DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: 8/5/2026

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

Letter No.:26-11

SUBJECT: Enhancements to Medi-Cal Managed Care Plan Updated Member Contact Information Process

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide revised guidance to counties related to updates on enhancements for Medi-Cal member updated contact information reported to counties by managed care plans (MCPs). Additionally, this letter highlights the removal of the consent requirement for MCPs to share a member's contact information with the county. This change is limited to MCPs only. This ACWDL replaces ACWDL 15-30 and ACWDL 22-19, which are now obsolete.

Background

Per Welfare and Institutions Code (WIC) Section 14005.36, in order to maintain the most up-to-date information, MCPs are encouraged to obtain Medi-Cal member's updated contact information. The MCP is then required to report the updated information to counties. To gain insight on how to enhance the current process of obtaining and reporting updated Medi-Cal member contacts, the Department of Health Care Services (DHCS) surveyed all 58 counties on the process by which they receive and process lists containing updated home addresses, telephone numbers, and any other necessary information for Medi-Cal members provided by MCPs. Furthermore, DHCS surveyed MCPs on the process by which lists are created, stored, and distributed to counties. DHCS designed the survey to collect the following information:

- Frequency the updated contact information is sent by the MCP to the county,
- Preferred method used to share the data, and
- Additional county information, including:
    - Better ways to receive and process the information,
    - How the list received could be improved, and

- Any best practices counties are currently utilizing.

The survey results highlighted several key challenges and barriers, including:

- The lack of established protocols specifying which data should be collected and reported,
- The absence of an automated or standardized process, such as a template,
- No designated deadline for file delivery,
- The need for a defined method or standardized procedure for transmitting and accepting data between counties,
- No reliable approach to ensure points of contact (POC) are regularly updated between counties and MCPs.

DHCS worked with a select group of MCPs and counties to collaborate on establishing a standard process aimed to provide clear and consistent guidance to effectuate the following recommended enhancements:

- A standardized template created by DHCS that defines which data to include and report to counties,
- The frequency in which the updates are sent to counties,
- The method of transmission that is used to send the updates to counties, and
- The process by which both MCPs and counties must update primary and secondary POC.

Counties are reminded that the reported contact information must be worked as a priority to ensure members receive accurate and timely information regarding their Medi-Cal eligibility. The established and agreed upon enhancements between both MCPs and counties are described below.

Note: For clarity, references to MCPs in this ACWDL also include Behavioral Health plans.

Enhancements to the Medi-Cal Member Updated Contact Information Process

<u>Updated Medi-Cal Member Contact Information Template</u>
DHCS designed a standardized template that defines the parameters of what information must be collected from the member and reported to the county in order to

successfully update the contact information. In addition to the information needed to identify the individual(s), additional variables include:

- Client identification number and county case number;
- The date the change was reported;
- Member's aid code;
- Date of birth;
- Previous first name and last name;
- Updated first name and new last name;
- If the contact information applies to all household members and if not, a column for the MCP to identify the individual that the contact information that updated applies to;
- Additional lines created for MCPs to provide a full United States Postal Service (USPS) address, which must include:
    - Mailing address,
    - Residence address,
    - City,
    - State, and
    - Zip code
        - MCPs may still report a P.O. Box or General Delivery address when applicable.
- The ability to include previous contact information such as address, phone or email.
- An area for the MCP to provide counties with the most up-to-date point of contact information, ensuring counties know who to reach out to with any questions; and
- An "Additional Information" column for MCPs to be able to include vital information not already incorporated in the columns. For example, even if the member is experiencing homelessness, MCPs may use the 'Additional Information' column to indicate the member does not have a fixed address and that the location provided is an alternative contact point, such as a mailing address, shelter address, or other designated contact location. MCPs should not delay reporting updated information solely because a full USPS-standard address is unavailable.

MCPs should share only information contained in the latest contact information template. MCPs and counties should start using this template as soon as possible. However, counties may keep using an existing template if both the county and the MCP have already agreed on it and it meets these criteria:

- It includes all required information;
- The new fields mentioned above are also part of the current template; and
- Both the county and MCP agree to continue using the existing template.

