

DATE: August 18, 2023

Medi-Cal Eligibility Division Information Letter No.: I 23-11E

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

SUBJECT: CONDUCTING MULTIPLE MODALITY OUTREACH BASED ON  
RETURNED MAIL PRIOR TO TERMINATION

### Purpose

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) errata is to provide updated guidance to MEDIL I 23-11 regarding timelines for returned mail after additional clarification was received by the Centers for Medicare and Medicaid Services (CMS) in the [May 12, 2023 Frequently Asked Questions](#). Guidance in this letter takes effect immediately.

Corrections to MEDIL I 23-11 are recorded using the following:

- ~~strike through~~ for deleted language
- **underline and bolding** for adding new language

Below is the language from MEDIL I 23-11, with the revisions located on page 3.

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is for the Department of Health Care Services (DHCS) to provide counties instruction on conducting Medi-Cal beneficiary outreach using two modalities based on return mail prior to termination.

### Background

On January 27, 2023, the Centers for Medicare & Medicaid Services (CMS) released State Health Official (SHO) letter 23-002, "[Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act, 2023](#)." Guidance in SHO# 23-002, established a fixed end date for the Medi-Cal continuous coverage requirement, a gradual phase down of the federal medical assistance percentages (FMAP), and included new support for mitigating coverage loss for individuals who continue to be eligible. As part of the condition to continue to receive the enhanced FMAP during the continuous coverage unwinding period, states must comply with section 6008(f)(2)(C) of the [Families First Coronavirus Response Act \(FFCRA\)](#), as amended by section 5131(a) of the [Consolidated Appropriations Act, 2023 \(CAA\)](#) which requires states to conduct beneficiary outreach using more than one modality prior to termination based on return mail. The new returned-mail condition

applies specifically to situations in which counties send a notice to a beneficiary, instructing them to return a renewal form.

### **Up-to-Date Contact Information**

Effective with the release of this MEDIL, counties must attempt to ensure that it has up-to-date contact information for each individual for whom it conducts a renewal. For purposes of meeting this requirement, the types of contact information a county must attempt to update include a beneficiary's mailing address, phone number, and email address. Counties must process updated contact information reported by the beneficiary, an authorized individual acting on the beneficiaries' behalf, or other trusted sources such as:

- Managed Care Plans
- DHCS Returned Mail File
- Returned mail with a United States Postal Services (USPS) in-state forwarding address
- Program of All-inclusive Care for Elderly (PACE) Plans
- MEDS Alerts with updated address information

Counties must update the contact information timely to ensure the case record in SAWS and MEDS reflects accurate information.

Counties that have a loss of contact with the beneficiary due to returned mail without updated contact information must make a good-faith effort to contact the beneficiary using more than one modality before discontinuing eligibility (e.g. mail, phone, text).

For more information regarding policies and procedures in place regarding strategies on obtaining the most up-to-date mailing addresses, county eligibility workers can refer to [ACWDL 22-09: Updated Guidance on the County Process When Mail is Returned Undeliverable](#), [ACWDL 22-19: Enhancements to Medi-Cal Managed Health Care Plans Updated Beneficiary Contact Information Process](#), and [MEDIL 22-45 Updates Regarding the Processing of Returned Mail With In-State Forwarding Address](#), in section USPS and the NCOA Updated Beneficiary Contact Information Process.

### **Conducting Beneficiary Outreach Based on Returned Mail Using More Than One Modality ~~Prior to Termination~~**

When a county receives returned mail as a result and there is no updated address available, the county must follow the steps provided below.

#### Returned Mail Information

Generally, when beneficiary mail is returned, counties must ensure that the mail was sent to the intended address by comparing the completeness and accuracy of the

address on the returned mail against the information found in the county's files. If original mail does not contain an error or missing information and does not contain in-state forwarding address information, counties must attempt to contact the beneficiary via two modalities (e.g., sending an MC 355 and a text). Other modalities may also include mail, text message, telephone, communication through an online portal, or other commonly available electronic means

If original mail contains an error or missing information (e.g., incorrect zip code, missing apartment number) or was not sent using the most up-to-date contact information available to the county, counties must correct the error and resend the notice to a completed address following the guidance outlined in [ACWDL 22-09](#). In instances when the mail is returned after the address has been corrected and resent. Counties must attempt to contact the beneficiary via two modalities as outlined above.

**Note:** If the beneficiary has only one modality of contact available, such as only a mailing address, and counties attempt to contact the beneficiary using that one modality, this will meet the returned mail condition as long as the county has made all efforts to obtain the most up-to-date contact information.

**If a Medi-Cal member's returned mail is received within 90 days after termination (during the 90-day cure period), the county must follow the two-modality contact requirement and attempt to contact the Medi-Cal member using more than one modality, as described above. However, if the county already attempted to contact the Medi-Cal member during active coverage via two modalities, then the county has satisfied the two-modality contact requirement.**

As a reminder, nothing in the Consolidated Appropriations Act, 2023 changes federal Medi-Cal rules regarding the steps that counties are required to take upon receipt of these three types of returned mail:

- Mail with an in-state forwarding address,
- Mail with an out-of-state forwarding address, and
- Mail that does not include a forwarding address.

Counties must continue to follow existing requirements for processing each of these types of returned mail per guidance found in [MEDIL 22-45](#) and [ACWDL 22-09](#).

If you have any questions or if we can provide further information, please contact Janis Kimball by phone at (916) 345-8060 or by email at [Janis.Kimball@dhcs.ca.gov](mailto:Janis.Kimball@dhcs.ca.gov).

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Sincerely,

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