



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



DATE: January 6, 2023

Medi-Cal Eligibility Division Information Letter No.: I 23-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICES
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIASENS

SUBJECT: Covered California's County Communication Template for Case Escalation

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties of Covered California's updated business process with escalating eligibility cases that require joint communication to complete access to care issues. This MEDIL includes a sample of the communication template that will be sent by Covered California to counties to improve communication. Additionally, this MEDIL includes mutually agreed upon timeframes for responses and guidance on escalation procedures.

Background

The Department of Health Care Services (DHCS), in partnership with Covered California, the County Welfare Director's Association, and Rapid Response Team county representatives, formed a recurring monthly business process meeting to identify and discuss business process issues between the participating entities. In this meeting, communication between Covered California's Consumer Relations and Resolution staff and counties identified areas of improvement in case escalation communication and worked together to establish updated communication expectations and procedures.

County Communication Template

One area identified as needing improvement was standardization of communication with counties, so that all pertinent information is consistently communicated. The County Communication Template standardizes email communication between Covered California and county staff for clarity and efficiency. Covered California will use the template to request assistance in resolving case escalations. This template was reviewed and finalized with county and DHCS feedback.

January 6, 2023

Response Timeframes

Another area identified as needing consistency was county response timeframes for case escalations. As part of the business process meeting, counties and Covered California agreed upon the following response timeframes depending on the priority of the escalation.

- Urgent: 1 to 2 business days
- Non-Urgent: 1 to 5 business days

Covered California will specify the priority as urgent or not urgent in the email to the county. Counties will strive to meet the response times outlined above, to the extent it is administratively feasible, and shall provide acknowledgement of receiving the escalation from Covered California, including notification of the county's actions to complete the request or research needed.

If a request will take longer than the established response times, counties should provide the appropriate status updates with estimated times of completion.

Attachments

- Attachment 1: Communications Template
- Attachment 2: Communications Template Quick Reference Guide

If you have any questions on this letter, please contact Candyce Flynn at 916-345-8158 or by email at candyce.flynn@dhcs.ca.gov.

Original Signed By

Yingjia Huang
Assistant Deputy Director
Health Care Benefits and Eligibility

Enclosure



COUNTY COMMUNICATION TEMPLATE QUICK REFERENCE GUIDE FOR COUNTIES

The County Communication Template (template) standardizes email communication between Covered California (CCA) Consumer Relations and Resolution (CR&R) staff and County liaisons for effective communication. CR&R staff will use the template to request assistance in resolving consumer escalations and appeals. Refer to the notes below for helpful information.

County Response

Please use the County Response column to provide a response to each item selected in the Information Request section and/or described in the Action Request section.

Subject

The subject line is based on the following naming convention.

[Secure] Priority, Category, Status, CCA Reference Number

Example: [Secure] Urgent, Access to Care, New, 25556001

Subject Line Terminology and Definitions

	Terminology	Definition
Priority	Urgent	Requires immediate response within 1-2 business days
	Non-Urgent	Requires response within 1-5 business days
Category	Access to Care	Assistance needed for consumer to have access to care
	Inquiry	Assistance needed to resolve issue
	Informal Resolution	Assistance needed to assist consumer who has filed an appeal
Status	New	Initial request
	Follow-Up	Status update on previously submitted request
	Additional Request	Additional request for previously submitted request
CCA Reference Number	[numeric only]	Indicates escalation
	SHN #	Indicates appeal

Email Body

Request Type (see Reference Information section)

- Indicates request is for information, action, or both (when both boxes are selected)

Household Information

- Primary Member information – always included
- Other Household Member(s) information – only included for impacted member(s)

Template Example

Dear [County Representative/Liaison Name],

I am currently working with this consumer on an [escalated issue or appeal]. Please review the following request.

