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

TOBY DOUGLAS
Director

EDMUND G. BROWN JR.
Governor

December 4, 2014

Medi-Cal Eligibility Division Information Letter No.: I 14-59

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIASONS

SUBJECT: New Medi-Cal Managed Care Ombudsman Online, Fillable Form – County Staff Use Only

The purpose of this letter is to notify counties of a new online, fillable form tool for urgent Medi-Cal Managed Care Ombudsman requests.

In order to increase efficiency and response times, ensure a secure transmission of Personal Health Information, and provide minimally required information for processing, the Medi-Cal Managed Care Office of the Ombudsman has created an easy to use online fillable form for county staff.

This new form should be utilized for urgent expedited matters only. All standard changes need to be processed through Health Care Options at 1-800-430-4263. The online, fillable form should be used when requesting expedited:

- Plan Changes
- Plan Enrollments
- Plan Disenrollments
- Removal of 59 Holds

Effective immediately, county workers may begin using the online, fillable form through the Department of Health Care Services website located at: http://dhcs.ca.gov/MCOmbudsman. This service is also available retroactively to July 16, 2014.

Please note the following requirements for submission:

- The Medi-Cal Eligibility Data System (MEDS) must reflect all current information (i.e., residential address and county code)
- MEDS must show active coverage for the beneficiary

- County staff must verify with beneficiary that Medi-Cal services have not been used for the current month. Examples of services: Filled a prescription, visited a doctor, received emergency room services, received an x-ray, etc.

Completion of this form does not guarantee that the request will be approved. If the Medi-Cal beneficiary does not meet the required criteria or the form is not sent from a valid county email address, the request will not be processed by the Medi-Cal Managed Care Ombudsman.

For more information about the new online, fillable form tool, please see the attached Frequently Asked Questions. If you have any additional questions, or for additional information, please contact the Office of the Ombudsman at 1-888-452-8609 or by email at MMCDOmbudsmanOffice@dhcs.ca.gov.

Original Signed By

Tara Naisbitt, Division Chief
Medi-Cal Eligibility Division

Attachment

Frequently Asked Questions to MEDIL I 14-59

The online, fillable form was created as an additional tool for County Staff use and is not a replacement for current processes. The form is intended to be used for urgent expedited matters only and will not address all scenarios. For scenarios that cannot be addressed through the fillable form, County Staff may contact the Ombudsman through email or phone listed on the Ombudsman website: http://dhcs.ca.gov/MCOmbudsman.

1. Since the new online, fillable form is submitted through the Department of Health Care Services (DHCS) website, does this mean that matters will no longer be accepted via the Ombudsman email address?

No. The online, fillable form is a new tool to assist county staff with sending personal health information (PHI) though a streamlined and secure channel. The Ombudsman email will still be accepted, but it is recommended that PHI be transmitted in a secure fashion. If the county does not have the means of sending a secure encrypted email, then it is recommended that the county utilize the online, fillable form.

2. Does this also apply to County Organized Health System (COHS) counties?

Yes. As long as a valid County email address is used in the request, COHS counties may utilize the fillable form.

3. Does a form need to be completed for each member or can multiple members be included on a single form?

The form must be completed for each member. Additional members included on the form will not be processed.

4. Can the security code page include instructions to explain how information should be keyed?

No. The security page only allows for four characters to be entered. For the user's convenience, the security code page is not case sensitive.

5. What is an Expedited Plan Enrollment?

"Expedited Plan Enrollments" refer to a beneficiary's enrollment into a plan within the current month. If no services have been used within the current month, then it MAY be possible to process this type of request. This is also true for "Expedited Plan Disenrollments".

6. If a hold is removed, does the beneficiary have to contact the managed care plan?

If the hold is removed, it is recommended that the beneficiary contact the plan to confirm enrollment in the Plan's system and confirm that they are assigned to the correct primary care physician.

7. How will I know if the request has been processed?

If the user has entered all of the information into the form correctly, then a page stating that their request has been successfully submitted will be displayed.

To confirm that the request has been processed by Ombudsman staff, a confirmation email will be sent to the worker to state if the request was processed or denied. The worker should then look up the beneficiary's record to confirm that their request has been fully processed and has taken effect.

8. Is a request number generated to track the status of the request

No. Before the submission, workers have the option to include a 3 digit County Case Reference Number (CCRN), which will assist in tracking submissions. The CCRN is optional and is for the use of County Staff for their own tracking purposes of Request for Change submissions. The CCRN will be included in the email subject line for denied requests only. The CCRN will not be included in the email for approved requests. The CCRN will not be retained for future case reference. The number must be a random number created by County Staff.

9. How do I find out if a beneficiary has "used services"?

You must ask the beneficiary if they have used services within the current month. This includes all services billed to Medi-Cal. As provided on the form, examples of such services are: picked up a prescription, visited a doctor, went to emergency room, received an x-ray, etc.

10. Can a beneficiary be enrolled in the current month if they have used services?

No. If a beneficiary has used services within the current month, then the earliest that they can be enrolled/change plan/disenrolled would be effective the 1st of next month.

11. Can beneficiaries be enrolled in previous months?

The Office of Ombudsman does not typically process requests for retroactive enrollments, retroactive disenrollments, or retroactive hold removals. This office enrolls, disenrolls, and lifts holds for beneficiaries, so that they may receive services in current or future months.

Providers are required to verify Medi-Cal eligibility at the time of service prior to providing services. Requests for change should have been addressed during this time.

Contact the health plan to assist with retroactive inquiries.

12. Will a Request for Change be processed the same day?

The turnaround time frame can vary based off current staffing and the volume of requests. Because this is a new process, no time frame can be given at this time.