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Purpose:
To notify staff of the availability of the new online, fillable form for urgent/expedited Medi-Cal Managed Care Ombudsman requests.

Background:
In order to increase efficiency and response times, ensure a secure transmission of Personal Health Information (PHI) and provide minimally required information for processing, the Medi-Cal Managed Care Office of the Ombudsman has created an easy to use online fillable form for county staff to utilize for **urgent expedited health care plan (HCP) related matters only**. The turnaround time frame for response can vary based on current staffing and the volume of requests received.

Policy:
Non-urgent Expedited Health Care Plan Related Requests
For all standard changes, such as non-urgent expedited health care plan related requests (i.e., recipient does not like their current health care plan, recipient wants to change to a different health care plan, etc.) or for scenarios that cannot be addressed through the online fillable form, county staff may:

- Instruct the recipient to complete and submit to Health Care Options (HCO) an Enrollment Choice Form; or
- Refer the recipient to the FRC HCO Representative; or
- Refer the recipient to contact HCO at 1-800-430-4263.

Urgent Expedited Health Care Plan Related Requests
Effective immediately, staff may begin using the online fillable form when requesting expedited:

- Plan changes
- Plan enrollments
- Plan disenrollments
- Removal of *59 HCP holds on the Medi-Cal Eligibility Data System (MEDS)

Example of an urgent expedited request to enroll/disenroll from a health care plan or removal of a *59 hold on MEDS:

- Recipient needs to enroll into a health care plan or disenroll from a health care plan within the current month and worker has been verified that services (i.e. pharmacy, emergency/urgent care, doctor visits, lab/radiology) have **not** been received within the current month.
- Recipient dropped from their health care plan due to restoration of Medi-Cal eligibility, budget action resulting in a Medi-Cal SOC determination, or ICT request.

Important Note: One form must be completed for each member. Additional members included on one form will not be processed.

If the recipient has used services within the current month, then the earliest that they can be enrolled/change plan/disenrolled from their health care plan would be effective the 1st of the next month.

After a *59 hold removal on MEDS, it is recommended that the recipient contact the health care plan to confirm:

- Enrollment in the plan's system
- Assignment to the correct primary care physician

Online Fillable Form Requirements for Submission:

- MEDS must reflect all current information (i.e., residential address, county code, etc.)
- MEDS must show active coverage for the recipient
- Verify with the recipient that Medi-Cal services have **not** been used for the current month. This includes services billed to Medi-Cal. Examples of services: filling a prescription, visiting a doctor, receiving emergency room services, receiving an x-ray, etc.
- Request must be sent from a valid county email address

Completion of this form does not guarantee that the request will be approved. If the Medi-Cal recipient does not meet the required form criteria/requirements, or the form is not sent from a valid county email address, the request will not be processed.

Request Submitted/Processed:
A page stating that the request has been successfully submitted will be displayed on the web and a confirmation email will be sent by Ombudsman staff stating whether the request is processed or denied.

Worker Action:
Non-urgent Expedited Health Care Plan Related Requests

- Have recipient complete and submit to HCO an Enrollment Choice Form; or
- Refer recipient to the FRC HCO Representative; or
- Refer the recipient to contact HCO at 1-800-430-4263 for assistance.

Urgent Expedited Health Care Plan Related Requests

- Complete and submit the online fillable form for **each** Medi-Cal recipient to change, enroll, or to disenroll from a health care plan, or to remove a *59 hold in MEDS;
- Read email from the Ombudsman to see if the request was processed or denied; and
- Confirm that the HCP1-STAT status on MEDS (QM screen) has been updated to either HCP Status 51 (enrollment activated from a *59 hold) or 00 (voluntary disenrollment).

Reference:
Medi-Cal Eligibility Division Information Letter (MEDIL) 14-59

Release Date:
4/16/2015