Reference Information					
CalHEERS Case ID(s)					
CCA Reference #		CalHEERS Help Desk Ticket			
Summary of Case Issue					
Case Documentation		<input type="checkbox"/> Screenshot <input type="checkbox"/> Attachment <input type="checkbox"/> Not Applicable			
Request Type		<input type="checkbox"/> Information <input type="checkbox"/> Action			
Household Information					
Primary Member					
Impacted by Issue: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name		DOB		SCIN	
Phone #					
Member(s) Impacted by Issue					
Name		DOB		SCIN	
Name		DOB		SCIN	
Name		DOB		SCIN	
Name		DOB		SCIN	

Information Request: Provide the requested information for the item(s) with <input checked="" type="checkbox"/> .		
	Information Needed	County Response
<input type="checkbox"/>	Income Verification	Income on File Provided by Date Provided
<input type="checkbox"/>	Household Tax Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) with dependent child
<input type="checkbox"/>	Notice of Action Date Issued	
<input type="checkbox"/>	Active Medi-Cal Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Eligibility Effective Date	
<input type="checkbox"/>	Medi-Cal Case Discontinued	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Eligibility Termination Date	
<input type="checkbox"/>	CalHEERS Case ID Linked to Medi-Cal Case	
<input type="checkbox"/>	Reason for Negative Action	
<input type="checkbox"/>	Other:	

Case Documentation (if applicable)

[Select one of the following paragraphs]

Kindly, acknowledge upon receipt of this email (and advise to whom the case is assigned, if applicable). Please also advise when the request is completed. If you have any questions, please contact me at the email address or phone number listed below.

[or]

Kindly, acknowledge upon receipt of this email (and advise to whom the case is assigned, if applicable). Because this consumer has an urgent issue, please provide the requested information and/or advise the requested action has been completed as soon as possible, but no later than [MM/DD/YYYY]. If you have any questions, please contact at the email address or phone number listed below.

Thank you in advance,

[Include name, email address and phone number]



COUNTY COMMUNICATION TEMPLATE SAMPLE

Dear [County Representative/Liaison Name],

I am currently working with this consumer on an [escalated issue or appeal]. Please review the following request.

Reference Information			
CalHEERS Case ID(s)			
CCA Reference #		CalHEERS Help Desk Ticket	
Summary of Case Issue			
Case Documentation	<input type="checkbox"/> Screenshot <input type="checkbox"/> Attachment <input type="checkbox"/> Not Applicable		
Request Type	<input type="checkbox"/> Information <input type="checkbox"/> Action		

Household Information							
Primary Member							
Impacted by Issue:		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Name		DOB		SCIN		Aid Code	
Phone #							
Member(s) Impacted by Issue							
Name		DOB		SCIN		Aid Code	
Name		DOB		SCIN		Aid Code	
Name		DOB		SCIN		Aid Code	

Information Request: Provide the requested information for the item(s) with <input checked="" type="checkbox"/> .			
	Information Needed	County Response	
<input type="checkbox"/>	Income Verification	Income on File	
		Provided by	
		Date Provided	
<input type="checkbox"/>	Household Tax Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er) with dependent child	
<input type="checkbox"/>	Notice of Action Date Issued		
<input type="checkbox"/>	Active Medi-Cal Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Eligibility Effective Date		
<input type="checkbox"/>	Medi-Cal Case Discontinued	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Eligibility Termination Date		

<input type="checkbox"/>	CalHEERS Case ID Linked to Medi-Cal Case
<input type="checkbox"/>	Reason for Negative Action
<input type="checkbox"/>	Other:

Action Request: Provide the requested action in the textbox below.	
Action Needed	County Response

Case Documentation (if applicable)

[Select one of the following paragraphs]

Kindly, acknowledge upon receipt of this email (and advise to whom the case is assigned, if applicable). Please also advise when the request is completed. If you have any questions, please contact me at the email address or phone number listed below.

[or]

Kindly, acknowledge upon receipt of this email (and advise to whom the case is assigned, if applicable). Because this consumer has an urgent issue, please provide the requested information and/or advise the requested action has been completed as soon as possible, but no later than [MM/DD/YYYY]. If you have any questions, please contact at the email address or phone number listed below.

Thank you in advance,

[Include name, email address and phone number]