



Policy: MA.4003
Title: **Member Enrollment**
Department: Customer Service
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 12/16/2025

Effective Date: 08/01/2005

Revised Date: **01/01/2025**

Applicable to: ☐ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes procedures for enrolling an individual in the CalOptima Health OneCare program.

II. POLICY

A. Subject to the provisions of this Policy, an individual is eligible to enroll in OneCare if they meet the following requirements:

1. Lives in OneCare's service area (incarcerated individuals are not considered living in the service area even if they are physically located in it);
2. Are age twenty-one (21) and older at the time of enrollment;
3. Have both Medicare Part A and Medicare Part B;
4. Are a United States citizen or are lawfully present in the United States;
5. Are currently eligible for Medi-Cal with no share of cost; and
6. Eligible for one of the following Election Periods of which will be verified in the CMS Eligibility System.
 - a. Part D Initial Election Period (IEP): This election begins three (3) months prior to the month the individual is first eligible for Medicare Part A and ends three (3) months after the first month of eligibility (same as the IEP for Part B). The Part D IEP will generally correspond to the individual's 65th birthday, 25th month of disability, or active ESRD-status. In general, an individual is eligible to enroll in a Part D plan when they are entitled to Part A and/or enrolled in Part B and live in the service area of a Part D plan.
 - b. Initial Coverage Election Period (ICEP): This Election begins three (3) months prior to the date an individual has both Medicare Part A and Part B for the first time. Generally, the first of the month following OneCare's receipt of the enrollment request. However, if the enrollment request is made prior to an individual's first month of entitlement to both Part A and Part B, the request is effective as of the first day of the month in which the individual is entitled to both Part A and Part B.

- c. Annual Election Period (AEP): This Election occurs October 15th through December 7th for the following year's benefit package, CalOptima Health shall enroll the applicant for the effective date of coverage of January 1st of the following year.
- d. Medicare Advantage Open Enrollment Period (MA OEP): This Election occurs January 1st through March 31st for individuals enrolled in an MA plan or for new Medicare beneficiaries who are enrolled in an MA plan during their ICEP. The effective date for an MA OEP election is the first of the month following receipt of the enrollment request.
- e. Open Enrollment Period for Institutionalized Individuals (OEPI): Continuous for an MA-eligible institutionalized individual who moves into, resides in, or moves out of an institution. The OEPI ends two (2) months after the month the individual moves out of the institution. Generally, the first of the month following OneCare's receipt of the enrollment request.
- f. Special Election Period (SEP): SEPs are election periods outside of the Part D IEP, ICEP, AEP, OEPI, or MA OEP, when an individual may elect a plan or change their current election. The effective date of an election made during an SEP is the first day of the month following the month in which the election is made, unless otherwise noted that the effective date may be retroactive or prospective past the following month. Coverage effective dates are always in whole calendar month increments; both retroactive and prospective effective dates are always the first of the calendar month. The SEPs include the following:

Individuals Who:
Turn age 65 (SEP65)
Are entitled to Medicare retroactively
Enroll in Part D during the Part B GEP
Terminated a Medigap policy when they enrolled for the first time in an MA plan and are still in a trial period
Are institutionalized
Use the OEPI to disenroll from an MA-PD plan
Are eligible for Medicaid or the low-income subsidy (LIS)
Gain, lose, or have a change in their dual-eligible or LIS status
Belong to a qualified SPAP or who lose SPAP eligibility
Have a plan or contract terminated or non-renewed, including: <ul style="list-style-type: none"> • Have a plan or contract non-renewed • Have a contract modified or terminated by mutual consent • Have a contract terminated by CMS
Are enrolled in a cost contract that is non-renewing for the area in which the enrollee resides
Are in PACE
Lose special needs status
Are eligible or are found ineligible to enroll in a C-SNP
Disenroll from a cost plan with optional Part D supplemental benefits
Election into or out of employer sponsored coverage
Involuntarily lose creditable prescription drug coverage
Were not adequately informed of a loss of creditable coverage*
Disenroll from Part D to enroll in/maintain other creditable coverage
Permanently change residence
Are enrolled or not enrolled in Part D due to federal employee error*
Want to enroll in a 5-star plan
Use the 5-star SEP to enroll in a plan without Part D
Requested materials in an accessible format

Individuals Who:
Are affected by a government entity-declared disaster or emergency
Are enrolled in a plan placed in receivership
Are enrolled in a plan identified as a consistent poor performer
Are enrolled in a plan that violates its contract*
Disenroll in connection with a CMS sanction
Receive notification of a CMS or state-initiated enrollment action
Are involuntarily disenrolled from an MA-PD plan due to loss of Part B
Are non-U.S. citizens who become lawfully present
Are impacted by a CMS established significant change in provider network*
Enroll in Medicare premium-Part A or Part B using an A/B Exceptional Condition SEP
Are enrolling in a FIDE SNP, HIDE SNP, or AIP
Have an exceptional circumstance*
*Requires CMS approval

7. The individual is not currently “at risk” or “potentially at risk” under the Comprehensive Addiction and Recovery Act (CARA) and flagged in the Medicare Advantage Prescription Drug (MARx) System User Interface (UI) as such.
- B. CalOptima Health shall not deny enrollment to otherwise eligible individuals covered under an employee benefit plan. If the individual enrolls in OneCare and continues his or her enrollment in his or her employer’s or spouse’s health benefits plan, then Coordination of Benefits (COB) rules shall apply.
 - C. CalOptima Health shall not deny enrollment in OneCare to any individual who has elected the hospice benefit. Until CalOptima Health acknowledges receipt of a completed enrollment form and gives a coverage effective date to the individual, OneCare shall not ask any questions related to the existence of a Terminal Illness, or Election of the hospice benefit.
 - D. CalOptima Health shall not ask health screening questions during an individual’s completion of the enrollment form. CalOptima Health shall ask limited health status questions such as whether the individual has End-Stage Renal Disease (ESRD) or is currently admitted to a certified Medicare, or Medicaid, institution. Responses to these questions shall not have an effect on an individual’s eligibility to enroll in OneCare.
 - E. The Election Period in which a Member makes an Election shall determine the effective date, in accordance with CalOptima Health Policy MA.4005: OneCare Election Periods and Effective Dates.
 - F. CalOptima Health shall retain all enrollment forms for the current contract period and ten (10) prior periods.

III. PROCEDURE

A. Enrollment Process

1. OneCare Enrollment Applications can be submitted by the individual or an individual’s Authorized Representative. Enrollments Applications can be submitted by:
 - a. A OneCare Community Partner or an agent from one of OneCare’s contracted Field Marketing Organizations (FMOs) via the enrollment portal;
 - b. Medicare’s Online Enrollment Center (OEC) application; or

- c. Paper application, via fax or mail.
- 2. OEC and paper applications are processed by Enrollment & Reconciliation staff.
- 3. If CalOptima Health mails Marketing Materials together with an enrollment form to an individual, such mailing shall be considered an Enrollment Kit. An Enrollment Kit shall include:
 - a. Important Phone Numbers, which include OneCare's toll-free customer service telephone number, TTY number, and customer service hours of operation;
 - b. Summary of Benefits;
 - c. Enrollment form instructions;
 - d. Written notice that, by law, CalOptima Health may choose not to renew its Medicare Advantage contract with CMS and that CMS may refuse to renew the contract, resulting in the termination of the individual's enrollment in OneCare;
 - e. Information regarding OneCare's Plan rating; and
 - f. Multi-language insert.
- 4. The enrollment form shall include the following statements that the individual:
 - a. Understands the requirement to keep Medicare Part A and Part B;
 - b. Consents to the Disclosure and exchange of necessary information to provide Covered Services;
 - c. Understands that enrollment in OneCare automatically disenrolls the individual from any other Medicare or prescription drug plan in which they are enrolled; and
 - d. Understands that the effective date is the date that they shall begin receiving care through OneCare.

