



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



**SANDRA SHEWRY**  
Director

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Governor

December 7, 2007

Medi-Cal Eligibility Division Information Letter No.: I 07-05

**TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISON**

**SUBJECT: UPDATES MADE TO THE SUPPLEMENT TO STATEMENT OF FACTS  
FOR RETROACTIVE COVERAGE/RESTORATION FORMS (MC 210A  
and MC 210A (SP))**

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties of the updates made to forms MC 210A and MC 210A (SP). The Conlan Notice and a Privacy Statement are now part of these forms.

The Conlan Notice was added to ensure that Medi-Cal beneficiaries are aware of this important information that may impact their reimbursement for retroactive eligibility. The Conlan Notice provides Medi-Cal beneficiaries with important dates, time frames, phone numbers, and addresses. This information will assist Medi-Cal beneficiaries in requesting additional information about the Beneficiary Reimbursement process and filing a claim.

Please note that on or about December 26, 2006, the Conlan Notice was mailed to all current Medi-Cal heads-of-household, and all former Medi-Cal beneficiaries eligible since June 27 1997. Counties were informed of this via an All County Welfare Director Letter No.: 07-01 which further informed counties that they may be receiving requests

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from beneficiaries for assistance. With the issuance of these updated forms to beneficiaries, counties may continue receiving requests from Medi-Cal beneficiaries for interpretation of the notice, and assistance to complete the reimbursement claim forms. Please refer Medi-Cal beneficiaries to the telephone numbers and addresses listed on the notice for assistance as the Conlan call center is fully staffed to provide this assistance.

In addition, the Privacy Statement was added to the forms to be in compliance with the Health Insurance Portability and Accountability Act), which is mandated by the California Welfare and Institutions Code Section §14100.2.

The updated forms have a revision date of September 2007. These forms are now available at the Department of Health Care Services' Website at: <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>. Effective November 1, 2007, these forms will be available at the warehouse for counties to order. MC 210A forms with a revision date other than September 2007 should not be used by counties after December 15, 2007.

If you have any questions about this letter or about the forms, please contact Ms. Angélica Pérez at (916) 552-9511.

**ORIGINAL SIGNED BY**

Vivian Auble, Chief  
Medi-Cal Eligibility Division

Enclosure