listing Report, and the Medi-Cal Rescissions Report. The Dashboard is the E-HIT Summary Dashboard. Detailed information can be found in CIT 0086-23 Reports for Medi-Cal Renewals.

To resolve issues for MAGI/Mixed Household (MAGI Non-MAGI) programs that were either skipped by the Batch MAGI, received an error, or did not receive a response (DER), counties can utilize the Batch MAGI Skipped Report, MAGI Error Report, and the Outstanding Eligibility Determination Request Report. The Batch Eligibility Report can be utilized for programs skipped by batch EDBC which can include Non-MAGI.

During the auto ex-parte process, if a MAGI or Mixed Household's RE EDR is skipped or errors out, the worker needs to resolve the skip or error reason to process the renewal. The skips and errors should be resolved as soon as possible as individuals may come back eligible once the data is updated and the DER comes back. If either a skip or error occurs use the appropriate report (Batch MAGI Skipped and MAGI Error report) to see the skip or error reason. The reports are generated on the 5th of the month. Ideally, the issue(s) should be resolved, and the renewal processed (when all individuals come back EL/CE) prior to the renewal packets being generated.

For cases where the DER didn't come back, workers can identify those cases on the Outstanding Eligibility Determination Request Report. The report is generated daily. To allow for the potential DER to return, the worker should not attempt to send another EDR until the 6th business day but prior to 5pm on the 8th business day to try to get a MAGI determination and process the renewal. After 5pm on the 8th business day the Renewal packet generation process begins.

Please see the Medi-Cal Renewal Discontinuances Fact Sheet for more information on these reports and available automated actions.

Helpful Tips When Processing Renewals

1. **Scenario:** The RE packet remains in the 'Reviewed - Ready to Run EDBC' status after running EDBC in RE mode.

Issue: The RE packet was marked as 'Reviewed - Ready to Run EDBC,' however, the EDBC was run in RE mode prior to the RE Packet being updated to 'Reviewed - Ready to Run EDBC' status. This results in the RE Due Date being advanced and RE packet status not being updated.

Resolution:

For the RE packet to be successfully updated, the RE packet(s) must be in the 'Reviewed - Ready to Run EDBC' status before running the EDBC with the 'RE' Run Reason. Following this order will ensure both the RE Due Date advancement and the updating of the packet(s) to 'Complete - EDBC Accepted'. Subsequent runs will not update the packet(s) if the RE Due Date no longer matches the Packet's Submit Month.

To correct a case that was already processed, there are two options to update the status:



a. Mark the RE Packet(s) as 'Not Applicable' since the RE has already been processed. b. Users with the 'CustomerReportingDetailOverride' security right can click on the "Override" button on the Customer Reporting Detail page and select the 'Complete-EDBC Accepted' reason.

2. Scenario: Incorrect NOA was generated when MC was discontinued

Issue: MC was discontinued for "Failure to complete redetermination' for not providing the MC RE packet. However, the NOA generated by the system indicated that the person was discontinued for being over income.

Resolution:

DHCS confirmed the Over Income NOA is sufficient until CalSAWS is updated to generate the Failed to Respond NOA. No further action required. SCR CA-263815 will address this issue.

3. Scenario: Unable to rescind/re-apply

Issue: RE packet was received within 90 days of discontinuance but unable to rescind/re-apply.

Resolution:

Prior pending months exists. The user should process these pending months with a Manual EDBC (or by running EDBC for those months if able to). Once this is completed, the Rescind and Re-apply buttons will become available.

4. Scenario: MC program not discontinued although no RE packet received

Example: In the MC program, the MC RE was due on 06/12/2023, and the MAGI RE packet is in 'sent' status. As of 07/07/2023, the MC is still active when it should have been discontinued effective 07/01/2023 due to non-receipt of the RE packet.

<u>Resolution:</u> Confirm if the case is a CalHEERS Protected case (CH_Protect with Protect_IND = Y). You can confirm this by opening the MAGI Determination list page or Run EDBC pages. There will be a message indicating the case is impacted by CalHEERS defect 240202. If the case is impacted by CalHEERS defect 240202, the automated batch will not process this case.

When CalHEERS fixes the defect 240202, DHCS will issue further guidance how to process these cases. It is expected for these cases to be in an overdue RE until further guidance from DHCS.

5. **Scenario:** MC RE packet received, but the system did not auto rescind the program to Active status

Issue: MC was discontinued for not receiving the RE packet. Later the packet was received on/before RE due date. The system attempted auto rescinding the MC, but MC is in Pending status. It should be in Active status.

Resolution:

This case was identified for Auto-rescind and attempted but EDBC couldn't complete the restoration. Worker needs to review the skip reason and complete the rescind to restore benefits or process the renewal per the received information.

6. Scenario: MC RE packet received, but the system did not auto rescind

Issue: MC was discontinued for not receiving the RE packet. The packet was received before the auto-discontinuance batch but wasn't entered in the system as received yet. Later, when the packet is entered into the system with the Received Date prior to auto-discontinuance batch, the MC program is not auto-rescinded although the Packet Received Date is prior to RE Due Date.

Resolution:

Worker needs to manually rescind and process the renewal per information provided in the packet. SCR CA-264682 will address this issue for future month auto-rescinds.