



*Keep Your Medi-Cal Coverage!
Fill Out Your Renewal Forms in a Timely Manner*

Frequently Asked Questions (FAQs) for Alameda Health System Staff

Starting April 1, 2023, California resumed its process to redetermine eligibility for Medi-Cal beneficiaries. It's estimated that two to three million Californians may leave the program over the next 14 months. Some may transition into another health care coverage program, but some eligible beneficiaries may lose their Medi-Cal if they do not submit their renewal application. It's critical that we help our Medi-Cal patients.

1. Why is Medi-Cal redetermination/renewal needed?

Redetermination is the normal renewal process to make sure that a Medi-Cal beneficiary continues to meet eligibility requirements. Medi-Cal redetermination is done annually (every 12 months). Alameda County Social Services Agency (SSA) processes Medi-Cal applications and renewals. It tries to renew Medi-Cal eligibility electronically, but if a beneficiary's information cannot be verified electronically, then they will receive a Medi-Cal Redetermination packet by mail.

2. Does everyone on Medi-Cal have to renew their eligibility by April 1, 2023?

No. Redetermination dates differ depending on the month that the patient enrolled. For example, if a patient originally enrolled into Medi-Cal in September 2019, their Medi-Cal redetermination will take place in September of every year. SSA will begin sending renewal notifications to a patient 60 days prior to their renewal month.

3. Will all Medi-Cal beneficiaries still be enrolled in Medi-Cal after they go through the renewal process?

No. Some may no longer meet the eligibility criteria. For example, they may be eligible for health insurance through Covered California or have health insurance through their job. In some cases, they may no longer reside in Alameda County.

4. Will the Medi-Cal beneficiary have to select a health plan, clinic and/or both during renewal?

No. They will not have to go through the health plan or provider choice process during renewal. Note that a Medi-Cal beneficiary can change their health plan and/or provider at any time by contacting their health plan.

5. What happens if the patient does not submit a Medi-Cal renewal by their redetermination date/month?

They will be disenrolled from Medi-Cal for failure to renew in a timely manner and have a gap in health care coverage. This is why we want patients to renew by their redetermination date/month.

6. Can AHS serve individuals who are disenrolled from Medi-Cal?

Yes. AHS does not turn away patients for lack of health insurance. Disenrolled Medi-Cal beneficiaries will receive services and will be referred to AHS's Patient Financial Services to obtain information on how to reapply for Medi-Cal.

7. I have Medi-Cal, what do I need to know?

- A. You need to renew for Medi-Cal – don't delay
- B. Make sure that Alameda County Social Services has your updated contact information – go to [Alameda County Social Services](#)
- C. Medi-Cal is health insurance – it's better than being uninsured
- D. You can keep your same provider under Medi-Cal
- E. It does not cost you anything to renew your Medi-Cal
- F. AHS is here to help