



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



EDMUND G. BROWN JR.
Governor

April 16, 2015

TO: ALL COUNTY WELFARE DIRECTORS Letter No. 15-19
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: Medi-Cal Managed Health Care Plans—Beneficiary Contact Information –
Changes or Updates

The purpose of this letter is to instruct counties to accept updated beneficiary contact information from Medi-Cal Managed Care Health Plans (MCHPs) by phone, fax, or email, effective immediately. This policy is effectuated by Welfare and Institutions Code §14005.36.

The MCHPs will be contacting county offices by phone, fax, or email to provide updated beneficiary contact information for the purpose of address changes, name changes and telephone number changes. The MCHP shall indicate whether each beneficiary has approved the updated information and when the MCHP obtained this information each time the MCHP contacts the county to provide updated contact information.

Additional information will be issued to the MCHPs by Managed Care Operations Division (MCOD) regarding the procedures for contacting counties. Medi-Cal Eligibility Division will also provide a county contact liaison list to MCOD for dissemination to the MCHP personnel. The counties and the MCHPs shall work together to implement the necessary procedures and protocols required to accept updated beneficiary contact information from the MCHPs.

When beneficiaries have approved the updated information:

When the MCHP indicates that it has received the beneficiary's approval to provide the updated contact information to the county, counties must incorporate this information into the case record within 2 business days.

If the MCHP does not indicate that it has the beneficiary's approval to provide the updated information:

If the MCHP indicates that it does not have the beneficiary's consent to provide the updated contact information, or if there is uncertainty concerning beneficiary approval, the eligibility worker should verify the new information with the beneficiary before changing it in the county and the Medi-Cal Eligibility Data System within 5 business days. The MCHP must provide counties with the information sufficient to identify the specific beneficiary case record, including the beneficiary's name, client identification number, date of birth and former name (when a change of name is being reported), former address (when a change of address is being reported) and former phone number (when a phone number change is being reported).

If you have any questions, please contact Sharyl Shanen-Raya at (916) 552-9449 or by email at Sharyl.Shanen-Raya@dhcs.ca.gov.

Original Signed By

Alice Mak, Acting Chief
Medi-Cal Eligibility Division