

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



MICHELLE BAASS
DIRECTOR



GAVIN NEWSOM
GOVERNOR

DATE: August 12, 2022

ALL PLAN LETTER 22-004 (*REVISED*)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: STRATEGIC APPROACHES FOR USE BY MANAGED CARE PLANS TO MAXIMIZE CONTINUITY OF COVERAGE AS NORMAL ELIGIBILITY AND ENROLLMENT OPERATIONS RESUME

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide instruction to Medi-Cal managed care health plans (MCPs) about strategies that must be used by MCPs in collaboration with counties to help ensure eligible beneficiaries retain coverage in Medi-Cal and to ease transitions for individuals eligible for coverage through Covered California as the Department of Health Care Services (DHCS) prepares for the resumption of normal operations after the end of the COVID-19 Public Health Emergency (PHE). Revised text is found in *italics*.

BACKGROUND:

The COVID-19 outbreak and implementation of federal policies to address the PHE have disrupted routine Medi-Cal eligibility and enrollment operations. As described in State Health Official (SHO) Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, and updated in SHO Letter #22-001, states will have a 12-month unwinding period *plus two additional months, (a total of 14 months post PHE)*, to complete renewals for all enrolled individuals and restore routine operations.¹ The Centers for Medicare and Medicaid Services (CMS) is working closely with states and other stakeholders to ensure, as states resume routine operations, that renewals of eligibility occur in an orderly process that minimizes beneficiary burden and promotes continuity of coverage for eligible individuals, including those who no longer

¹ SHO Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP) and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, is available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>. SHO Letter #22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency, available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>

qualify for Medi-Cal and therefore may transition to a different form of coverage, such as Covered California.

POLICY:

The unwinding of the PHE necessitates a coordinated and phased approach to conducting outreach, issuing communications, and providing support to Medi-Cal beneficiaries using all modalities possible (telephone, electronic notice, email, letters, *and* text messaging). Both CMS and DHCS recognize that during the PHE, there has been minimal or no contact with many beneficiaries for an extended period, *and* many *beneficiaries* have not successfully completed a renewal of eligibility due to the continuous enrollment requirement. As such, there is an inherent risk that *once the PHE ends*, eligible individuals may lose coverage after the continuous eligibility requirement expires because they have a new address or other contact information which has not been updated since their last completed renewal (in most cases prior to the COVID-19 PHE). Further, beneficiaries may not be aware that they must now complete their renewal of eligibility to continue to maintain coverage, or know when their renewal would occur during the unwinding period. It is critical that DHCS, in partnership with counties and MCPs, conduct extensive outreach to reestablish communication with beneficiaries and to ensure eligible individuals maintain coverage. DHCS *has issued* a companion Medi-Cal Eligibility Division Information Letter (MEDIL), *I 22-11 and has issued subsequent All County Welfare Directors Letter (ACWDL) 22-19*, to inform counties of the collaboration expectations outlined in this APL.²

This APL outlines the two phases of the DHCS PHE Unwind Communications Strategy to support the PHE Unwind operational planning as DHCS prepares to resume normal eligibility and enrollment operations:

- **Phase 1: Updating Medi-Cal Beneficiary Contact Information**
Phase 1 is fundamental to retaining continuity of coverage for Medi-Cal beneficiaries. **This phase must be launched immediately.** MCPs must utilize all modalities available and permitted, including but not limited to, in person point-of-care visits, text messaging, email, phone campaign, website banners, social media messages, flyers, and newsletters to conduct outreach and educate Medi-Cal beneficiaries about updating their contact information with their county social services agencies if it has changed since their last contact with the social services agency and they have not already done so. Due to the impacts of the COVID-19 PHE, obtaining updated contact information is critical to avoiding coverage loss. As such, MCPs must seek updated information immediately. MCPs must also remind beneficiaries to respond to all county requests for

² ACWDLs and MEDILs are searchable at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Letters/Pages/ACWDLbyyear.aspx>

information.

- **Phase 2: 60-Days Prior to the COVID-19 PHE Termination**

Phase 2 is anticipated to commence 60 days prior to the COVID-19 PHE termination date upon notification from CMS of the expected PHE end date. MCPs must conduct additional outreach campaigns and educate Medi-Cal beneficiaries on the importance of contacting their local county social services agencies to update their contact information, if it has changed and they have not already done so, and also to fill out any Medi-Cal redetermination paperwork that may come through regular mail. MCPs are encouraged to conduct multiple outreach campaigns using all modalities available and permitted, to support the Medi-Cal redetermination process and to remind beneficiaries to contact their local county social services agencies if they have updates *to their contact information or other changes in* circumstances. DHCS anticipates that there will be overlap between Phase 1 and 2 of the communication strategy due to the uncertainty of the PHE end date. DHCS will issue updated guidance regarding the timing of Phase 2 once the end date for the COVID-19 PHE is known.

Outreach conducted based upon the guidance found in this letter must be provided to beneficiaries in their preferred language or alternative format as outlined in APL 22-002.³

During the COVID-19 PHE, MCPs can continue to leverage the Telephone Consumer Protection Act (TCPA) “emergency purposes” exception. The Federal Communications Commission (FCC) rules define “emergency purposes” to mean “calls made necessary in any situation affecting the health and safety of consumers.” The FCC confirms that the COVID-19 pandemic constitutes an “emergency” under the TCPA. *The TCPA emergency purpose exception will apply through the remainder of the PHE.* Further guidance from CMS will be forthcoming regarding the emergency exception.

DHCS COVID-19 Global Outreach Language

MCPs must use the COVID-19 Global Outreach Language in MEDIL I 21-21, which includes approved messaging for social media posts, call scripts, website banners, and flyers.⁴ MCPs must submit their outreach package along with an attestation that there has been no language modification to their DHCS Contract Manager as file and use. MCPs can customize with their branding, as needed, without requiring additional DHCS

³ APLs can be found at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

⁴ MEDIL I 21-21 can be found at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I21-21.pdf>

approval. Translations of the COVID-19 Global Outreach Language can be found in MEDIL I 21-39.⁵

CMS Guidance: Four Strategies to Maximizing Continuity of Coverage

To further underscore the importance of MCPs during the PHE Unwind, CMS released guidance in December 2021 and March 2022 on four key strategies for use by MCPs to assist with the continuity of coverage for Medi-Cal beneficiaries.⁶ **The four strategies outlined must be used for both Phase 1 and Phase 2 outlined above.**

1. Partnerships to Obtain and Update Beneficiary Contact Information

MCPs must look for opportunities to improve communications with counties such as sharing with counties any updated beneficiary contact information including:

- Mailing addresses;
- Telephone numbers; and
- Email addresses.

MCPs should only provide updated contact information received directly from or verified by the beneficiary, or their authorized representative, and not from a third party or other source. MCPs must continue to follow guidance provided in ACWDL 15-30, *and* ACWDL 22-19, regarding Medi-Cal Managed Health Care Plans–Beneficiary Contact Information – Changes or Updates.⁷

MCPs can utilize updated contact information directly received and verbally verified by a beneficiary who is being assisted by a Community-Based Organization (CBO), including a health enrollment navigator, as long as the verification from the beneficiary is received with all three entities (beneficiary, CBO, and MCP) present, whether in-person, via phone, or in writing (when

⁵ MEDIL I 21-39 can be found at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I21-39.pdf>

⁶ CMS' Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations can be found at: <https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy-12062021.pdf>. Also see SHO Letter #22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency.

⁷ ACWDL 15-30 can be found at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c15-30.pdf>. ACWDL 22-19 can be found at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/22-19.pdf>

signed by the beneficiary). *MCPs that receive returned United States Postal Service mail with an in-state forwarding address may notify the county of the updated address information using the communication methods described in this APL. The MCP must notate the address was obtained from returned mail when sharing the updated contact information with the county.* MCPs that receive third party updates from providers, delegated entities, or others may transmit information to counties if the MCP confirms the accuracy of the information with the beneficiary *either by phone or in writing.* MCPs are encouraged to direct a beneficiary to their local social services agency when reporting changes other than updated contact information.

Additionally, to help beneficiaries update their contact information at counties, MCPs may currently provide direct assistance through a *Member* portal, by calling the county's call center to provide updates, or via warm phone transfers to the county call center. *Counties were reminded in ACWDL 22-19 that the beneficiary is not required to be on the call with the MCP when contacting the county to have the contact and demographic information updated.*

Per [CMS SHO Letter #22-001](#), *CMS considers Network Providers and Subcontractors as separate entities outside of MCPs. Therefore, MCPs can only provide updated contact information received directly from or verified by the beneficiary. Network Providers and Subcontractors may provide assistance to Members to update contact information directly with counties by redirecting the beneficiary to the county or contacting the county. Network Providers and Subcontractors, that opt to call the county's call center to assist in updating the beneficiary's contact and demographic information, must have the beneficiary on the line in order for the updated contact and demographic information to be considered valid and for the county eligibility worker (CEW) to update the beneficiary's information.*

To further strengthen all efforts to maximize continuity of coverage for Medi-Cal beneficiaries, on May 4, 2022, CMS approved DHCS' 1902(e)(14)(A) waiver authority *request* to accept updated enrollee contact information from managed care plans without additional confirmation with the beneficiary. Under this time-limited waiver authority, *beginning May 1, 2022*, through the PHE Unwind Period (12 months after the month in which the PHE ends), counties *must* treat updated contact information received from MCPs as reliable. *Counties are temporarily allowed to* update the beneficiary record with the new contact information without having to send a notice to the address on file in the Statewide Automated Welfare System (SAWS), the case management system used by counties for Medi-Cal eligibility. This waiver authority temporarily *supersedes* any such

conflicting requirements in ACWDL 15-30. *Furthermore, counties will continue to follow their established business processes in not attempting to change a case record if insufficient information has been provided. DHCS will notify counties and plans through a follow up letter when this temporary waiver flexibility has concluded.*

Since this is a temporary flexibility, the Section titled "Sample Medi-Cal Beneficiary Contact and Demographic Information Template" discussed later in this APL will continue to have a column to collect the consent to share, but the reporting of this information is not required during the PHE Unwind Period (12 months after the month in which the PHE ends). MCPs will continue throughout the unwinding of the PHE and beyond, to:

- *Provide updated contact information that was received directly from or verified with the beneficiary, an adult who is in the beneficiary's household or family, or the beneficiary's authorized representative recognized by the health plan,*
- *Not accept contact information provided to them by a third party or other source if not independently verified with the beneficiary, an adult who is in the beneficiary's household or family, or the beneficiary's authorized representative recognized by the MCP, and*
- *Assure that the beneficiary contact information provided is more recent than the information on file with the county.*

MCPs can solicit opt-in consent directly from *Members* via text messaging if permitted by contract and the law, including the TCPA. This can be a simple and straightforward text message that requests *Members* to "opt-in" using "Yes" or "No" to future reminders and communications with their MCP. The consent received from *Members*, if permitted by contract and the law, will allow MCPs to engage in various outreach opportunities to remind *Members* to update their contact information and provide other important reminders related to their renewals. As a reminder, MCPs must follow the guidelines in ACWDL 15-30 and ACWDL 22-19 to transmit updated information to counties, unless those specific requirements are superseded by a CMS approved Section 1902(e)(14)(A) waiver.

As a long-term strategy, DHCS is adding the consent to contact question to the Single Streamlined Application, which requires a State Plan Amendment (SPA) and is in the early stages of SPA submission to CMS. However, federal approvals are not anticipated until the fall of 2022, and thus MCPs are encouraged to use

text messaging to solicit “opt-in” consent of *Members* as a short-term strategy, to the extent permitted by contract and the law.

DHCS *worked* with counties and MCPs to enhance the process outlined in ACWDL 15-30. DHCS *gathered* information from counties and MCPs by means of a survey, which *solicited* information regarding the tracking and collection of updated information, how it is shared, and how often it is shared with counties. DHCS *utilized* information *gained from the survey results by collaborating with both MCPs and counties in a work session*, to determine *which* enhancements were possible and *the best manner in which* to effectuate the enhancements. *The following mutually agreed upon enhancements to this process between both MCPs and counties are described below.*

Sample Medi-Cal Beneficiary Contact and Demographic Information Template

As part of the survey results, both MCPs and counties expressed the need for DHCS to establish a standardized template that defines the parameters of which information must be collected from the beneficiary and reported to the county in order to successfully update the contact and demographic information. MCPs can opt to use the sample template emailed to MCPs with counties as soon as functionally possible to collect updated contact and demographic information. Or, if the county and MCP have an established template that is currently being used or wish to develop their own template, the template must contain the following required data fields below:

- *If consent was given, to share the beneficiary’s updated contact information to counties (as a reminder, during the unwinding period of the PHE, consent is not required for the county to update the information on the case file);*
- *Client identification number and county case number;*
- *Beneficiary’s aid code;*
- *Date of birth;*
- *Previous first name and last name;*
- *Updated first name and new last name;*
- *If the contact information applies to all household members and if not, a column for the MCP to identify the individual the contact and demographic update applies to;*
- *Separate columns for MCPs to provide a full previous United States Postal Service address which must include:*
 - *Mailing address,*
 - *Residence address,*
 - *City,*

- State, and
 - Zip code
- *Separate columns for MCPs to provide a full updated United States Postal Service address which must include:*
 - Mailing address,
 - Residence address,
 - City,
 - State, and
 - Zip code
- *An area for the MCP to provide counties the most up-to-date point of contact information; and*
- *An “Additional Information” column for MCPs to be able to include vital information not already incorporated in the columns, including whether the beneficiary is a Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipient.*

MCPs are not required to provide information beyond what is noted in ACWDL 15-30 or included in the sample updated contact and demographic information template.

MCPs must continue in obtaining updated contact and demographic information for beneficiaries receiving SSI/SSP, while encouraging the beneficiary to contact their local Social Security office to report the change. MCPs that make the beneficiary update through either the sample Updated Medi-Cal Beneficiary Contact and Demographic Information Template or an existing template, must note in the “Additional Information” column that the beneficiary is a SSI/SSP recipient for counties to appropriately update the address in the Medi-Cal Eligibility Data System (MEDS).

Additionally, MCPs may also report beneficiary information that might include updates to the beneficiary’s name or identity. Counties must continue to follow current business processes for individuals who report either name or identity changes by verifying the information with official government documents such as a Social Security card. MCPs are encouraged to remind the beneficiary to provide the county an official government document, such as their updated Social Security card, to verify the name change and the update to occur.

Safe at Home Confidential Post Office (P.O.) Box Process

MCPs that obtain updated contact and demographic information for beneficiaries placed in the Safe At Home (SAH) program including confidential information such as residential address for the beneficiary, should be provided directly to the

county outside of the template process. This ensures that strict confidentiality rules remain while updated address information is still shared with the county. CEWs will continue to follow current guidance surrounding SAH program participants outlined in ACWDL 14-34.

The finalized sample Updated Medi-Cal Beneficiary Contact and Demographic Information Template will be disseminated to all MCPs and counties. MCPs that did not receive a sample template can email a request for a template at: DHCSPOCUpdates@dhcs.ca.gov.

Frequency of Updated Contact Reports

Additional insight from the survey results included the need to establish a determined minimum timeframe to send updated contact information to counties. MCPs and counties mutually agreed to collaborate to establish a frequency for the list to be sent that best fits the needs of the county. However, both MCPs and counties must agree and adhere to a minimum frequency with which the lists must be sent for counties that either currently do not receive lists or receive them on an ad hoc basis. At a minimum, updated Medi-Cal beneficiary contact and demographic information must be sent by the MCP twice a month to the county. Lastly, MCPs and counties should coordinate the submission of the list to allow counties adequate time to update the case before the 10-day notice of action cut-off.

Preferred Data Sharing Method

MCPs send lists through either secure email or through secure file transfer protocol. Counties and MCPs that have a consistent delivery method that currently works should continue with the already established method. Counties that do not currently receive lists or those that prefer to update their current method of transmission must work with their assigned MCPs in determining the best method of transmission.

Updated MCP and County Points of Contact

A field has been added to the “Updated Medi-Cal Beneficiary Contact and Demographic Information Template” to resolve the challenges surrounding the ability to ensure that county and MCP points of contact (POC) are up-to-date. The new template includes an area for both MCPs and counties to update their primary and secondary points of contact. Both MCPs and counties will be responsible for making sure their POC are up-to-date any time changes arise in the following capacity below:

- *Contact the county or MCP POC (telephonically or through email) within 10 business days once an update is known.*
- *The MCP must also update the POC on the “Updated Medi-Cal Beneficiary Contact and Demographic Information Template” when sending the next scheduled list of beneficiary updates to the county.*
- *Provide updates regarding their POC by contacting DHCS at dhcspocupdates@dhcs.ca.gov within the same 10 business day timeframe once changes are known.*

DHCS gathered primary and secondary contacts for both MCPs and counties and created a master list of contact information that will be dispersed for county and MCP utilization. DHCS will maintain the master document and will periodically send updates to both MCPs and counties.

Data Sharing Between MCPs and Counties

The relationships between the counties and the MCPs varies by county and DHCS will not mandate counties to share data with the MCPs. However, data sharing between the counties and the MCPs is allowable. In order for counties to share Medi-Cal Personally Identifiable Information, it must be done within the requirements of Welfare and Institutions Code section 14100.2 and Title 42 Code of Federal Regulations (CFR) section 431.300 and in compliance with the County Privacy and Security Agreement, at minimum.⁸ This includes the need for written agreements and other protections as necessary. DHCS recommends the counties and MCPs work with their legal teams to assess the administrative and legal requirements necessary to share data.

An update to this APL will be released after the COVID-19 PHE unwinding period has ended to readdress the enhancements ensuring they extend beyond the COVID-19 PHE unwinding.

2. Sharing Renewal Files to Conduct Outreach and Provide Support to Individuals Enrolled in Medi-Cal during their Renewal Period

In order to assist with encouraging beneficiaries to complete and return their annual renewal forms or provide needed information to the counties, MCPs must connect with county partners to look for opportunities to obtain updated annual renewal dates to support outreach to these individuals. These opportunities can include MCPs working with counties to obtain monthly files containing information

⁸ State law is searchable at: <https://leginfo.legislature.ca.gov/>. CFR is searchable at: <https://www.ecfr.gov/>.

about beneficiaries for whom the county is mailing renewal packets to enable MCPs to conduct outreach and provide assistance with the annual renewal process. This action will support beneficiaries who need to submit their annual renewal form or additional documentation and are at risk of losing coverage. If annual renewal information cannot be obtained through these efforts, MCPs must conduct general outreach to Medi-Cal beneficiaries to encourage them to complete and return annual renewal forms or otherwise provide needed information to the counties, to the extent permitted by federal and state law and contract. As a reminder, some beneficiaries will have their Medi-Cal automatically renewed (without needing to submit information).

Medi-Cal beneficiaries can complete their annual renewal and report changes to their Medi-Cal case online. MCPs are encouraged to direct Medi-Cal beneficiaries to the web portal to create an online account in preparation for renewal activities. Beneficiaries can create an online account by going to www.benefitscal.com.

As part of this DHCS PHE Unwind Communication Strategy, MCPs must outreach to all *Members* in both *Health Care Plan (HCP)* statuses of “01” and “05” to the extent permitted, and use the DHCS approved COVID-19 Global Outreach Language as file and use.⁹ *HCP status can be found in MEDS and is included in the file MCPs receive from DHCS.*

To the extent permitted by law and contract, MCPs must conduct outreach campaigns using contact information available through avenues including, but not limited to, standard enrollment files provided by DHCS or information provided to the MCP through the beneficiary helpline to remind Medi-Cal beneficiaries to update their information with their counties and/or MCPs in advance of the PHE termination. If beneficiaries report updated contact information to MCPs, the MCPs must follow the guidelines in ACWDL 15-30 to transmit information to counties.

