

**Medi-Cal K-12 Schools Frequently Asked Questions and Answers**

* **When is my renewal due?**
  + All Medi-Cal members have their eligibility reviewed once per year. Everyone has a different renewal month.
  + You will get a letter in the mail that tells you your renewal month.
  + You can check your renewal month in your online account.
    - Log into [BenefitsCal](https://benefitscal.com/).
    - You can also create a new account.
    - If you don’t know how, go to [KeepMediCalCoverage.org](https://www.dhcs.ca.gov/pages/keep-your-medi-cal.aspx).
* **Do I need to complete a Medi-Cal renewal form?**
  + Not all Medi-Cal members need to complete a renewal form.
  + Some people will be renewed automatically.
    - Your local Medi-Cal office will review the information they have. They also check other government databases.
    - If they confirm you are eligible, they will renew you. You will receive a notice that you have been renewed. You do not need to do anything else.
  + Others will need to provide additional information.
    - Your local Medi-Cal office will send you a renewal form. It will be in a bright yellow envelope.
    - If you receive a form, you must complete it. You must also submit the additional information it requests. You must do this to keep your coverage.
* **How can I submit my renewal?**
  + The quickest and easiest way to complete your form is online. Log in or create an account with [BenefitsCal](https://benefitscal.com/).
    - You can complete your renewal through the mail. Follow the instructions on your renewal form.
    - You can complete your renewal over the phone. Call the number on your renewal form. There might be a long wait time; put your phone on speaker and take the time to get the assistance you need.
    - You can complete your renewal in-person. Go to your [local Medi-Cal office](https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx). Let them know the reason for seeking help. They will direct you to the appropriate person. Every Medi-Cal office has different ways to attend to their Medi-Cal members, have patience.
* **Do I need to complete separate renewals for me and children with Medi-Cal coverage?**
  + Yes, children may be eligible for coverage even if you are not. Make sure you submit renewal information for all children in the household who have Medi-Cal.
* **Can I get help completing the renewal form?**
  + Yes, help is available. For assistance, contact your [local Medi-Cal office](https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx) or a [Health Enrollment Navigator](https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/SB154-Subcontractor-and-Local-CBO-Assistance.pdf).
* **Optional Message For Schools with Help Available to Families:**
  + **You can get help completing your renewal from us! Contact [ENTER SCHOOL RESOURCE CENTER INFO] at [EMAIL/PHONE NUMBER]. Get help from someone on campus.**
* **I did not submit my renewal form or information. I got a notice that my coverage is ending. What can I do?**
  + If you get a renewal form and do not complete it, your Medi-Cal will end.
  + If it is less than 90 days from the date on the letter:
    - Submit your renewal form or missing information. Your local Medi-Cal office will determine if you still qualify. You do not need to complete a new application.
  + If it is more than 90 days after the date on the letter:
    - You must [complete a new Medi-Cal application](https://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx).
* **I received a notice that I am no longer eligible. I think I am still eligible. What can I do?**
  + You can ask your local Med-Cal office to review your case if you are denied, [Contact your local Medi-Cal office](https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).
  + If they cannot help you, you can ask for a [Medi-Cal Fair Hearing](https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx).
    - You can submit an [online request here](https://www.cdss.ca.gov/hearing-requests).
  + You can also call the State Hearings Division toll free at 1(800) 743-8525.
* **What if a child is not eligible for Medi-Cal?**
  + If a child no longer qualifies, your notice will explain why and when coverage will end.
    - Even if you don’t think you’re eligible, complete the Medi-Cal renewal form. Kids may still qualify for Medi-Cal even if adults do not qualify. Medi-Cal income limits are different for kids.
    - In a family of four making about $79,000 in household income, the kids could be eligible for Medi-Cal and adults for Covered California. For more information, contact your [local Medi-Cal office](https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).
    - Do you Live in San Francisco, San Mateo or Santa Clara County? Even if you’re not eligible for Medi-Cal, children could be eligible for the County Children’s Health Initiative Program (CCHIP). For more information, contact your [local Medi-Cal office](https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).
* **What if I believe I or my child(ren) was determined ineligible in error?**
  + If you think your coverage is denied, delayed, reduced, or stopped, you can ask your local Medi-Cal office to review your case. You can also ask for a State Fair Hearing about your eligibility. Submit an [online request here](https://www.cdss.ca.gov/hearing-request), or call the State Hearings Division toll free at (800) 743-8525.
* **What if I am no longer eligible for Medi-Cal?**
  + If you do not qualify for Medi-Cal because you are over the income limit, you may be eligible for financial help to lower your monthly premium for a health plan through Covered California.
  + Look out for important communications from Covered California, including an envelope that says, “Stay Covered with Covered California.” If you receive a notice asking to confirm your plan, respond right away. You will have the option to change your plan or cancel.
  + Visit [CoveredCA.com](https://www.coveredca.com/) or call Covered California’s service center at 800-300-1506 to learn more.