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TO: ALL COUNTY WELFARE DIRECTORS Letter No.:22-19
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: Enhancements to Medi-Cal Managed Health Care Plans Updated
Beneficiary Contact Information Process
(Reference: All County Welfare Directors Letter No. 15-30)

Purpose

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties with updates on enhancements pertaining to the process outlined in [ACWDL 15-30](#), for Medi-Cal beneficiary updated contact and demographic information reported to counties by managed care plans (MCPs).

Background

Per [Welfare and Institutions Code \(WIC\) § 14005.36](#), in order to maintain the most up-to-date information, MCPs are encouraged to obtain Medi-Cal beneficiary's updated contact information. The MCP is then required to report the updated information to counties. To gain insight on how to enhance the current process of obtaining and reporting updated Medi-Cal beneficiary contacts, the Department of Health Care Services (DHCS) surveyed all 58 counties on the process by which they receive and process lists containing updated home addresses, telephone numbers, and any other necessary demographic information for Medi-Cal beneficiaries provided by MCPs. Furthermore, DHCS surveyed MCPs on the process by which lists are created, stored and distributed to counties. The survey DHCS developed requested the following information:

- Frequency the updated contact information is sent by the MCP to the county,
- Preferred method used to share data, and
- Additional county information, including:

- Better ways to receive and process the information,
- How the list received could be improved, and
- Any best practices counties are currently utilizing.

The survey results identified commonly noted challenges or barriers, which included:

- The absence of protocols in place that define which data to collect and report,
- Lack of an automated or streamlined process including a set template,
- No established set date for delivery of the file,
- A necessity for an established method or standard process for the data to be transmitted and accepted by counties, and
- No method to ensure that the points of contact (POC) are up-to-date between counties and MCPs.

DHCS worked with a select group of MCPs and counties to collaborate on establishing a standard process aimed to provide clear and consistent guidance to effectuate the following recommended enhancements:

- A standardized template created by DHCS that defines which data to include and report to counties,
- The frequency in which the updates are sent to counties,
- The method of transmission that is used to send the updates to counties, and
- The process by which both MCPs and counties must update primary and secondary POC.

While the purpose of this letter is intended to set forth the enhancements agreed upon between both counties and MCPs regarding the process by which Medi-Cal beneficiary contact information is provided, this letter does not supersede guidance found in [ACWDL 15-30](#), with the exception of the temporary changes made to beneficiary consent to share information during the unwinding of the COVID-19 Public Health Emergency (PHE) outlined later in this ACWDL. Counties are reminded the reported contact and demographic information must be worked as a priority to ensure beneficiaries receive accurate and timely information regarding their Medi-Cal eligibility. The established and agreed upon enhancements between both MCPs and counties are described below.

Enhancements to the Medi-Cal Beneficiary Updated Contact Information Process **Updated 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 to use 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. In addition to the information needed to identify the individual(s), agreed upon variables incorporated in the template included:

- 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,
- Additional lines created for MCPs to provide a full USPS address, and
- The ability to include previous contact information such as address, phone or email.

MCPs are not required to provide information beyond what is noted in ACWDL 15-30 or included in the updated contact and demographic information template. DHCS will disperse the finalized template, titled "Medi-Cal Beneficiary Contact and Demographic Information Template" via email to all MCPs and counties. MCPs and counties should begin using the new template as soon as functionally possible. Counties may continue to use an existing template if the county and MCP have an established template that is currently being used that meets the following:

- The required information noted in [ACWDL 15-30](#),
- The newly added fields outlined above are incorporated in the existing template, and
- The county and MCP agree to continue to use the existing template.

MCPs may 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 ([ACWDL 81-21](#)) prior to making changes to the case file.

Additionally, the template provided by the MCP may include information for beneficiaries currently eligible to Supplemental Security Income/State Supplementary Payment (SSI/SSP). Counties must continue to follow current business practices and update the SSI/SSP beneficiary's contact information by utilizing the EW55 transaction to update the address ([ACWDL 17-30](#)). CEWs shall also inform the beneficiary to make the additional update with their local Social Security office.

In addition to providing contact and demographic information through a template process, MCPs may provide updates by calling the county or via warm phone transfer to

the county call center. Beneficiaries are not required to be on the call and counties must work with the MCPs to obtain and update the contact information. Network providers, subcontractors, and other third parties may also provide assistance to members to update contact information by redirecting the beneficiary to the county or contacting the county with the beneficiary on the phone line. Network providers, subcontractors, and other third parties 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 county eligibility worker to update the new information.

Frequency of Updated Contact Information 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 counties and MCPs 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.

Flexibilities During the Public Health Emergency and the 12-Month Unwinding Period:
Updated Contact Information Without Consent

The March 3, 2022, [Centers for Medicare & Medicaid Services \(CMS\) State Health Official \(SHO\) 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,”* described strategies to assist states in the unwinding of the COVID-19 PHE.

Under Section 1902(e)(14)(A) of the Social Security Act, CMS has granted time-limited authority for counties to temporarily permit the acceptance of in-state updated Medi-Cal beneficiary contact information received from MCPs without additional confirmation or consent. Under this authority, counties would treat updated contact information confirmed by and received from MCPs as reliable. Counties are able to proceed and update the beneficiary record with the new contact information even when consent is not noted in the “Medi-Cal Beneficiary Contact and Demographic Information Template.” CMS has approved this temporary authority to be effective May 1, 2022 and will continue throughout the 12-month COVID-19 PHE unwinding period. Counties should apply this flexibility to any contact information that was reported by the MCP from the CMS approval date of May 1, 2022. In instances when the county has already contacted the beneficiary to confirm the address and has not received a response, counties may update the case file with the newly reported address information from the MCP regardless of whether the beneficiary has provided a confirmation.

Since this is a temporary flexibility, the “Medi-Cal Beneficiary Contact and Demographic Information Template” will continue to have a column to collect the consent to share, but it is not required during this time period. Furthermore, counties must continue to follow current business process when updating beneficiary contact information, and DHCS will inform counties of when this temporary allowance has concluded in future guidance. As counties begin to resume normal operations, 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.

Counties must continue to not attempt to change a case record if sufficient information has not been provided to be able to complete an update, including updated contact information based on returned mail received by the MCP, and must continue to follow their established business processes before updating information. Counties must continue to prioritize updating contact and demographic information received through the template by following established county business processes, to avoid erroneous negative actions that may occur due to the outdated information.

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 (PII), it must be done within the administration of [Welfare & Institution Code section 14100.2](#) and [42 Code of Federal Regulations section 431.300](#) and in compliance of the County Privacy and Security Agreement, at minimum. This includes the need for written agreement and other protections as necessary. DHCS recommends the counties work with their legal teams to assess the administrative and legal requirements necessary to share data with MCPs.

If you have any questions or if we can provide further information, please contact Janis Kimball by phone at (916) 345-8060 or by email at Janis.Kimball@dhcs.ca.gov.

Original Signed By

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