

Dear Medi-Cal Connect Help Desk,

I am writing to request that data from the California Department of Health Care Services (DHCS) for the Medi-Cal beneficiaries seen by Humboldt County Behavioral Health be delivered to CaIMHSA
Enter County Behavioral Health Plan Name
Enter Behavioral Health Contractor Name

We request that CaIMHSA be granted access to data delivered via Medi-Cal Connect and Plan Data Feed, for which the DHCS and Humboldt County Behavioral Health currently has access, and which currently contains the following:

Medi-Cal Connect

- » Demographics (Name, DOB, Gender, Address, Phone, Language)
- » Eligibility & Enrollments (Plan Code, Coverage Dates)
- » Claims (Medical, Dental, Pharmacy)
- » Care Team & Providers (PCP, Specialists, Facilities)
- » Program Flags (WIC, CalFresh, Behavioral Health)
- » Observations (Member risk tiers)

Plan Data Feed

- » Medi-Cal Claims (Medical, Dental, Pharmacy)
- » Providers (associated to claims)
- » Medicare Claims (dependent on Humboldt County Behavioral Health having approved forms on file with DHCS)
- » Prior Authorization Requests

The Medi-Cal Connect data format is specified in Medi-Cal Connect’s MCP Distribution - External LMR API Data Dictionary and supplemental LMR Analysis Guide. The Plan Data Feed data format is specified in the DHCS Plan Data Feed Microsoft Team. Access to the Microsoft Team is granted by request to the plandatafeed@dhcs.ca.gov mailbox.

Humboldt County provides specialty mental health services and substance use disorder services to beneficiaries enrolled in the Medi-Cal program. This data will be used to conduct analyses, measure performance, and generate reports. These analyses will, in turn, support the Population Health Management and Quality Improvement goals for

Humboldt County.

CalMHSA _____ is the business associate of.
The County of Humboldt _____. The County of Humboldt authorizes the
release of the data described in this letter to: *Enter Contractor Staff Name(s)*

be provided directly to:

who will use it to perform services for Humboldt County Behavioral Health.

The County of Humboldt _____ shall notify DHCS immediately when
CalMHSA _____ is no longer a business associate of
The County of Humboldt _____.

CalMHSA _____ shall notify DHCS immediately when:

is no longer an authorized representative employee of
CalMHSA _____.

