

State of California—Health and Human Services Agency

Department of Health Services



December 19, 2005

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 05-43

ALL COUNTY ADMINISTRATIVE OFFICERS

ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

ALL COUNTY PUBLIC HEALTH DIRECTORS ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: MEDI-CAL PROGRAM REFERRAL TELEPHONE NUMBERS AND

ADDRESS INFORMATION UPDATE

The purpose of this letter is to provide counties with updated referral telephone numbers and addresses for dissemination to Medi-Cal beneficiaries and providers. This information replaces the telephone list issued in the All County Welfare Directors Letter No. 04-18E, dated August 3, 2004.

Please ensure that beneficiaries are provided only toll-free telephone numbers and address information from the enclosed Beneficiaries Referral List so as to prevent frustration and unnecessary costs.

Please note the following updates to the lists:

Beneficiary Information List

Page 2 – The State Hearing & PIAR address information has been updated.

Page 3 – Under the California Department of Health Services' (CDHS') Third Party Liability Branch, Medicare Part D Systems Problems will be added to Medicare Parts A, and B Buy-In services effective December 1, 2005.

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Provider Information List

Page 4 – Beginning October 1, 2005, County Medical Services Program (CMSP) will be administered by the Blue Cross Life and Health Insurance Company (Blue Cross) instead of Electronic Data Systems (EDS).

Telephone number and address information updates are provided for Blue Cross and the Medical Benefit Hearing Requests. Blue Cross will administer Dental, Vision Service Plan, and prescription drug services through the MedImpact Healthcare Systems, Inc.

Please note that EDS will continue to manage the telephone lines for the following CDHS programs: Medi-Cal's billing telephone line, California Children's Services/Genetically Handicapped Persons Program, the Obstetrics or the Comprehensive Perinatal Program, and the In-State and Out-of-State Provider Billing telephone line. EDS will also continue to manage the Medi-Cal billing line for beneficiaries.

If you have any questions regarding the enclosed list, please contact Ms. Angelica Perez at (916) 552-9511.

Original signed by

Tameron Mitchell, R.D., M.P.H, Chief Medi-Cal Eligibility Branch

Enclosures

BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADRRESS 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
AIDS	California AIDS Hotline	1-800-367-2437 (Hotline)
AIDO	P.O. Box 426182	1-800-367-2437 (Flotilile)
	San Francisco, CA 94142-6182	1-888-225-2437 (TDD)
		415-863-2437 (Main line)
	Office of Aids	916-449-5900
	California Department of Health Services	
	1616 Capitol Avenue, Suite 616 MS-7700	
	P.O. Box 997426	(Non-Medi-Cal services for
	Sacramento, CA 95899-7426	persons with AIDS)
BabyCal	Gastamente, et 18888 1 128	1-800-222-9999
		(Prenatal care information)
Denti-Cal	Beneficiaries Services Group	1-800-322-6384
	P.O. Box 15539	
	Sacramento, CA 95852-1539	(Billing inquiries)
Electronic Data	Medi-Cal	916-636-1980
Systems (EDS)		(Medi-Cal bills)
Healthy Families		1-800-880-5305
riountry rummoo		(Application information
		1-888-747-1222
		(To request an application)
Medi-Cal Fraud		1-800-822-6222
		(Statewide hotline)
		(To report beneficiary and
		provider fraud and patient abuse)
Medi-Cal General	For information on Medi-Cal benefits, programs, the application	
Information	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.	
	in the time geveniment pages of the telephone diseasely.	
	For information regarding services provided under the	
	Medi-Cal program, refer beneficiaries to the rendering provider.	
	California Department of Social Services	1-800-952-5253
	Inquiry and Response (PIAR)	
	P. O. Box 944243	
	MS19-37 Sacramento, CA 94244-2430	(To request a fair hearing)
	Los Angeles County-Case Complaint, Inquiry and Referral	1-877-481-1044
	12820 Cross Roads Parkway South	(Los Angeles calling area)
	Industry, CA 91746-3411	3
		562-908-6603
		(Main line)

BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

Program	Address	Telephone Number
	San Diego County Public Assistance Information	1-858-514-6885
Medi-Cal Managed	California Department of Health Services	1-800-430-4263
Care/Prepaid Health Plans	Health Care Options	/To openil or discovall)
nealth Plans	P.O. Box 989009 West Sacramento, CA 95798	(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	1-888-452-8609
	P.O. Box 997413	
	Sacramento, CA 95899-7413	
Medical Board Central	Medical Board of California	1-800-633-2322
Complaint Unit	Central Complaint Unit 1426 Howe Avenue, Suite 54	916-263-2424
	Sacramento, CA 95825-3236	910-203-2424
MEDICARE		1-800-MEDICARE
		(1-800-633-4227)
		(Medigap & Medicare
		supplement information &
		general Medicare
Breast & Cervical	California Department of Health Services	information) 1-800-824-0088
Cancer Treatment	BCCTP	1-600-624-0066
Program (BCCTP)	MS 4611	
	P.O. Box 997413	
<u> </u>	Sacramento, CA 95899-7413	4 000 050 5050
State Hearing & PIAR	California Department of Social Services P.O. Box 944243	1-800-952-5253
₩ I IAN	MS19-37	
	Sacramento, CA 94244-2430	
Supplemental Security Income (SSI), Social		1-800-772-1213
Security Administration		(General information)
(SSA)		Contact local SSA office to apply.

BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRSS INFORMATION

Program	Address	Telephone Number
Third Party Liability	California Department of Health Services	916-323-4836
Branch	Recovery Section	(Information line)
	P.O. Box 997425, MS 4720 Sacramento, CA 95899-7425	916-650-0490
	Sacramento, CA 90099-7420	(Main line)
		(,
		(Medi-Cal casualty,
		personal injury, probate,
		estate, liens, worker's compensation & overpayments)
	California Department of Health Services	1-800-952-5294
	Other Health Coverage (OHC)	
	P. O. Box 997422,MS 4719	
	Sacramento, CA 95899-7422	(OHC, Medi-Cal Eligibility Data
		System (MEDS) coding errors)
	California Department of Health Services	1-866-444-3272
	COBRA	(Information line)
		415-975-4600
		(Main line)
	California Department of Health Services	
	Health Insurance Premium Payment Program (HIPP)	1-866-298-8443
	P. O. Box 997422	
	Sacramento, CA 95899-7422 California Department of Health Services	
	Medicare Parts A, and B Buy-In and Medicare Part D	1-866-227-9863
	Technical Problems	
	P. O. Box 997422	
	Sacramento, CA 95899-7422	

PROVIDERS REFERRAL TELEPHONE NUMBER AND ADDRSS 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
County Modical		
County Medical Services Program (CMSP)	Blue Cross Life & Health Insurance Company (Medical)	1-800-670-6133
	Doral Dental (Dental)	1-888-278-7310
	Vision Service Plan (Vision)	1-800-877-7195
	MedImpact Healthcare Systems, Inc (Prescription Drug Services)	1-800-788-2949
	Medical Benefit Hearing Requests CMSP Governing Board ATTN: Medical Benefit Hearings 1451 River Park Drive, Suite 222 Sacramento, CA 95815	FAX: 916-649-2606 Phone: 916-649-2631
Delta Dental, Denti-Cal	Delta Dental, Denti-Cal Provider Group P.O. Box 15609 Sacramento, CA 95852-0609	1-800-423-0507 (General questions, billing information and dental contract questions)
EDS	Medi-Cal	1-800-541-5555
		(General questions and billing information.)
	California Children's Services/Genetically Handicapped Persons Program	1-800-541-5555
	Obstetrics or the Comprehensive Perinatal Services Program	1-800-541-5555
	Out-of-State & In-State Medi-Cal Provider Billing	916-636-1200
Medicare Buy-In		1-800-952-5294
		(Notices of overpayment)
Out-of State Authorization for Treatment	California Department of Health Services (CDHS) Field Services Section P.O. Box 193704 San Francisco, CA 94119-3704	415-904-9600
Provider Enrollment (CDHS)	Payment Systems Division (PSD), Provider Services Information Unit (Including out-of-state providers)	916-323-1945