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MEDI-CAL

Medi-Cal Managed Care Ombudsman Online Form

Purpose

- To release a new policy
- To release a new form
- To convert existing policy to new writing style only – No concept changes
- Revision of existing policy and/or form(s).

Policy The purpose of the administrative release is inform staff of a new online, fillable form for urgent Medi-Cal Managed Care Ombudsman requests.

Background To ensure a secure transmission of Personal Health Information, the Medi-Cal Managed Care Office of the Ombudsman has created an easy to use online, fillable form for county staff to process urgent requests.

Definitions

Term	Description
Medi-Cal Managed Care Office of the Ombudsman	<ul style="list-style-type: none"> • Resolves issues between Medi-Cal managed care members and managed care health plans. • Helps members with urgent enrollment and disenrollment issues. • Offers information and referrals.
Expedited Plan Enrollment	<ul style="list-style-type: none"> • A beneficiary's enrollment into a plan <u>within</u> the current month. • If no services have been used within the current month, it may be possible to expedite a plan enrollment within the current month.
Expedited Plan Disenrollment	<ul style="list-style-type: none"> • A beneficiary's disenrollment from a managed care plan.

	<ul style="list-style-type: none"> If no services have been used within the current month, it may be possible to disenroll from the managed care plan within the current month.
Removal of 59 Holds	<ul style="list-style-type: none"> Removal of Health Care Plan (HCP) status code preventing beneficiary's access to services. Reasons HCP hold status "59" : <ul style="list-style-type: none"> Aid code not covered, County not covered, Other Health Coverage (OHC) exclusion, or ZIP code not covered.

Requirements The new online form should be used, by designated staff only, when requesting the following expedited services:

- Plan changes,
- Plan enrollments,
- Plan disenrollments, and
- Removal of 59 Holds

Please note the following requirements for submission:

Requirement	Limit/Condition
MEDS information	Must reflect all current information (i.e., residential address and county code).
MEDS eligibility	Must be active for the beneficiary.
Medi-Cal services have not been used for the current month	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..

Upon release of this administrative release, designated staff may begin using the online form through the Department of Health Care Services website located at: <http://dhcs.ca.gov/MCOmbudsman>.

All standard changes must be processed through Health Care Options at 1-800-430-4263. Refer to Frequently Asked Questions (Attachment I) for additional information regarding the new online form. For additional information, please contact the Office of the Ombudsman at 1-888-452-8609 or by e-mail at MMCOmbudsmanOffice@dhcs.ca.gov.