

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

January 3, 1983

To: All County Welfare Directors

Letter No. 83-1

MEDI-CAL COUNTY CONTROL UNIT

All County Welfare Directors Letter No. 82-56 explained to you the expanded quality control (QC) review required by AB 799, Section 12 (Chapter 328, Statutes of 1982). In an effort both to avoid federal Medicaid fiscal sanctions and to assist counties in establishing and maintaining an acceptably low dollar error rate, the Department has established a County Control Unit.

The primary goal of the County Control Unit is to reduce county error rates through corrective action. Initially, the Unit will work closely with Quality Control and Evaluation Branch to identify those factors in Medi-Cal eligibility determinations which have the greatest impact on the dollar error rate, both statewide and in individual counties. For example, erroneous linkage to AFDC through deprivation caused the greatest statewide dollar error rate in the April through September 1981 QC review period. Counties were sent a Deprivation Training Package with All County Welfare Directors Letter 82-67. This package is for county use in an effort to reduce errors in this area.

The expanded QC review will provide statistically valid county error rates and will identify those factors in Medi-Cal eligibility determinations which are causing the greatest problems. The Unit expects to work closely with the county in identifying problem areas and in evaluating county developed corrective action plans to deal with these problems.

We regard error reduction as a joint state/county endeavor. County Medi-Cal program staff can identify those areas of state Medi-Cal policies/procedures which cause the greatest confusion or misunderstanding. State staff can attempt to clarify or to simplify such policies or procedures. On the other hand, state staff can identify areas where improved county practices could reduce errors. Thus, to be successful in corrective action, both the State and the county must commit themselves to working cooperatively together to meet these goals.

We request that you identify an individual in your county department to be the County Control Unit contact. Please use the attached form to provide us with the name, address and telephone number of the contact person.

Return to:

Department of Health Services
Medi-Cal Eligibility Branch
County Control Unit
714 P Street, Room 1692
Sacramento, CA 95814

County _____

Contact Person _____

Address _____

Telephone Number _____