



California  
Department of  
Health Services

**SANDRA SHEWRY**  
Director

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



**ARNOLD SCHWARZENEGGER**  
Governor

August 3, 2004

**TO:** ALL COUNTY WELFARE DIRECTORS Letter No.: 04-18E  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

**SUBJECT:** ERRATA TO MEDI-CAL PROGRAM REFERRAL TELEPHONE NUMBER  
AND ADDRESS INFORMATION UPDATE

This errata is issued to correct two telephone numbers on page 2 of the Beneficiaries Referral Telephone and Address Information list. The telephone number for Supplemental Security Income, Social Security Administration is (800) 772-1213 and the telephone number for State Hearing & PIAR is (800) 952-5253.

Please replace the previous list with the enclosed revised copy of the Medi-Cal program referral telephone number and address information list for beneficiaries and providers.

If you have any questions regarding this letter, please contact Ms. Susan Jackson, Associate Governmental Program Analyst in the Policy Unit B-2, at (916) 552-9458.

Original signed by

Richard Brantingham  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosure

# BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

California Department of Health Services  
 Medi-Cal Eligibility Branch  
 1501 Capitol Avenue, Suite 4063, MS 4607  
 P O Box 997413  
 Sacramento, CA 95899-7413  
 916-552-9200

Program	Address	Telephone Number
<b>AIDS</b>	<b>California AIDS Hotline</b> P.O. Box 426182 San Francisco, CA 94142-6182	1-800-367-2437 (Hotline)  1-888-225-2437 (TDD)  415-863-2437 (Main line)
	<b>Office of Aids</b> <b>California Department of Health Services</b> 1616 Capitol Avenue, Suite 616 MS-7700 P O Box 997426 Sacramento, CA 95899-7426	916-449-5900  (Non-Medi-Cal services for persons with AIDS)
<b>BabyCal</b>		1-800-222-9999 (Prenatal care information)
<b>Denti-Cal</b>	<b>Beneficiaries Services Group</b> P O. Box 15539 Sacramento, CA 95852-1539	1-800-322-6384  (Billing inquiries)
<b>Electronic Data Systems (EDS)</b>		916-636-1980 (Medi-Cal bills)
<b>Healthy Families</b>		1-800-880-5305 (Application information)
<b>Medi-Cal Fraud</b>		1-800-822-6222 (Statewide hotline)  (To report beneficiary and provider fraud and patient abuse)
<b>Medi-Cal General Information</b>	For information on Medi-Cal benefits, programs, the application process, and questions regarding county of residence refer beneficiaries to their local County Social Services Office listed in the white government pages of the telephone directory.  For information regarding services provided under the Medi-Cal program, refer beneficiaries to the rendering provider.	
	<b>California Department of Social Services (DSS)</b> <b>Public Inquiry and Response (PIAR)</b> 744 P Street, MS 2023 P. O. Box 944243 Sacramento, CA 94244-2430	1-800-952-5253  (To request a fair hearing)
	<b>Los Angeles County-Case Complaint, Inquiry and Referral</b> 12820 Cross Roads Parkway South Industry, CA 91746-3411	1-877-481-1044  562-908-6603
	<b>San Diego County Public Assistance Information</b>	1-858-514-6885

# BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

Program	Address	Telephone Number
<b>Medi-Cal Managed Care/Prepaid Health Plans</b>	California Department of Health Services Health Care Options P.O. Box 989009 West Sacramento, CA 95798	1-800-430-4263  (To enroll or disenroll)
	To file a "plan specific" complaint, refer beneficiaries to their specific health plan.  If beneficiaries are not satisfied, and cannot resolve their complaint, refer them to the State Office of the Ombudsman.  California Department of Health Services State Office of the Ombudsman MS 4412 P O Box 997413 Sacramento, CA 95899-7413	1-888-452-8609
<b>Medical Board Central Complaint Unit</b>	Medical Board of California Central Complaint Unit 1426 Howe Avenue, Suite. 54 Sacramento, CA 95825-3236	1-800-633-2322  916-263-2424
<b>MEDICARE</b>		1-800-MEDICARE (1-800-633-4227)  (Medigap & Medicare supplement information & general Medicare information)
<b>Breast &amp; Cervical Cancer Treatment Program (BCCTP)</b>	California Department of Health Services BCCTP MS 4611 P.O. Box 997413 Sacramento, CA 95899-7413	1-800-824-0088
<b>State Hearing &amp; PIAR</b>	California Department of Social Services 744 P Street, MS 2023 Sacramento, CA 95814	1-800-952-5253
<b>Supplemental Security Income (SSI), Social Security Administration (SSA)</b>		1-800-772-1213 (General information) Contact local SSA office to apply.

# **BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION**

<b>Program</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Third Party Liability Branch</b>	<b>California Department of Health Services Recovery Section P.O. Box 997425 Sacramento, CA 95899-7425</b>	<b>916-650-0490 (Information line)</b>  <b>(Medi-Cal casualty, personal injury, probate, estate, liens, worker's compensation &amp; overpayments)</b>
	<b>California Department of Health Services Other Health Coverage (OHC) P. O. Box 997422 Sacramento, CA 95899-7422</b>	<b>1-800-952-5294</b>  <b>(OHC, Medi-Cal Eligibility Data System (MEDS) coding errors)</b>
	<b>California Department of Health Services COBRA Terminations</b>	<b>1-800-952-5294</b>
	<b>California Department of Health Services Health Insurance Premium Payment Program (HIPP) P. O. Box 997422 Sacramento, CA 95899-7422</b>	<b>1-866-298-8443</b>
	<b>California Department of Health Services Medicare Part A and Part B Buy-In P. O. Box 997422 Sacramento, CA 95899-7422</b>	<b>1-866-227-9863</b>

**PROVIDERS REFERRAL TELEPHONE NUMBER AND ADDRESS INFORMATION**

California Department of Health Services  
 Medi-Cal Eligibility Branch  
 1501 Capitol Avenue, Suite 4063, MS 4607  
 Sacramento, CA 95814  
 916-552-9200

Program	Address	Telephone Number
<b>County Medical Services Program (CMSP)</b>	<b>County Medical Services Program</b> <b>Office of County Health Services Program</b> <b>California Department of Health Services</b> 1501 Capitol Ave., Ste. 71-5195 P O. Box 942732 Sacramento, CA 94234-7320	916-552-8015
	<b>Beneficiary Inquiry Unit</b>	916-636-1980  (To refer beneficiaries with benefit questions)
	<b>Denti-Cal</b>	1-800-423-0507  (Billing problems for dental services)
	<b>Electronic Data Systems (EDS)</b>	1-800-541-5555  (Billing problems for medical services)
	<b>MedImpact System</b>	1-800-788-2949 (CMSP prescription drug benefits information)
<b>Delta Dental, Denti-Cal</b>	<b>Delta Dental, Denti-Cal Provider Group</b> P O. Box 15609 Sacramento, CA 95852-0609	1-800-423-0507  (General questions, billing information and dental contract questions)
<b>EDS</b>		1-800-541-5555 (General questions and billing information.)
	<b>California Children's Services/Genetically Handicapped Persons Program</b>	1-800-541-5555
	<b>Obstetrics or the Comprehensive Perinatal Services Program</b>	1-800-541-5555
	<b>Out-of-State &amp; In-State Provider Billing</b>	916-636-1200
<b>Medicare Buy-In</b>		1-800-952-5294 (Notices of overpayment)
<b>Out-of State Authorization for Treatment</b>	<b>California Department of Health Services (DHS)</b> <b>Field Services Section</b> P.O. Box 193704 San Francisco, CA 94119-3704	415-904-9600
<b>Provider Enrollment (DHS)</b>	<b>Payment Systems Division (PSD),</b> <b>Provider Services Information Unit</b> (Including out-of-state providers)	916-323-1945