



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



EDMUND G. BROWN JR.  
Governor

September 22, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No. 15-30  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Medi-Cal Managed Health Care Plans—Beneficiary Contact Information –  
Changes or Updates; Supersedes All County Welfare Directors Letter  
No.: 15-19

The purpose of this letter is to inform counties that emergency regulations pertaining to the acceptance of updated beneficiary contact information from Medi-Cal Managed Care Health Plans (MCHPs) by phone, fax, or email, are effective immediately. (See attached copy of Title 22, California Code of Regulations, §50188.) This policy was effectuated by Welfare and Institutions (W&I) Code §14005.36. This letter now supersedes All County Welfare Director's Letter No. 15-19.

MCHPs will be contacting county offices by phone, fax, or email to provide updated beneficiary contact information for the purpose of address changes, name changes and telephone number changes. MCHPs shall inform the county contact on whether the beneficiary has approved the provision of the updated contact information and when approval was obtained. MCHPs are required to provide the information to the county per W&I Code §14005.36 and Title 22, California Code of Regulations, §50188, even when the beneficiary has not provided consent to do so.

The Medi-Cal Eligibility Division has provided a county contact liaison list to the Managed Care Operations Division for dissemination to MCHP personnel. Each county shall work with their respective health plan(s) to maintain each other's contact information, and to implement mutual procedures and protocols to accept updated beneficiary contact information from the MCHPs while protecting client privacy and confidentiality.

When updated beneficiary contact information is provided to the county, the information must be sufficient to identify the specific beneficiary case record, including the

beneficiary's name, client identification number, date of birth and former name (when a change of name is being reported), former address (when a change of address is being reported) and former phone number (when a phone number change is being reported) before there can be a change. Counties shall not attempt to change a case record if sufficient information has not been provided to identify the record with certainty.

**When beneficiaries have approved the provision of the updated information to the county:**

When the MCHP indicates that it has received the beneficiary's approval to provide the updated contact information to the county, and there is sufficient information to identify the case record with certainty, then the counties must immediately incorporate this information into the case record, and further verification or beneficiary contact is not required.

**If the MCHP does not indicate that it has the beneficiary's approval to provide the updated information:**

If the MCHP indicates that it does not have the beneficiary's consent to provide the updated contact information, or if another source provides updated contact information, or there is uncertainty concerning beneficiary approval, then the eligibility worker must verify the new information before making changes to the case record. To verify the updated contact information, the county shall:

- Look for the same address/phone number changes made to other county cases for the same individual or his/her immediate family members, including but not limited to California Work Opportunities and Responsibility to Kids and CalFresh cases that are open or that have been closed within the last 90 days.
- If the county is unable to verify the same changes made to any of the case records mentioned above, then the county shall attempt to contact the beneficiary to verify the updated information using the beneficiary's preferred method of contact.
- If the county does not receive confirmation/verification after contacting the beneficiary, the county shall not make the change.

If you have any comments on the attached emergency regulations, please provide those comments to the Department of Health Care Services' (DHCS) Office of Regulations, P. O. Box 997417, Sacramento, CA 95899-7417, referencing regulations package number DHCS-14-03E.

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If you have any questions on this issue, please contact Ms. Sharyl Shanen-Raya at (916) 552-9449 or by email at [Sharyl.Shanen-Raya@dhcs.ca.gov](mailto:Sharyl.Shanen-Raya@dhcs.ca.gov).

Original Signed By

Alice Mak  
Acting Chief  
Medi-Cal Eligibility Division

Enclosure