

CALIFORNIA DEPARTMENT OF AGING
COMMUNITY-BASED ADULT SERVICES BRANCH
1300 NATIONAL DRIVE, SUITE 200
SACRAMENTO, CA 95834
Internet Home Page www.aging.ca.gov
TDD 1-800-735-2929
TEL (916) 419-7545
FAX (916) 928-2507



Date: August 28, 2012

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors in Phase II Managed Care Counties

From: CBAS Branch

Subject: New "Confirmation Period" for CBAS Fee-for-Service Participants in Phase II Managed Care Counties

Purpose

CDA is sending this notice to inform CBAS providers of new efforts underway to address the issue of CBAS participants opting to remain in Medi-Cal fee-for-service after October 1, 2012, instead of enrolling in a Managed Care Plan.

Background

To continue receiving CBAS on and after October 1, 2012, CBAS eligible beneficiaries in Two-Plan and Geographic Managed Care (GMC) counties (Phase II of CBAS transition) must be enrolled in a Medi-Cal managed care health plan.¹ These CBAS participants have received multiple notices and will receive notice again in September 2012 explaining their following available choices:

- Select a Medi-Cal managed care health plan by September 18, 2012
- Choose to stay in Medi-Cal fee-for-service
- Make no choice and be automatically enrolled into a Medi-Cal managed care health plan

If the CBAS participant chooses to stay in Medi-Cal fee-for-service, he or she will NOT be eligible for CBAS on or after October 1, 2012.

Despite efforts to notify CBAS beneficiaries that the choice to remain in fee-for-service will result in losing their CBAS benefit, recent data on CBAS beneficiary choice rates show that unexpectedly high number of CBAS participants have opted to remain in fee-for-service Medi-Cal rather than transition to managed care. As many as 5,000 beneficiaries may opt to remain in fee-for-service Medi-Cal and lose CBAS benefits as a result of this transition.

This outcome may not be what many CBAS participants anticipated, and some may have received erroneous information that guided them to their decision.

¹This does not include those Medi-Cal beneficiaries who are exempt from managed care enrollment.

Action Plan

The following describes the steps the Department of Health Care Services (DHCS) and CDA will take to ensure beneficiaries have the facts they need to make the right choice and support them in their decision process:

1. For those eligible beneficiaries who have affirmatively opted to remain in fee-for-service Medi-Cal, CBAS will now continue for an additional month, until November 1, 2012. This "Confirmation Period" will allow DHCS to ensure that key information has been made available to the beneficiaries and re-confirm the fee-for-service enrollment choice, since CBAS will no longer be a benefit. It will also allow time to address concerns that some beneficiaries may have the following misunderstanding – that entering Medi-Cal managed care would negatively affect their Medicare options, including which providers they may visit.
2. DHCS will schedule a series of provider-focused calls that build on the series of informative calls and webinars that have already been held. The first call in this new series will be held on August 28, 2012.

Title: What Doctors Need to Know about the CBAS Transition
When: August 28, 2012
Time: 6-7 pm
Register: <http://bit.ly/CBAS1>

We encourage all CBAS providers to participate on these conference calls to learn more about the participants' ability to enroll in Medi-Cal managed care and keep their Medicare physicians.

3. DHCS will launch an ambitious media campaign to deliver accurate information via the press and work closely with state legislative offices to enhance communication with beneficiaries to ensure that information is accessible and useful.

Throughout the CBAS transition process, DHCS will continue to respect consumer choice and the personal relationship between clinical providers and beneficiaries on what is the best and most appropriate array of services to preserve a beneficiary's ability to remain in the community.

We ask that CBAS providers continue to help get the word out to dual eligible participants that they continue to receive health care from their primary care and specialist doctors when they enroll in managed care for their CBAS benefit. Participants who enroll in managed care for their CBAS benefit will not need to change their Medicare physicians.

Questions

Please call the CBAS Branch at (916) 419-7545 if you have questions about this notice.