Counties must continue to follow current business processes for individuals who report legal name changes by verifying the information with official government documents that include, but are not limited to, Social Security card (ACWDL 81-21), court documents, or other official government documents prior to making changes to the case file. Counties must continue to follow current business practices when an SSI/SSP individual updates their current address. Counties can update the SSI/SSP member's contact information by utilizing the EW55 transaction to update the address (ACWDL 17-30). County eligibility workers (CEW) shall also inform the members to update their local Social Security office.

In addition to providing contact information through a template process, MCPs may provide updates by calling the county or via warm phone transfer to the county call center. Members are not required to be on the call and counties must work with the MCPs to obtain and update the contact information. Network providers, subcontractors, and other third parties may also provide assistance to members to update contact information by redirecting the member to the county or contacting the county with the member on the phone line. Network providers, subcontractors, and other third parties that opt to call the county's call center to assist in updating the member's contact information, must have the member on the line in order for the county eligibility worker to update the new information. The removal of the consent requirement for MCPs to share the member's contact information with the county is limited to MCPs only.

Frequency of Updated Contact Information Reports

MCPs and counties should collaborate to establish a frequency for the list to be sent that best fits the needs of the county. At a minimum, updated Medi-Cal member contact information must be sent by the MCP twice a month to the county. MCPs and counties

should coordinate the submission of the list to allow counties adequate time to update the case before the 10-day notice of action cut-off.

Preferred Data Sharing Method
MCPs send lists through either secure email or through secure file transfer protocol. Counties and MCPs should have a mutually agreed-upon and consistent delivery method. Counties that do not currently receive regular lists or those that prefer to update their current method of transmission must work with their assigned MCPs in determining the best method of transmission.

Updated MCP and County Points of Contact
A field has been added to the "Updated Medi-Cal Member Contact Information Template" to ensure that county and MCP primary and secondary points of contact (POC) are up to date. Both MCPs and counties will be responsible for making sure their POC is up-to-date any time changes arise in the following capacity below:

- Contact the county or MCP POC (telephonically or through email) within 10 business days once an update is known.
- The MCP must also update the POC on the "Updated Medi-Cal Member Contact Information Template" when sending the next scheduled list of member updates to the county.
- Notify DHCS at dhcspocupdates@dhcs.ca.gov about any updates to their POC within 10 business days of learning about the changes.

DHCS gathered primary and secondary contacts for both MCPs and counties and created a master list of contact information that will be dispersed to counties and MCPs. DHCS will maintain the master document and will periodically send updates to both MCPs and counties.

MCP and County Responsibilities

MCPs will continue to:

- Provide updated contact information that was received directly from or verified with the member, an adult who is in the member's household or family, or the member's authorized representative recognized by the health plan,

- Not accept contact information provided to them by a third party or other source if not independently verified with the member, an adult who is in the member's household or family, or the member's authorized representative recognized by the MCP, and
- Ensure that the member contact information provided is more recent than the information on file with the county.

Counties cannot change a case record if sufficient information has not been provided to be able to complete an update, including updated contact information based on returned mail received by the MCP, and must continue to follow their established business processes before updating information. Counties must continue to prioritize updating contact information received through the template by following established county business processes, to avoid erroneous negative actions that may occur due to the outdated information. When MCPs receive member address updates with adequate information, counties must process the changes without contacting the member for confirmation.

Data Sharing Between MCPs and Counties

Data sharing from the counties to the MCPs is allowable but not required. When counties share Medi-Cal Personally Identifiable Information (PII), it must be done within the administration of WIC Section 14100.2 and 42 Code of Federal Regulations (CFR) section 431.300 and in compliance of the County Privacy and Security Agreement, at minimum. Refer to MEDIL I 23-17 for guidance about data sharing between counties and MCPs when performing Medi-Cal redetermination outreach and identifying Medi-Cal member updated contact information. It includes a data sharing agreement template that could be used to support the data sharing between counties and MCPs. For additional guidance, please reference ACWDL 24-08. DHCS recommends the counties work with their legal teams to assess the administrative and legal requirements necessary to share data with MCPs. As a best practice, counties that have a current MOU with MCPs should review the agreement to ensure that it aligns with the updates made in this erratum. For any further questions related to data sharing, please email CountyPSA@dhcs.ca.gov.

County questions regarding policy guidance should be sent to MCEDPolicy@dhcs.ca.gov.

Sincerely,

Sarah Crow, Chief
Medi-Cal Eligibility Division