

DEPARTMENT OF HEALTH SERVICES

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January 5, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-91

DISENROLLMENT FROM MEDI-CAL HEALTH CARE PLANS

The purpose of this letter is to clarify the policy regarding disenrollment from a Medi-Cal health care plan.

Medi-Cal beneficiaries who are dissatisfied with their health care plan must first directly contact the plan either in person or by telephone to request a disenrollment form.

If requested by telephone, a form is sent directly to the beneficiary to be completed, signed, and returned to the plan for processing. Beneficiaries who enroll in health care plans receive a membership services guide within seven days of the date of Medi-Cal eligibility. The guide includes information regarding the plan's telephone number, office location, and hours that plan staff are available to handle grievances and disenrollments.

If the beneficiary complains of repeated unsuccessful attempts to disenroll from a health care plan, the county eligibility worker or the beneficiary may contact enrollment and disenrollment technician at the State Department of Health Services, Medi-Cal Managed Care Division (Financial and Membership Services Unit) using any of the following numbers:

(916) 657-0317
(916) 657-0306

(916) 657-0315
(916) 657-3645

NOTE: This process should only be used after all other attempts to disenroll through the plan have failed.

Enclosed is a listing of all Medi-Cal health care plans with addresses and membership phone numbers for directing the beneficiary to the proper plan.

If you have any questions concerning this letter, please contact Ms. Anna Tenderella of the Medi-Cal Managed Care Division at (916) 657-4443.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure