



# Hearing Aid Coverage for Children Program (HACCP) Provider Webinar

# HACCP Overview

- » Authority: California 2020-21 Budget
  - » State-only benefit
- » Phase I Implementation:
  - » July 1, 2021 launch
  - » English and Spanish application materials
  - » Application available in print and online as a fillable PDF
  - » Documents incorporate initial feedback from California Children's Services (CCS) and pediatric audiology stakeholders

# HACCP Overview Cont.

- » Phase II Implementation – underway:
  - » DHCS incorporating stakeholder feedback to optimize documents and resources
  - » Materials expanding to threshold languages
  - » Online application portal (forthcoming)
  - » Additional covered benefits
  - » Continued outreach

# HACCP Eligibility

- » Children 0-17 years of age
- » Must reside in California
- » Not otherwise eligible for Medi-Cal
- » Not currently enrolled in CCS
- » Household income under 600% of the federal poverty level (FPL)
- » Enrollment requires a valid hearing aid prescription or provider referral

# Eligibility Cont.

- » Does not have other health coverage for hearing aids and related services
  - » Denial of coverage notice from other health insurance/coverage
  - » Explanation of benefits from other health insurance/coverage
  - » Attestation of no other health insurance/coverage (see application)
- » Eligibility will be determined within 10 days

# HACCP Covered Benefits

- » Hearing aid(s)
- » Hearing aid replacements
- » Hearing aid supplies/accessories
  - » Includes hearing aid batteries
- » Hearing aid-related audiology services
- » Other related post-evaluation services

# Covered Benefits Cont.

## Some covered codes/benefits examples:

- V5010: Hearing aid assessment
- V5014: Minor hearing aid repairs
- V5264: Ear molds
- V5267: Hearing aid supplies/accessories
- V5298: Hearing aid (monaural, binaural)
- X4532: Monaural electroacoustic analysis (EAA)
- X4542: Binaural EAA
- Z5822: Hearing aid batteries
- Z5928: Functional gain testing

For a more comprehensive list, check on the DHCS HACCP webpage at:

[https://www.dhcs.ca.gov/services/Pages/HACCP\\_Provider\\_Info.aspx](https://www.dhcs.ca.gov/services/Pages/HACCP_Provider_Info.aspx)

*Treatment Authorization Requests (TARs) are required for hearing aids and certain supplies/accessories, or to exceed a designated utilization threshold. For example, ear molds do not require a TAR unless the provider is dispensing more than 2 at the same time (or more than 4 per year) for the same patient.*

# Covered Benefits Cont.

## » Implementation underway (ETA: March/April 2022)

- Hearing device exam/evaluation
- Electroacoustic analysis
- Real ear measurements
- Assistive listening devices (ALDs, including advanced technology hearing aids)
- Certain related supplies/accessories (e.g., means of attachment and zinc air battery for externally worn bone conduction hearing devices)

## » Implementation underway (ETA: late Spring 2022)

- Surface-worn bone conduction hearing devices (BCHDs)



# Covered Benefits Cont.

## » Interim Process for Upcoming Covered Benefits

- Although these system edits do require time to finalize, TARs may be submitted in the interim.
- Claims will be payable retroactively to an effective date of 7/1/2021 once the system edits are complete.
- If you have a patient who needs any of these services through HACCP before the codes are published, please email [haccp@dhcs.ca.gov](mailto:haccp@dhcs.ca.gov) for assistance identifying which code to use (on a case-by-case basis, as some codes may still change during implementation) in submitting a TAR for earlier approval.

# HACCP Providers

- » Enrolled Fee-For-Service (FFS) Medi-Cal providers may submit claims for covered benefits provided to HACCP clients through the FFS Medi-Cal fiscal intermediary (FI).
- » HACCP-specific provider directory:  
<https://providerca.maximus.com/> (optional)
  - » Must be FFS Medi-Cal enrolled provider
  - » Opt-in online:  
<https://maximus.surveymonkey.com/r/haccpprovidersurvey>

# Treatment Authorization Request (TAR) Process

**Some billing codes always require a TAR for medical necessity, while others require a TAR to exceed a certain utilization threshold.**

- Hearing aids always require a TAR.
- Ear molds only require a TAR for claims that exceed two ear molds per date of service, or four ear molds per year, for the same beneficiary.

