



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



March 18, 2022

Medi-Cal Eligibility Division Information Letter No.: I 22-11

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: COUNTY SUPPORT FOR MANAGED CARE PLANS REGARDING ALL  
PLAN LETTER 22-004

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to instruct counties to support Medi-Cal managed care health plans (MCPs) with the policy set forth in All Plan Letter (APL) [22-004](#), which helps ensure eligible beneficiaries retain coverage in Medi-Cal and ease transitions for individuals eligible for coverage through Covered California as the Department of Health Care Services (DHCS) prepares for the resumption of normal operations after the end of the COVID-19 Public Health Emergency (PHE).

### Background

The COVID-19 outbreak and implementation of federal policies to address the PHE have disrupted routine Medi-Cal eligibility and enrollment operations. As described in State Health Official (SHO) Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency<sup>1</sup>, and updated in SHO Letter #22-001<sup>2</sup>, states will have a 12-month unwinding period in addition to two months, totaling 14 months post PHE, to complete renewals for all enrolled individuals and restore routine operations. The Centers for Medicare and Medicaid Services (CMS) is working closely with states and other stakeholders to ensure, as states resume routine operations, that renewals of eligibility occur in an orderly process that minimizes beneficiary burden and promotes continuity of coverage for eligible individuals, including those who no longer qualify for

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<sup>1</sup> The SHO Letter is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>.

<sup>2</sup> State Health Official Letter (SHO) 22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency can be found at: [sho22001.pdf\(medicaid.gov\)](#)

Medi-Cal and therefore may transition to a different form of coverage, such as Covered California.

## **All Plan Letter**

[APL 22-004](#) outlines the two phases of the DHCS PHE Unwind Communications Strategy to support the PHE Unwind operational planning as DHCS prepares to resume normal eligibility and enrollment operations:

- **Phase 1: Updating Medi-Cal Beneficiary Contact Information**

Phase 1 is fundamental to retaining continuity of coverage for Medi-Cal beneficiaries. **This phase is being launched immediately.** DHCS, local social services agencies, and various community partners will leverage all modalities available and permitted, including but not limited to, in person point-of-care visits, text messaging, email, phone campaign, website banners, social media messages, flyers, and newsletters to conduct outreach and educate Medi-Cal beneficiaries about updating their contact information with their county social services agencies if it has changed since their last contact with the social services agency and they have not already done so. Due to the impacts of the COVID-19 PHE, obtaining updated contact information is critical to avoiding coverage loss.

- **Phase 2: 60-Days Prior to the COVID-19 PHE Termination**

Phase 2 is anticipated to commence 60 days prior to the COVID-19 PHE termination date upon notification from CMS of the expected PHE end date. DHCS, local social services agencies, and various community partners will conduct additional outreach campaigns and educate Medi-Cal beneficiaries on the importance of contacting their local county social services agencies to update their contact information if it has changed and they have not already done so, and also to fill out any Medi-Cal redetermination paperwork that may come through regular mail. DHCS anticipates that there will be overlap between Phase 1 and 2 of the communication strategy due to the uncertainty of the PHE end date. DHCS will issue updated guidance regarding the timing of Phase 2 once the end date for the COVID-19 PHE is known.

[APL 22-004](#) also outlines four key strategies for use by MCPs to assist with the continuity of coverage for Medi-Cal beneficiaries. The strategies include:

1. Partnerships to Obtain and Update Beneficiary Contact Information

2. Sharing Renewal Files to Conduct Outreach and Provide Support to Individuals Enrolled in Medi-Cal during their Renewal Period
3. Conduct Outreach to Individuals Who Have Recently Lost Coverage for Procedural Reasons, and
4. Assist Individuals to Transition to and Enroll in Covered California if Ineligible for Medi-Cal

### **County Support for MCPs**

In order for the strategies to be successful, counties must collaborate and engage with MCPs to support the efforts aimed at unwinding the PHE policies and procedures.

#### **1. Partnerships to Obtain and Update Beneficiary Contact Information**

MCPs have been instructed to share with counties any updated mailing addresses, telephone numbers, and email addresses received directly from or verified by the beneficiary, or their authorized representative as required in All County Welfare Directors Letter [15-30](#). Counties should treat updated contact information received from MCPs as reliable and update the beneficiary record with the new contact information without having to send a notice or verify the address on file in the Statewide Automated Welfare System. DHCS is currently in the process of surveying both counties and MCPs in order to develop best practices for information sharing in order to enhance the process. Further guidance will be forthcoming.

#### **2. Sharing Renewal Files to Conduct Outreach and Provide Support to Individuals Enrolled in Medi-Cal during their Renewal Period**

MCPs will also be assisting with outreach to beneficiaries to encourage them to complete and return their annual renewal forms, when applicable, or provide needed information to the counties. DHCS understands that the renewal dates MCPs receive are not always accurate and can lead to confusion for beneficiaries. MCPs are instructed in the APL to connect with county partners to look for opportunities to obtain updated annual renewal dates to support outreach to the correct beneficiaries at renewal time. When MCPs reach out to counties for support, counties should, to the extent possible, work closely with MCPs to provide monthly files containing information about beneficiaries for whom the county is mailing renewal packets. This will allow MCPs to conduct outreach to those individuals who need to submit their annual renewal forms or provide additional documentation. In instances when the MCPs are unable to obtain

updated annual renewal information, MCPs have been instructed to conduct general outreach to Medi-Cal beneficiaries to encourage them to complete and return annual renewal forms, when applicable using the approved language that DHCS will provide as part of the PHE unwind communication toolkit.

**3. Conduct Outreach to Individuals Who Have Recently Lost Coverage for Procedural Reasons**

MCPs will be assisting with outreach to populations that are losing Medi-Cal coverage due to procedural reasons such as failing to complete the redetermination. MCPs will be conducting outreach through a variety of modalities which could include text messages, email, social media campaigns, robo calls, and direct mailers.

**4. Assist Individuals to Transition to and Enroll in Covered California if Ineligible for Medi-Cal**

MCPs may offer information about QHPs to their own members who are determined ineligible for Medi-Cal to assist in the transition of members to Covered California. In instances when an MCP learns that a member is losing Medi-Cal coverage either through the county or from the member self-reporting, the MCP may reach out to the member before they lose Medi-Cal coverage, offer information about QHPs, and assist them to complete the enrollment process to avoid a gap in coverage.

If you have any questions, or if we can provide further information, please contact Bonnie Tran by phone at (916) 345-8063 or by email at [Bonnie.Tran@dhcs.ca.gov](mailto:Bonnie.Tran@dhcs.ca.gov).

Original Signed by

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