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Date: December 3, 2012

To: Community-Based Adult Services (CBAS) Center Administrators and Program Directors

From: CBAS Branch

Subject: Medi-Cal Managed Care Expedited Enrollment Process for Phase II Counties

Purpose

This letter provides information regarding the expedited Medi-Cal Managed Care enrollment process for new CBAS participants in Phase II counties¹ (except Ventura County²), which was referenced during the September 2012 Phase II cutover Webinars. The new process will go into effect December 1, 2012.

Overview of Enrollment Process

Beginning December 1, 2012, individuals interested in receiving CBAS must be enrolled in Medi-Cal managed care before a CBAS eligibility determination can be made and services can begin. To facilitate faster enrollment for potentially eligible CBAS candidates not enrolled in Medi-Cal managed care December 1st and after, prospective participants can enroll in a plan during the same month as their managed care plan choice is processed.

To enroll in a health plan through the expedited process beneficiaries **must**:

- ✓ Contact HCO at 1-800-430-4263. **Expedited enrollment is only available by phone to HCO.** Additional language call lines are available at www.healthcareoptions.dhcs.ca.gov.
- ✓ Indicate that they are interested in receiving CBAS
- ✓ Choose a plan and enroll

If the prospective CBAS participant wishes to receive written

¹ Phase II Counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare, and Ventura .

² This process is not necessary in Ventura County, the only County Organized Health System (COHS) county in Phase II, since the Medi-Cal population is mandatorily enrolled in COHS counties.

information prior to choosing a health care plan, HCO will offer to mail a health plan packet containing more information. HCO will inform the caller that the **ONLY WAY** to receive expedited enrollment is by phone and that the CBAS eligibility determination process cannot begin until they are enrolled in a plan.

Note: For CBAS participants that are eligible for Easy Way Back enrollment during the months of November and December 2012, CBAS Centers should continue to follow the Easy Way Back process.

***What CBAS
Providers Should
Know***

CBAS providers should be aware of the following:

- ✓ Enrollment in the plan may take up to 5 business days from the date the prospective CBAS participant calls HCO and chooses to enroll.
- ✓ The Medi-Cal eligibility system will usually show the member as enrolled into a health plan within 5 business days.
- ✓ Once the center has confirmed plan enrollment via the eligibility system, the center may work with the member's plan to schedule a face-to-face eligibility review for CBAS.

To assist prospective participants at your center with their expedited enrollment, please make them aware of the need to call HCO to select a Medi-Cal managed care plan and remind them to tell HCO that they are calling because they are interested in receiving CBAS.

Note: If a beneficiary voluntarily enrolls in a Medi-Cal managed care plan for the purpose of receiving CBAS (i.e., the beneficiary is not otherwise required to join a Medi-Cal managed care plan), and is subsequently found ineligible for CBAS, the beneficiary will not be required to remain in the managed care plan and may dis-enroll by contacting HCO.

Questions

For more information, please call the CBAS Branch at (916) 419-7545.