3. Conduct Outreach to Individuals Who Have Recently Lost Coverage for Procedural Reasons

To the extent permitted by law and contract, MCPs must conduct general outreach to individuals terminated from Medi-Cal within 90 days for procedural reasons, such as not returning their renewal form timely. Once terminated from Medi-Cal, a consumer is not considered a plan *Member* and marketing regulations may apply. In accordance with 42 CFR Section 438.104, *MCPs*

⁹ Global outreach language can be found in MEDIL I 21-21.

generally cannot seek to influence enrollment in conjunction with the sale or offering of any private insurance (excluding Qualified Health Plans (QHPs)), and managed care plans cannot, directly or indirectly, engage in door-to-door, telephone, email, texting, or other cold-call marketing activities. By definition, marketing includes any communication from an entity to a Medi-Cal beneficiary who is not enrolled in that entity, that can reasonably be interpreted as intended to influence the beneficiary to enroll in that particular entity. General outreach from the MCPs on behalf of DHCS would not be considered marketing. MCPs and DHCS may collaborate to develop and share standardized messaging for outreach in order to comply with marketing regulations.

CMS clarified that beneficiaries in an HCP status of 05 during the 90-day cure period may still be considered a beneficiary for outreach purposes and would not be subject to the limitations outlined in this section.

4. Assist Individuals to Transition to and Enroll in Covered California if Ineligible for Medi-Cal

In the CMS guidance¹⁰, CMS clarified that MCPs may offer information about QHPs to their own *Members* who are determined ineligible for Medi-Cal to assist in the transfer of *Members* to Covered California without the need for a new application where applicable. Regulations do not prohibit MCPs from providing information on a QHP to *Members* who could potentially enroll in a QHP due to a loss of Medi-Cal eligibility, or to potential *Members* who may consider the benefits of selecting an MCP that has a related QHP in the event of future eligibility changes.

Currently, DHCS and Covered California are collaborating to implement Senate Bill (SB) 260 (Chapter 845, Statutes of 2019), which authorizes Covered California to enroll individuals in a QHP when they lose coverage in Medi-Cal, the Medi-Cal Access Program, and the County Children's Health Initiative Program and gain eligibility for financial assistance through Covered California. The auto-plan selection program launched in July 2022 and will seamlessly transition individuals into Covered California once annual renewals resume at the

¹⁰ CMS' Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations can be found at: <https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy-12062021.pdf>. Also see SHO Letter #22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency.

conclusion of the PHE.¹¹ The provisions of SB 260 will ensure that individuals losing Medi-Cal will not experience a gap in coverage as long as they confirm their selection of the QHP and pay a premium if required for Covered California coverage within a month of their disenrollment from Medi-Cal.

In instances when an MCP learns that a *Member* is losing Medi-Cal coverage either through the county or from the *Member* self-reporting, the MCP may reach out to the *Member* before they lose Medi-Cal coverage, offer information about QHPs, and assist them to complete the enrollment process to avoid a gap in coverage. MCPs may also collaborate with Covered California to develop standardized messaging for talking points, call scripts, and outreach language for this type of outreach. MCPs must also inform the *Member* of their right to continuity of care to the terminating provider under Health and Safety Code section 1373.96.

DHCS Coverage Ambassadors

As part of the DHCS PHE Unwind Communications Strategy, DHCS will be looking to MCPs, counties, health enrollment navigators, and community stakeholders to serve as [DHCS Coverage Ambassadors](#) to push communications *in* both Phases to Medi-Cal *Members*, using the DHCS COVID-19 Global Outreach Language. *MCPs that sign up as DHCS Coverage Ambassadors will be provided the same information as all other DHCS Coverage Ambassadors.* DHCS will be providing additional materials in the form of a Communications Toolkit to our *DHCS Coverage Ambassadors* in the upcoming weeks. Until the release of the Continuous Coverage Toolkit, MCPs must begin Phase 1 outreach immediately with the DHCS COVID-19 Global Outreach Language. MCPs can also sign up for the [DHCS Coverage Ambassadors mailing list](#) for new updates and toolkits when they are available.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

¹¹ For additional information, see ACWDL 22-20, available at:
<https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/22-20.pdf>

ALL PLAN LETTER 22-004 (*REVISED*)
Page 14

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division