



**SANDRA SHEWRY**  
Director

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



**ARNOLD SCHWARZENEGGER**  
Governor

February 10, 2006

TO: ALL COUNTY WELFARE DIRECTORS Letter No: 05-43E  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY PUBLIC HEALTH DIRECTORS  
ALL COUNTY MENTAL HEALTH DIRECTORS

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

**Reference** ACWDL 05-43

**Purpose** This Errata is issued to correct the Medi-Cal Program Referral Telephone  
Numbers and Address Information list.

**Details** Corrections have been made to pages 1 and 2 of the Beneficiaries referral  
list as follows:

**Page 1**

- The Electronic Data System (EDS) telephone line, in addition to answering calls for billing issues, responds to Medi-Cal inquiries.
- Under the listing for Medi-Cal General Information, the California Department of Social Services (CDSS), Public Inquiry and Response (PIAR) has been deleted and replaced with EDS, Beneficiary and HIPPA Help Desk information and telephone number. CDSS, PIAR's information is listed under State Hearings and PIAR on page 2.

Note: Beneficiaries requesting general information about Medi-Cal **must** be referred to the EDS telephone line and not to the CDSS, PIAR telephone line.

**Page 2**

- Under the State Hearings and PIAR program three ways to request a state hearing are listed:
  1. **By Mail-** CDSS, State Hearings Division  
P.O. Box 944243, MS 19-37  
Sacramento, CA 94244-2430
  2. **By Fax-** CDSS, State Hearings Division at  
916-229-4110
  3. **By Phone-** Call CDSS, PIAR Bureau at:  
1-800-952-5253 (Voice)  
1-800-952-8349 (TDD)

**Required Actions** Please replace the previous list with the enclosed revised copy of the Medi-Cal Program Referral Telephone Number and Address Information for beneficiaries and providers.

**Contact** Mrs. Angelica Perez at [aperez4@dhs.ca.gov](mailto:aperez4@dhs.ca.gov) or (916) 552-9511 for questions about this letter.

**Original signed by**

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

Attachment

## 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 System (EDS)</b>	<b>Medi-Cal</b>	916-636-1980 (Medi-Cal inquiries & billing issues)
<b>Healthy Families</b>		1-800-880-5305 (Application information)  1-888-747-1222 (To request an application)
<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>EDS</b> Beneficiary and HIPPA Help Desk	916-636-1980

# BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION

Program	Address	Telephone Number
	<b>Los Angeles County-Case Complaint, Inquiry and Referral</b> 12820 Cross Roads Parkway South Industry, CA 91746-3411	1-877-481-1044 (Los Angeles calling area)  562-908-6603 (Main line)
	<b>San Diego County Public Assistance Information</b>	1-858-514-6885
<b>Medi-Cal Managed Care/Prepaid Health Plans</b>	<b>California Department of Health Services Health Care Options</b> P.O. Box 989009 West Sacramento, CA 95798	1-800-430-4263  (To enroll or disenroll)
	<b>To file a “plan specific” complaint, refer beneficiaries to their specific health plan.</b>  <b>If beneficiaries are not satisfied, and cannot resolve their complaint, refer them to the State Office of the Ombudsman.</b>  <b>California Department of Health Services State Office of the Ombudsman</b> MS 4412 P.O. Box 997413 Sacramento, CA 95899-7413	1-888-452-8609
<b>Medical Board Central Complaint Unit</b>	<b>Medical Board of California Central Complaint Unit</b> 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>	<b>California Department of Health Services BCCTP</b> MS 4611 P.O. Box 997413 Sacramento, CA 95899-7413	1-800-824-0088
<b>State Hearings &amp; PIAR</b>	<b>California Department of Social Services State Hearings &amp; Public Inquiry and Response (PIAR)</b> <b>Ways to Request a State Hearing:</b> <ul style="list-style-type: none"> <li>▪ <b>By Mail-</b> California Department of Social Services (CDSS), State Hearings Division P.O. Box 944243, MS 19-37 Sacramento, CA 94244-2430</li> <li>▪ <b>By Fax-</b> CDSS, State Hearings Division at (916) 229-4110</li> <li>▪ <b>By Phone-</b> Call CDSS, Public Inquiry and Response Bureau at:</li> </ul>	1-800-952-5253 (Voice) 1-800-952-8349 (TDD)

**BENEFICIARIES REFERRAL TELEPHONE NUMBERS AND ADDRESS INFORMATION**

<b>Program</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Supplemental Security Income (SSI), Social Security Administration (SSA)</b>		1-800-772-1213  (General information) Contact local SSA office to apply.
<b>Third Party Liability Branch</b>	<b>California Department of Health Services Recovery Section</b> Box 997425, MS 4720 Sacramento, CA 95899-7425	916-323-4836 (Information line)  916-650-0490 (Main line)  (Medi-Cal casualty, personal injury, probate, estate, liens, worker's compensation & overpayments)
	<b>California Department of Health Services Other Health Coverage (OHC)</b> P. O. Box 997422, MS 4719 Sacramento, CA 95899-7422	1-800-952-5294  (OHC, Medi-Cal Eligibility Data System (MEDS) coding errors)
	<b>California Department of Health Services COBRA</b>	1-866-444-3272 (Information line)  415-975-4600 (Main line)
	<b>California Department of Health Services Health Insurance Premium Payment Program (HIPP)</b> P. O. Box 997422 Sacramento, CA 95899-7422	1-866-298-8443
	<b>California Department of Health Services Medicare Parts A, and B Buy-In and Medicare Part D Technical Problems</b> P. O. Box 997422 Sacramento, CA 95899-7422	1-866-227-9863

**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>Blue Cross Life &amp; Health Insurance Company (Medical)</b>	1-800-670-6133
	<b>Doral Dental (Dental)</b>	1-888-278-7310
	<b>Vision Service Plan (Vision)</b>	1-800-877-7195
	<b>MedImpact Healthcare Systems, Inc (Prescription Drug Services)</b>	1-800-788-2949
	<b>Medical Benefit Hearing Requests</b> CMSP Governing Board ATTN: Medical Benefit Hearings 1451 River Park Drive, Suite 222 Sacramento, CA 95815	FAX: 916-649-2606 Phone: 916-649-2631
<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>	<b>Medi-Cal</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 Medi-Cal 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 (CDHS) Field Services Section</b> P.O. Box 193704 San Francisco, CA 94119-3704	415-904-9600
<b>Provider Enrollment (CDHS)</b>	<b>Payment Systems Division (PSD), Provider Services Information Unit</b> (Including out-of-state providers)	916-323-1945