

DATE: April 30, 2025

Medi-Cal Eligibility Division Information Letter

No.: I 25-12

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

SUBJECT: EX PARTE REVIEW AFTER A RENEWAL PACKET IS SENT

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide counties with policy clarification related to the ex parte review process during annual renewal after a renewal packet is sent.

Background

Ex parte is a mandatory process involving the review of available information in an active case file, along with review of any other available information from other public assistance programs or data sources available to the county. DHCS provided counties with instructions for ex parte during the annual renewal in [ACWDL 22-33](#). During the renewal process, ex parte is critical in identifying information already available to the county. However, in instances where ex parte is not successful and eligibility information must be confirmed, counties must send the Medi-Cal member(s) an annual renewal form.

Per 42 CFR § 435.916, as a condition of eligibility, Medi-Cal members who receive an annual renewal form must sign and return their renewal form (via any allowable modality). DHCS has historically interpreted this to mean that once a packet is sent, it must be received back by the county and instructed counties to do so. However, this meant that situations occurred where information was received after the renewal packet was sent to a member, but per previous Medi-Cal processes, the county was required to wait for the return of the packet from the member before eligibility could be redetermined.

In review of ex parte policy and the situations described above, DHCS is providing counties with clarification that the ex parte process is allowable to complete a Medi-Cal annual redetermination, even after the renewal packet has been sent to a member.

Ex Parte After A Renewal Packet Was Sent

This MEDIL clarifies ex parte and renewal processes to allow counties to complete the annual redetermination via ex parte (if successful), even after a renewal packet is sent to a Medi-Cal member. This means even if the renewal packet was generated and sent,

April 30, 2025

if the county is able to verify all missing or pending information, the renewal can be completed without waiting for the Medi-Cal member to sign and return the form.

This process is only to be applied for positive or neutral changes in eligibility, as a negative action (such as a discontinuance, moving from no share of cost (SOC) to SOC, or an increase in SOC) cannot be taken based solely off an ex parte review without verification.

Examples are provided below for review on different scenarios surrounding this clarification.

Ex Parte and Renewal Packet Examples

Example #1: Renewal Packet Not Returned But Ex Parte Completed

- Member A is MAGI eligible and due for their annual renewal in November.
- Member A's information is run through auto ex parte in CalHEERS and is unable to be electronically verified through the federal data services hub (FDSH) due to income that appears not reasonably compatible with the self-reported amount.
- The county attempts to obtain a reasonable explanation but is not successful.
- A renewal packet is generated by the system and sent to the member.
- One week after the packet is mailed, the county eligibility worker receives an income verification consistent with information on file without the renewal packet that aligns with the self-attested income information and is under the Medi-Cal limits.

Outcome: After review of the case, where income verification was the only item missing and needed to complete an ex parte renewal, the county eligibility worker is able to verify the self-attested income and complete the renewal without any further documentation needed.

Example #2: Renewal Packet Not Returned And Ex Parte Not Completed

- Member B is Non-MAGI eligible and due for their annual renewal in September.
- Member B's case information is reviewed by the county eligibility worker.
- Ex parte is not successful, and updated paystubs are needed to confirm income.
- A renewal packet is generated and sent to the member.
- The packet is not returned and the county eligibility worker follows existing processes to contact the member and remind them to complete and return the packet and required verifications.
- Prior to the verification deadlines, the county eligibility worker receives an income verification. The worker reviews the verification – it is for a different employer and is unclear on the frequency of pay.

April 30, 2025

- The worker is unable to input the correct amount to determine eligibility and verify against the self-attested amount.

Outcome: The county eligibility worker is unable to complete ex parte as the verification provided is not sufficient to take additional action. Because Member B made a good faith effort to contact the county, the county eligibility worker would again request the needed information to complete the determination. If the necessary information is received, the county may complete the renewal process without the packet. If the necessary information is not received, then the county would proceed with normal case processing and review for all other basis of eligibility prior to discontinuance.

Example #3: Renewal Packet Not Returned But Ex Parte Completed Through Verification Provided to Another Public Assistance Program.

- Member C is MAGI eligible and due for their annual renewal in October.
- Member C is unable to be electronically verified through the FDSH due to income that appears not reasonably compatible with the self-reported amount.
 - The county is unable to obtain a reasonable explanation.
- During the renewal period, Member C applies for another public assistance program and provides income verification consistent with the information on file. The Medi-Cal renewal packet is not provided.

Outcome: After review of the case, the county eligibility worker is able to verify the income. A renewal packet is not required to complete the renewal process.

Example #4: Partial Information Received During Renewal Process

- Members D and E are MAGI eligible and due for their annual renewal in July. They claim two mutual children as dependents, Child A and Child B.
 - Member E has employment income and Member D has self-employment income.
- The household is unable to be electronically verified through the FDSH for Members D and E due to income that appears not reasonably compatible with the self-reported amount. Both children are electronically verified.
 - The county is unable to obtain a reasonable explanation.
- A renewal packet is generated by the system and sent to Members D and E. As both children have had a successful renewal, no further information is needed for their eligibility determination.
- During the renewal period, Member D provides an updated income verification but does not provide updated information for Member E. The renewal packet is not provided.

April 30, 2025

Outcome: After review of the case, the county eligibility worker is not able to complete the renewal for Member D and E because:

- all income verifications were not received,
- a reasonable explanation was not received or sufficient, and
- electronic verification was not successful,

The county eligibility worker would proceed with current business processes to request the missing information (income verification and renewal packet).

Example #5: Renewal Packet Not Returned But Ex Parte Completed Through Covered California Application Received.

- Member F is MAGI eligible and due for their annual renewal in October 2025.
- Member F is unable to be electronically verified through the FDSH due to income that appears not reasonably compatible with the self-reported amount.
 - The county is unable to obtain a reasonable explanation.
- During the renewal period, Member F applies for coverage through Covered California and provides updated income that e-verifies.

Outcome: After review of the case, the county eligibility worker is able to verify the income with the new self-attested information and makes all necessary updates to link the new application with existing case information. A renewal packet is not required to complete the renewal process.

County questions regarding policy guidance should be sent to:

MCED-Policy@dhcs.ca.gov.

Original Signed By,

Sarah Crow, Chief
Medi-Cal Eligibility Division