



Designating an “Enrollment Assistant” to Represent Medi-Cal Beneficiaries with their Enrollment Decisions

Some beneficiaries are not able to make their own health plan enrollment or disenrollment choice, which can result in an inability for them to be in their desired plan or system of care. Recognizing the importance of facilitating beneficiary choice, the Department of Health Care Services (DHCS) has developed a process to allow “Enrollment Assistants” of Medi-Cal beneficiaries (including those in Cal MediConnect plans) to call Health Care Options (HCO) and make an enrollment decision on their behalf.

This process is not available to beneficiaries who have a designated Authorized Representative (AR) in the DHCS Medi-Cal eligibility system. Safeguards have been established to ensure beneficiaries are protected from fraud and abuse, and this new process does not affect the ability of Medi-Cal beneficiaries to appoint an AR.

Why do beneficiaries need Enrollment Assistants?

Beneficiaries may need assistance with health plan enrollment or disenrollment for many reasons including a cognitive disability, incapacitation, or other disabilities.

Generally, only a beneficiary or their AR can make a Medicare or Medi-Cal enrollment decision. This also applies to dual eligible beneficiaries enrolled in a Cal MediConnect plan and beneficiaries receiving care at a Long Term Care (LTC) facility. Federal regulations prohibit LTC facility staff from enrolling or disenrolling beneficiaries from their health plan without the beneficiary’s or their AR’s knowledge, complete understanding, and approval. The Centers for Medicare and Medicaid Services (CMS) actively monitors this activity (*See link to “CMS: Memo to LTC Facilities” below*).

Unfortunately, the Social Security Administration (SSA) does not transmit AR information for beneficiaries who are linked to Medi-Cal through Supplemental Security Income (SSI). As a result, DHCS does not have any way of identifying ARs for these beneficiaries. In order to better serve these beneficiaries, and in consultation with CMS and stakeholders, DHCS has established a process to allow Enrollment Assistants to act on behalf of these beneficiaries, solely for the purpose of health plan enrollment or disenrollment.

Enrollment Assistant Screening Process

Individuals acting as Enrollment Assistants can call HCO (1-844-580-7272) and make enrollment decisions on behalf of the beneficiary after answering a series of scripted questions and attestations, which include:

1. A series of specific questions about the beneficiary (exact questions are confidential to avoid fraud and abuse).
2. To state their name and relationship to the beneficiary.
3. To attest under penalty of perjury of law their designation by the beneficiary to make an enrollment decision.

4. To attest to the absence of a conflict of interest (following a brief statement defining conflict of interest).

This process will allow an Enrollment Assistant to make an enrollment choice on behalf of individuals. Individuals acting as Enrollment Assistants will need to go through this process every single time they want to make an enrollment choice on behalf of the beneficiary. This process cannot be used for any other actions or to make medical decisions on behalf of the beneficiary. This information will be clearly explained to the Enrollment Assistant.

Safeguards for Beneficiaries

DHCS has a number of safeguards in place to ensure that Enrollment Assistants calling HCO are in fact authorized to do so by the beneficiary. This includes:

1. Sending a notification letter to the beneficiary informing them that an enrollment decision was made on his/her behalf and how to contact HCO to change the enrollment decision if they did not authorize this action.
2. Recording and archiving calls for quality assurance and to retrieve in cases of fraud and abuse.
3. Allowing beneficiaries to change the enrollment decision at any time. Like any enrollment choices in Medi-Cal or Medicare, a choice made by an Enrollment Assistant is not permanent and can easily be changed (including retroactively).

Next Steps

DHCS will establish a process to monitor and track calls for potential fraud and abuse. The Department will continue to work with stakeholders and welcomes feedback on any additional modifications to refine this process.

Related Information

- [Centers for Medicare and Medicaid Services: Memo to Long Term Care Facilities on Disenrollment Issues \(5/26/15\)](#)