



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: JANUARY 16, 2014

ALL PLAN LETTER 13-024
(REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: DESIGNATING NON-QUALIFIED HEALTH PLAN MEDI-CAL MANAGED CARE PLANS AS MEDICAID CERTIFIED APPLICATION COUNSELORS

PURPOSE:

In order for non-Qualified Health Plans (QHPs) to participate in the State Health Benefit Exchange's (Covered CA) Certified Application Counselor (CAC) program, non-QHP Medi-Cal managed care health plans (MCPs) must be designated by the Department of Health Care Services (DHCS) as Medicaid Certified Application Counselor (MCAC) Organizations. The purpose of this All Plan Letter (APL) is to provide this designation so that all non-QHP MCPs that choose to participate as MCAC Organizations are able to fully participate in Covered CA's CAC program, and certify individuals to perform CAC functions.

BACKGROUND:

As part of the Patient Protection and Affordable Care Act (ACA) and pursuant to 45 Code of Federal Regulations (CFR) Section (§) 155.225, the Centers for Medicare and Medicaid Services (CMS) established CACs as a type of assistance personnel available to provide information to consumers and to help facilitate consumer enrollment in QHPs and insurance affordability programs (e.g. Medi-Cal). The ACA requires all health exchanges to have a CAC program; however, since California has a state-based marketplace, it may either use CMS guidance in designating (and withdrawing designation of) organizations, or establish its own processes for its CAC program.¹

Covered CA currently has several assistance programs in place or under development including:

- The In-Person Assistance Program, which includes Certified Enrollment

¹ Centers for Medicare and Medicaid Services. "Guidance on Certified Application Counselor Program for the Federally-Facilitated Marketplace including State Partnership Marketplaces." Web. July 12, 2013.
<<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CAC-guidance-7-12-2013.pdf>>.

- Counselors (CECs), who work for Certified Enrollment Entities (CEEs);
- A Navigator Program, which is comprised of Navigator Certified Enrollment Entities²;
- A Plan-Based Enroller (PBE) Program, where Certified PBEs work for Certified Plan-Based Enrollment Entities; and
- A Certified Insurance Agent Program.

QHPs and non-QHP MCPs are barred from participating as CEEs and in the Navigator program (45 CFR § 155.215 (a) and Title 10 California Code of Regulations (CCR) § 6652 (a)) because they are insurance issuers. In addition, only QHPs can participate in the PBE program (45 CFR § 155.225 (b) and Title 10 CCR § 6702 (a)). However, DHCS has the discretion to allow organizations designated as MCACs to enter into an agreement with Covered CA to participate in its CAC program.

REQUIREMENTS:

Covered CA will be responsible for designating, certifying and training MCACs participating in the CAC program, so MCACs may certify individuals to perform the following duties, as pursuant to 45 CFR § 155.225(c):

- Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible;
- Assist individuals and employees to apply for coverage in a QHP through Covered CA and for insurance affordability programs; and,
- Help facilitate enrollment of eligible individuals in QHPs and insurance affordability programs (which includes application assistance for such programs).

Covered CA may further define and expand upon the roles and responsibilities of CACs. CACs are required to abide by, and agree to, the terms and conditions set forth by Covered CA regarding CAC program eligibility and application requirements and training, certification and conflict of interest standards.

If a consumer is determined to be eligible for Medi-Cal, the CAC shall either transfer the consumer to the county of residence for enrollment in Medi-Cal or transmit all eligibility information to DHCS consistent with 45 CFR § 155.310 and Title 10 CCR § 6476(e). A CAC shall not facilitate MCP selection until the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) has been programmed to allow a

² Note that the Navigator program is under development and is scheduled to launch in July 2014. Covered CA. "Executive Director's Report." Web. August 22, 2013 Board Meeting.

http://www.healthexchange.ca.gov/BoardMeetings/Documents/August%202022,%202013/PPT%20-%20Executive%20Director%27s%20Report_August%202022,%202013_FINAL.pdf.

beneficiary to select a MCP pursuant to subdivision (p) of Welfare and Institutions Code § 14016.5.

Like in all other assistance programs, CACs are prohibited from “steering” an applicant toward making a certain health plan selection. *To prevent this, CACs will be required to provide information on all health plan options available, with the exception of County Organized Health System counties where there is only one MCP choice available, and will be required to act in the best interest of applicants assisted.* In addition, MCPs participating in the CAC program must follow all applicable marketing guidelines contained in the DHCS health plan contract, Title 22 CCR §§ 53880 and 53881, and Welfare and Institutions Code §§ 10850(b), 14407.1, 14408, 14409, 14410 and 14411. As stated above, Covered CA may further establish CAC responsibilities and prohibited activities.

If you have questions regarding the APL, please contact Sarah Brooks at sarah.brooks@dhcs.ca.gov. For further information about participation in the CAC program please contact Sarah Soto-Taylor at Covered CA at sarah.soto-taylor@covered.ca.gov.

Sincerely,

ORIGINAL SIGNED BY MARGARET TATAR

Margaret Tatar
Assistant Deputy Director
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