**When a TAR is required, it can be submitted for review either before or after rendering the service, but must be approved prior to submitting the claim for reimbursement. The claim must include the approved TAR number.**

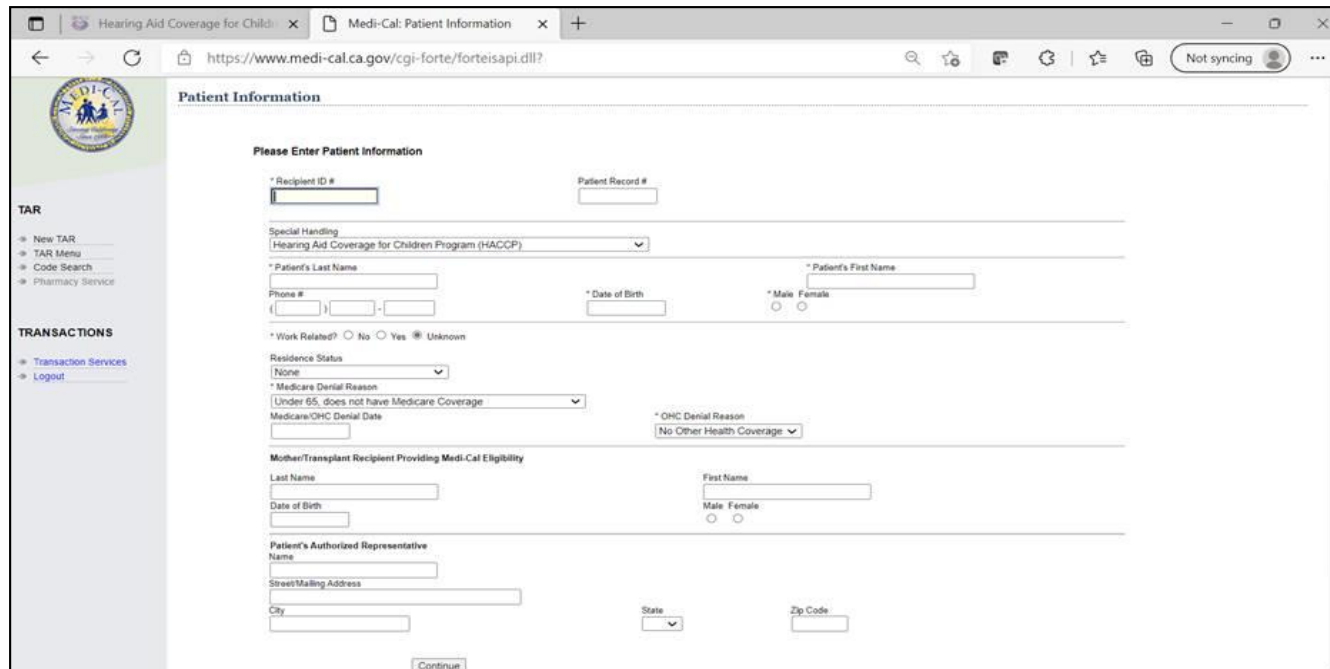
**Additionally, specific documentation must be included with TARs for the following categories of benefits:**

- New hearing aids
- Replacement of lost, stolen, or damaged hearing aids
- Replacement of old hearing aids that no longer meet the needs of the recipient
- Hearing aid repairs

# Submitting an eTAR

## TARs may be submitted online (eTAR)

- Medi-Cal Provider website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). From the Providers drop-down menu, select Transactions. For eTAR assistance contact: Telephone Service Center (TSC) at 1-800-541-5555.
- The most important thing you can do when submitting an eTAR for HACCP is; select the *“Hearing Aid Coverage for Children Program (HACCP)”* **Special Handling** code on the **Patient Information** page. If the provider does not use this special handling, their TAR will be routed incorrectly and may result in a denial.



