



JENNIFER KENT
Director

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



EDMUND G. BROWN JR.
Governor

April 27, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 15-20
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Medi-Cal Managed Care Plans and Health Care Options– Verbal Beneficiary Contact Information – Changes or Updates

The purpose of this letter is to instruct counties to accept updated beneficiary contact information from Medi-Cal Managed Care Plans (MMCP), as well as from Health Care Options (HCO) by phone, effective immediately. This policy is effectuated by Welfare and Institutions Code §14005.36. MMCP and HCO will be contacting county offices by phone or fax to provide updated contact information for the purpose of address changes, name changes and telephone number changes. Counties should incorporate this information into the case record from MMCP or HCO when the beneficiary has consented to do so. MMCP and HCO are required to inform the counties of beneficiary consent with each phone contact.

MMCP or HCO should also provide counties with the information sufficient to identify the specific beneficiary case record, including the beneficiary's former name (when a change of name is being reported), former address (when a change of address is being reported), date of birth, and client identification number.

If the MMCP or HCO indicates that it does not have the beneficiary's consent to provide the updated contact information or if there is uncertainty concerning beneficiary approval, the eligibility worker should verify the new information with the beneficiary before changing it in the county systems.

All County Welfare Directors Letter No.: 15-20

Page 2

April 27, 2015

If you have any questions, please contact Sharyl Shanen-Raya at (916) 552-9449 or by email at Sharyl.Shanen-Raya@dhcs.ca.gov.

Original Signed By

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