

## DEPARTMENT OF HEALTH SERVICES

7141744 P street  
 P. O. Box 942732  
 ramento, CA 94234-7320  
 (r6) 654-8076

RECEIVED

MAR 27 2000

March 7, 2000 BUSINESS SERVICES

MMCD All-Plan Letter 00003



RECEIVED

MAR 29 2000

CORPORATE COMPLIANCE

TO: [X] Two-Plan Model Plans  
 [X] Geographic Managed Care Plans  
 [X] County Organized Health Systems Plans  
 [X] Prepaid Health Plans  
 [X] Primary Care Case Management Plans

SUBJECT: POLICY AND PROCEDURE REVISIONS

This All-Plan Letter is to clarify the Medi-Cal Managed Care Division's policy on resubmission of policies, procedures, and any other submissions that have been revised.

When contractors are required to amend and resubmit a document, the document needs **to be** accompanied by a guide or clear indicators as to what was added, deleted, or otherwise changed. For instance, deletions should be indicated by "~~strike through~~" of deleted words, and additions should be "underlined" or made in "**bold**" print, and if submitted in large volume they should be in a binder.

Your adherence with this process will assist in assuring an accurate review of changes made to the document and expedite the Department's review and approval of your submissions. Thank you for your cooperation.

If you have any questions, please contact your contract manager.

**Susanne M. Hughes**  
 Acting-Chief  
 Medi-Cal Managed Care Division