The screenshot shows a web browser window with the URL <https://www.medi-cal.ca.gov/cgi-forte/forteisapi.dll?>. The page title is "Patient Information". On the left side, there is a navigation menu with "TAR" and "TRANSACTIONS" sections. The "TAR" section includes links for "New TAR", "TAR Menu", "Code Search", and "Pharmacy Service". The "TRANSACTIONS" section includes links for "Transaction Services" and "Logout". The main content area is titled "Please Enter Patient Information" and contains the following fields:

- \* Recipient ID # (text input)
- Patient Record # (text input)
- Special Handling (dropdown menu, currently set to "Hearing Aid Coverage for Children Program (HACCP)")
- \* Patient's Last Name (text input)
- \* Patient's First Name (text input)
- Phone # (text input)
- \* Date of Birth (text input)
- \* Male Female (radio buttons)
- \* Work Related? (radio buttons: No, Yes, Unknown)
- Residence Status (dropdown menu, currently set to "None")
- \* Medicare Denial Reason (dropdown menu, currently set to "Under 65, does not have Medicare Coverage")
- Medicare/OHC Denial Date (text input)
- \* OHC Denial Reason (dropdown menu, currently set to "No Other Health Coverage")
- Mother/Transplant Recipient Providing Medi-Cal Eligibility section:
  - Last Name (text input)
  - First Name (text input)
  - Date of Birth (text input)
  - Male Female (radio buttons)
- Patient's Authorized Representative section:
  - Name (text input)
  - Street/Mailing Address (text input)
  - City (text input)
  - State (dropdown menu)
  - Zip Code (text input)

A "Continue" button is located at the bottom of the form.

# Submitting a Paper TAR

- » Submitting an eTAR and supporting documentation on-line is the quickest, most efficient, cost-effective, and secure way of submitting a TAR.
- » However, you do have the option of mailing in a paper TAR (50-1 form) and supporting documentation.
- » Paper TARs should be mailed to:
  - » TAR Processing Center
  - » P.O. Box 13029
  - » Sacramento, CA 95813-4029
- » For paper 50-1 TARs, providers MUST clearly write “HACCP” in the **Medical Justification section** of the form. If the provider does not, their TAR will be routed incorrectly and may result in a denial.
- » For TAR assistance contact: Telephone Service Center (TSC) at 1-800-541-5555

# TAR Supporting Documentation

In order to have your TAR(s) processed in a timely manner, be sure to include any required supporting documentation.

All TARs for a new hearing aid must include:

- Appropriately signed **prescription** from an otolaryngologist or the attending physician (in consultation with the evaluating otolaryngologist, if possible), when no otolaryngologist is available in the community
- Appropriately signed medical history and physical **examination by an otolaryngologist**
- Appropriately signed **audiologic report and hearing aid evaluation**, regardless of the recipient's ability to speak English
- **Specification of ear** to be fitted

Documentation requirements for new hearing aids, repairs, and replacements can be found in the Hearing Aid (hear aid) section of the Medi-Cal Provider Manual: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/hearaid.pdf>

# FAQs for Authorization Process

- **Does enrollment in HACCP and receipt of the HACCP ID Card identification give implied authorization for hearing aids and services?**  
No, enrollment and ID card reflect program acceptance; TAR approval is still required.
- **Is the authorization tied to a particular center for all services or can a patient/family seek different services at different centers? If so, can families change providers?**  
The provider who submits the TAR and receives the TAR authorization must also be the provider to submit the claim. If the client changes providers, the new provider must submit a new TAR for any further hearing aid(s) and supplies.
- **What is the timeframe for TAR review?**  
DHCS anticipates responding to most TARs within 30 days of receipt.
- **How should providers confirm benefits are active or that hearing aids have not been provided by another vendor rendering the patient ineligible for new hearing aids until current hearing aids reach their useful lifetime?**  
Providers may check AEVS to confirm a patient's HACCP eligibility. Duplicate hearing aid requests will be eliminated by the TAR process.
- **Will authorizations be issued as a group (similar to CCS' SCG 04)?**  
No.
- **What is the hearing loss threshold to approve a hearing aid TAR for children?**  
Booth test: 30 dB pure tone average (of tests at 500, 1,000, and 2,000 Hertz) loss in each ear for which a device is requested; or equivalent hearing loss detected by alternate, non-booth testing where clinically appropriate.

# Reimbursement

- **What is the HACCP reimbursement rate for standard hearing aids?**  
Medi-Cal FFS rates will apply. More information can be found at <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>



# Reimbursed Hearing Aids and Accessories

HCPCS Code	Description	Maximum Allowance
V5014 *	Repair/modification of a hearing aid	The lesser of: <ol style="list-style-type: none"><li>1. The invoice cost to the dealer plus a 100 percent markup</li><li>2. \$37.81 plus invoice cost</li><li>3. The factory retail price for the repair service</li><li>4. The billed amount</li></ol>
V5264	Ear mold/insert, not disposable, any type	\$27.52
V5265	Ear mold/insert, disposable, any type	By Report

# Reimbursable Hearing Aids and Accessories: Binaural

HCPCS Code	Description	Maximum Allowance
V5120 <sup>1 2</sup>	Binaural, body aid	The lesser of: 1. \$1,480.32 2. The one-unit wholesale cost plus \$1,025.00 3. The billed amount
V5130 <sup>1 2</sup>	Binaural, in the ear aid	The lesser of: 1. \$1,480.32 2. The one-unit wholesale cost plus \$1,025.00 3. The billed amount
V5140 <sup>1 2</sup>	Binaural, behind the ear aid	The lesser of: 1. \$1,480.32 2. The one-unit wholesale cost plus \$1,025.00 3. The billed amount
V5150 <sup>1 2</sup>	Binaural, glasses aid	The lesser of: 1. \$1,480.32 2. The one-unit wholesale cost plus \$1,025.00 3. The billed amount
V5298 <sup>1</sup>	Hearing aid, not otherwise classified	The lesser of: 1. \$1,480.32 2. The one-unit wholesale cost plus \$1,025.00 3. The billed amount

# Reimbursable Hearing Aids and Accessories: Monaural

HCPCS Code	Description	Maximum Allowance
V5030 <sup>1 2</sup>	Hearing aid, monaural, body worn, air conduction	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount
V5040 <sup>1 2</sup>	Hearing aid, monaural, body worn, bone conduction	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount
V5050 <sup>1 2</sup>	Hearing aid, monaural, in the ear	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount
V5060 <sup>1 2</sup>	Hearing aid, monaural, behind the ear	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount
V5080 <sup>1 2</sup>	Glasses, bone conduction	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount
V5070 <sup>1 2</sup>	Glasses, air conduction	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount
V5298 <sup>1</sup>	Hearing aid, not otherwise classified	The lesser of: 1. \$883.80 2. The one-unit wholesale cost plus \$635.00 3. The billed amount

# Reimbursable Hearing Aids and Accessories: Contralateral Routing System: Binaural

HCPCS Code	Description	Maximum Allowance
V5211 <sup>1</sup>	Hearing aid, contralateral routing system, binaural, ITE/ITE	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount
V5212 <sup>1</sup>	Hearing aid, contralateral routing system, binaural, ITE/ITC	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount
V5213 <sup>1</sup>	Hearing aid, contralateral routing system, binaural, ITE/BTE	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount
V5214 <sup>1</sup>	Hearing aid, contralateral routing system, binaural, ITC/ITC	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount
V5215 <sup>1</sup>	Hearing aid, contralateral routing system, binaural, ITC/BTE	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount
V5221 <sup>1</sup>	Hearing aid, contralateral routing system, binaural, BTE/BTE	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount
V5230 <sup>1</sup>	Hearing aid, contralateral routing system, binaural glasses	The lesser of: 1. \$1,480.32, or 2. The one-unit wholesale cost plus \$1,025.00, or 3. The billed amount

# Reimbursable Hearing Aids and Accessories: Contralateral Routing System: Monaural

HCPCS Code	Description	Maximum Allowance
V5171 <sup>1</sup>	Hearing aid, contralateral routing system, monaural, in the ear (ITE)	The lesser of: 1. \$883.80, or 2. The one-unit wholesale cost plus \$635.00, or 3. The billed amount
V5172 <sup>1</sup>	Hearing aid, contralateral routing system, monaural, in the canal (ITC)	The lesser of: 1. \$883.80, or 2. The one-unit wholesale cost plus \$635.00, or 3. The billed amount
V5181 <sup>1</sup>	Hearing aid, contralateral routing system, monaural, behind the ear (BTE)	The lesser of: 1. \$883.80, or 2. The one-unit wholesale cost plus \$635.00, or 3. The billed amount
V5190 <sup>1</sup>	Hearing aid, contralateral routing, monaural, glasses	The lesser of: 1. \$883.80, or 2. The one-unit wholesale cost plus \$635.00, or 3. The billed amount

# Reimbursable Hearing Aids and Accessories: Accessories

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance</b>
V5267 * 1	Hearing aid supplies/accessories	The lesser of: 1. Retail price, or 2. Dealer wholesale cost plus 60 percent, or 3. The billed amount

# Claims Submission/Billing Example

HEALTH INSURANCE CLAIM FORM																																																																																	
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12																																																																																	
<input type="checkbox"/> PICA										<input type="checkbox"/> PICA																																																																							
1. MEDICARE <input type="checkbox"/> (Member ID#) <input checked="" type="checkbox"/> MEDICAID <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> TRICARE <input type="checkbox"/> (Member ID#) <input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#) <input type="checkbox"/> FECA BUX (LING) <input type="checkbox"/> (ID#) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID#)			1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>90000000A95001</b>																																																																														
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>DOE, JOHN</b>			3. PATIENT'S BIRTH DATE MM DD YY <b>06 21 62</b>			SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																								
5. PATIENT'S ADDRESS (No., Street) <b>1234 MAIN STREET</b>			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)																																																																											
CITY <b>ANYTOWN</b>			STATE <b>CA</b>			CITY			STATE																																																																								
ZIP CODE <b>958235555</b>			TELEPHONE (Include Area Code) <b>( 916 ) 555-5555</b>			ZIP CODE			TELEPHONE (Include Area Code) ( )																																																																								
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																											
a. OTHER INSURED'S POLICY OR GROUP NUMBER			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)			a. INSURED'S DATE OF BIRTH MM DD YY			SEX <input type="checkbox"/> M <input type="checkbox"/> F																																																																								
b. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)			c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																								
c. RESERVED FOR NUCC USE			d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																																																								
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																																																																																	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																																											
SIGNED _____ DATE _____						SIGNED _____																																																																											
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY			15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																											
17a. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>HARRIS BROWN, MD</b>			17b. NPI <b>0123456789</b>			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																								
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) <b>HEARING AID EVALUATION</b>																																																																																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-9-PCS <b>0</b>																																																																																	
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22. RESUBMISSION CODE ORIGINAL REF. NO.																																																																																	
23. PRIOR AUTHORIZATION NUMBER																																																																																	
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25. FEDERAL TAX I.D. NUMBER SSN EIN			26. PATIENT'S ACCOUNT NO. <b>12345</b>			27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$ <b>17300</b>			29. AMOUNT PAID \$																																																																					
30. Rev'd for NUCC Use			31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>Jane Doe</i>			32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.			33. BILLING PROVIDER INFO & PH # ( 916 ) 555-5555 <b>JANE SMITH                  1027 MAIN STREET                  ANYTOWN CA 958235555</b>																																																																								
SIGNED <i>Jane Doe</i> DATE <b>10/02/15</b>			a. NPI			b.			a. <b>0123456789</b> b.																																																																								

# Additional Resources

- » HACCP webpage: <https://www.dhcs.ca.gov/services/pages/haccp.aspx>
  - » Application
  - » Find A Provider
  - » Billing Codes
  - » Frequently Asked Questions
- » TAR questions/follow-up: 1-800-541-5555
- » Policy questions: [HACCP@dhcs.ca.gov](mailto:HACCP@dhcs.ca.gov)
- » HACCP call center: 1-833-774-2227 or [HACCP@maximus.com](mailto:HACCP@maximus.com)