

DEPARTMENT OF HEALTH SERVICES

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(916) 657-0258



September 5, 2000

Medi-Cal Eligibility Branch Information Letter No.: I-00-15

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

**COUNTY MEDI-CAL PUBLIC CONTACT PERSON AND TELEPHONE NUMBER FOR
MEDI-CAL MAIL-IN APPLICATION AND PROGRAM INQUIRIES**

The purpose of this letter is to request counties to provide the Department of Health Services, Medi-Cal Eligibility Branch (MEB) with a contact person and their telephone number, fax number, and e-mail address to assist those callers who have contacted the Department's toll-free outreach line (1-888-747-1222) regarding the Medi-Cal mail-in application and need more information than the operators can provide.

With the implementation of the new mail-in application, the Department is anticipating the volume of calls will increase to the toll-free Medi-Cal/Healthy Families outreach line. The current outreach line serves as point of contact for callers to request a mail-in application and ask general program questions. The toll-free line operators will continue to send out applications and answer basic Medi-Cal eligibility questions.

Due to the complexity of the Medi-Cal program rules, the operators will not be able to provide callers with answers to more complicated Medi-Cal eligibility questions or assist callers in the gathering of all necessary documentation. The toll-free line operators will be instructed to give callers the county contact telephone number if they need additional program information and submit their applications which have core elements but not all elements complete. These callers may require additional assistance from their local county Medi-Cal program staff and/or application assistance. MEB will maintain the contact list and provide updates to the operators and counties on an ongoing basis. The mail-in process will also generate questions regarding cases that are not processed within normal timeframes and what is needed to complete the application.

Please provide the following information to Ms. Alice Mak of my staff via telephone (916) 654-0573, fax (916) 657-2498 or e-mail amak@dhs.ca.gov by August 31, 2000.

County Name
Contact Person/Unit Name
Contact Telephone Number
Telephone number and/or address where applicant may file a SAWS 1
Contact person's e-mail address for MEB



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All County Medi-Cal Program Specialists/Liaisons
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If you have any questions, you may contact Ms. Mak via telephone or e-mail.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch