

How to Support Your Client if They are Having Issues with their Medi-Cal Renewal or Lose Coverage



Your client's Medi-Cal¹ coverage may end if they do not turn in the renewal form when required or are missing information that the county requests. Their [county Medi-Cal office](#) will mail them a letter ([Notice of Action](#)) to let them know if their eligibility has been renewed, if they didn't turn in their renewal form or are missing information. If your client is experiencing homelessness and does not have an address, they may not even know they lost their Medi-Cal coverage. **Medi-Cal members who lose their coverage can have their coverage reinstated up to 90 days after they were terminated, if they provide any missing information to the county** (see more information below). If it is more than 90 days after the date on the Notice of Action letter, they must turn in a new Medi-Cal application.

If your client has their Medi-Cal wrongfully terminated

If your client has a complaint about how their benefits were handled, has trouble interacting with their county, or has their Medi-Cal wrongfully terminated, there are steps they can take to address the problem.

- 1. Contact the client's [county Medi-Cal office](#) to review their case.** If they think their Medi-Cal ended in error, they can ask for a [Medi-Cal Fair Hearing](#). While clients must normally file for a fair hearing within 90 days of receiving the Notice of Action that indicates a termination of coverage, they can currently request an eligibility fair hearing up to 120 days after receiving the notice.² If they did not receive a denial letter because they do not have a home address but learned their coverage was terminated when they interacted with the health care system, they should still ask for a Medi-Cal Fair Hearing.
- 2. Contact the [Health Consumer Alliance](#) for a free, confidential consultation at 888-804-3536 ([healthconsumer.org](#)).** The Health Consumer Alliance helps California individuals and families get the health care services they need. They provide free legal services to all consumers, in all languages, regardless of income level.

If your client loses Medi-Cal coverage – because they do not submit their renewal packet or required information on time, or are over the income limits – **it will be important to help them access health coverage again.**

Take Advantage of the 90-Day Cure Period

Clients can still submit their renewal form or missing information to their county Medi-Cal office up to 90 days after Medi-Cal ends. This is what's known in California as the "90-day cure period." If you suspect a client is at risk of losing Medi-Cal coverage, contact the county Medi-Cal office with your client. Find out if they are at risk of losing Medi-Cal, if the [county](#) has already sent a Notice of Action, when Medi-Cal ended, and what information is missing from the client's file. If you are within the 90-day cure period, the county can turn Medi-Cal back on without requiring a new Medi-Cal application.

¹ For a quick overview of Medi-Cal, see the companion document, "[Medi-Cal \(California's Medicaid Program\)](#)"

² This additional time only applies between April 1, 2023 and September 30, 2024.



Re-apply for health care

If your client loses Medi-Cal and more than 90 days have passed since it ended, a new Medi-Cal application is required. The application for Medi-Cal requires much more effort than renewing within the 90 day cure period. If they have to re-apply, you can help them:

Re-Apply for Medi-Cal

Clients who are terminated should re-apply for Medi-Cal if they are likely still eligible. They can do that by mail, in person, by telephone, or online.

- Go to [KeepMediCalCoverage.org](https://www.KeepMediCalCoverage.org) or contact their local county Medi-Cal office to learn where to update their information or complete their renewal information.
- Contact a local [Health Enrollment Navigator](#) to help your clients through the application process. Applying for Medi-Cal is more involved than the renewal process.
- Help your clients access the key documents they may need in the application process, such as a photo ID, proof of current income, etc.

Access Affordable Health Care through Covered California

There may be some clients who are no longer income-eligible for Medi-Cal; they can find affordable options through [Covered California](#). For members who lose coverage, Medi-Cal should automatically send their case to Covered California. Covered California will enroll them into a low-cost health plan. People must confirm their plan enrollment and pay any premium (if they have one) to continue on Covered California.

To learn more, see Western Center on Law and Poverty and the National Health Law Program's [overview](#) of the rules about transitions to Covered California. Covered California also has [guidance](#) on the topic.

