



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



GAVIN NEWSOM
GOVERNOR

October 5, 2020

Medi-Cal Eligibility Division Information Letter No.: I 20-30

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: MIXED HOUSEHOLD RENEWALS GUIDANCE DURING THE COVID-19
PUBLIC HEALTH EMERGENCY
(Reference: All County Welfare Directors' Letters 15-36 and 19-01 and
Medi-Cal Eligibility Division Information Letters I 17-16 and 20-06)

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties on how to process Covered California renewals for Mixed Households that contain Medi-Cal and Covered California individuals while renewal processing, discontinuances and negative actions are delayed during the COVID-19 public health emergency (PHE).

County Eligibility Workers (CEWs) should continue to refer to the following ACWDLs and MEDILs regarding the COVID-19 PHE:

- [MEDIL I 20-26](#) – Additional Frequently Asked Questions Due to the COVID-19 Public Health Emergency
- [MEDIL I 20-25](#) – Updated Guidance Due to the COVID-19 Public Health Emergency Superseding MEDIL I 20-07 and MEDIL I 20-08
- [MEDIL I 20-15](#) – Prioritizing Case Processing Activities Through the Duration of the Covid-19 Public Health Emergency
- [MEDIL I 20-14](#) – Extension of Delaying Annual Redeterminations, Discontinuances, and Negative Actions Due to Covid-19 Public Health Emergency
- [MEDIL I 20-06](#) – Public Health Crisis or Disaster Reminders for Medi-Cal,
- [ACWDL 19-01](#) – Exceptions due to Public Health Crisis or Disaster,
- [MEDIL I 17-16](#) – Processing Applications from Individuals Affected by Disasters, and
- [ACWDL 15-36](#) – Guidance to Counties on Treatment of Applications/Redeterminations in Disaster Areas and Treatment of Disaster

Background

On March 4, 2020, Governor Gavin Newsom declared a State of Emergency in response to the global COVID-19 PHE. On March 17, 2020 he issued Executive Order (EO) [N-29-20](#) that directs counties to delay the processing of Medi-Cal annual renewals and defer discontinuances and negative actions. The EO only applies to Medi-Cal and does not delay the processing of Covered California renewals or defer discontinuances and negative actions. As a result, Covered California consumers enrolled in a Qualified Health Plan (QHP) are required to complete an automated or manual renewal for the upcoming plan year between October 1, 2020 through December 15, 2020.

Some Covered California renewals may be part of a mixed household of both Medi-Cal eligible and Covered California eligible individuals. For mixed household cases, the California Health Eligibility Enrollment and Retention System (CalHEERS) and the State Automated Welfare System (SAWS) will initiate their respective renewal processes; CalHEERS for the Covered California consumer, and SAWS for the MAGI household beneficiaries. [MEDIL 20-25](#) provides counties with guidance on the pausing of renewals, discontinuances, and negative actions based on the COVID-19 PHE for Medi-Cal beneficiaries.

County Eligibility Workers (CEWs) shall follow the guidance below on how to process reported changes in circumstance or renewals for a case when it contains a Covered California consumer. CEWs should refer to each scenario below to determine the appropriate action to take.

Covered California Consumer Renewal or Change in Circumstance- Counties Required to Process

CEWs shall process the Covered California annual renewal or reported change in circumstance in the following scenarios:

- An individual completes an active Covered California renewal in CalHEERS or with an agent (DER-U sent to county if changes reported),
- An individual completes a reported change in circumstance in CalHEERS or with an agent (DER-U sent to county if changes reported),
- An individual contacts the county to report changes that would impact their Covered California eligibility, or
- An individual contacts the county to complete the Covered California active renewal due to “no wrong door.”

In instances where the change processed for the Covered California consumer results in a negative action to the Medi-Cal household beneficiaries, the CEW shall ensure the Medi-Cal beneficiaries coverage remains unchanged. MAGI Medi-Cal beneficiaries

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should be automatically protected through Soft Pause programming. In rare instances that Soft Pause does not apply, CEWs shall override the results using existing system functionality to maintain Medi-Cal eligibility.

Note: The defect in CalHEERS that does not trigger Soft Pause when a child moves from a non-premium aid code to a premium aid code has been corrected in the CalHEERS 20.10 release.

Renewal Scenarios- Counties Not Required to Process

In the instance that a Medi-Cal renewal form is submitted for a mixed household, the CEW shall not review or process the Medi-Cal renewal, even in instances when someone on the case has Covered California eligibility.

Journal Template

As per [MEDIL 20-07](#), CEW's shall continue to document the reason for the delay in processing for the Medi-Cal beneficiary in the case file, by including the following statement for auditing purposes:

“Delayed redetermination processing for Medi-Cal or CHIP benefits approved due to state or federally declared major public health crisis or natural disaster.”

CEWs shall also continue to reference all MEDILs related to the PHE in the case documentation: [MEDIL I 20-15](#), [MEDIL I 20-25](#), and [MEDIL I 20-26](#).

If you have questions regarding this letter, please contact Janis Kimball at (916) 345-8060 or by email at Janis.Kimball@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division