B. Verification of Information

- 1. If an individual completes an enrollment form during a face-to-face or telephonic interview, the OneCare Community Partner or FMO agent shall use the individual's Medicare card to verify the spelling of the individual's name and to confirm the correct recording of gender, Medicare Beneficiary Identifier (MBI) number, and dates of entitlement to receive services under Medicare Part A and Part B, when possible.
- 2. If an individual submits an enrollment form to CalOptima Health by mail, or facsimile, or makes the Election through another CMS-approved method, CalOptima Health shall verify the individual's name, gender, MBI number, and dates of entitlement to receive services under Medicare Part A and Part B by telephone or other means, or request that the individual includes a copy of his or her Medicare card when mailing the enrollment form to CalOptima Health.
- 3. CalOptima Health shall ensure that all data elements are accurate, and include at least the following:

- a. Permanent Residence Information: The individual shall have a permanent residence address to determine that they reside within the OneCare Service Area. If an individual indicates a Post Office Box as his or her place of residence on the enrollment form, OneCare may consider the enrollment form incomplete and shall contact the individual to determine the individual's place of permanent residence. If the individual claims permanent residency in two (2) or more states, or if there is a dispute over where the individual permanently resides, CalOptima Health shall consider California state guidance in determining whether the enrollee is considered a resident of the state. In the case of a homeless individual, CalOptima Health shall consider a Post Office Box, an address of a shelter or clinic, or the address where the individual receives mail (e.g., social security checks) as the place of permanent residence.
- b. Medicare Entitlement Information: CalOptima Health may accept the following as evidence of an individual's entitlement to Medicare Part A and Part B:
 - i. A Medicare card; or
 - ii. Verification of Medicare Part A and Part B through one of CMS' systems, including CMS data available through CMS subcontractors.
- c. Medi-Cal Entitlement Information: CalOptima Health may accept the following as evidence of an individual's entitlement to Medi-Cal benefits through CalOptima Health:
 - i. Verification through the State of California beneficiary eligibility verification system; or
 - ii. CalOptima Health's Medi-Cal membership system.
- d. Special Election Periods (SEPs) Eligibility: If an individual is eligible for more than one (1) election period and does not choose which election period to use, and OneCare is unable to contact the individual, OneCare must assign an election period using the following ranking of election periods:
 - i. ICEP/Part D IEP;
 - ii. MA OEP;
 - iii. SEP;
 - iv. AEP;
 - v. OEPI.
- e. Comprehensive Addition and Recovery Act (CARA): CalOptima Health shall confirm the individual is not "at risk" or "potentially at risk" and unable to use the dual/LIS quarterly SEP.
 - i. CalOptima Health shall follow the lock-in requirement for a beneficiary up to a period of twenty-four (24) months unless the CMS System indicates an earlier end to the period.
- f. Statement of Understanding: An individual shall understand and agree to abide by the rules of CalOptima Health in order to enroll in OneCare.

- i. CalOptima Health shall consider the beneficiary signature on the enrollment form (or completion of the enrollment process) to signify that the individual has read and understands the statements on the form.
 - ii. If an enrollment request is received in the mail, CalOptima Health shall contact the individual to review the Election requirements, complete the enrollment form, and verify the individual's signature. If CalOptima Health is unable to contact the individual to ensure understanding, CalOptima Health shall consider the enrollment form incomplete.
- g. **Member Signature and Date:** An individual shall sign the enrollment form. If the individual is unable to sign the form, an Authorized Representative shall sign the enrollment form. If an Authorized Representative signs the form for the individual, the Authorized Representative must attest to having the authority to do so under state law and confirm that a copy of the proof of court-appointed legal guardian, durable power of attorney, or proof of other authorization required by state law that empowers the Authorized Representative to effect an enrollment request on behalf of the applicant is available and can be presented upon request by OneCare or CMS. The individual or Authorized Representative shall indicate the date they signed the enrollment form. If they inadvertently fail to include the date on the enrollment form, CalOptima Health shall stamp the date of receipt on the enrollment form, and such date shall serve as the signature date of the form. If CalOptima Health has reason to believe that an individual making an Election on behalf of a Member may not be authorized under State law to do so, CalOptima Health shall contact CMS, in accordance with the Medicare Managed Care Manual.
- i. **Other Signatures:** If a OneCare representative or any other person helps the individual complete an enrollment form, they shall also sign the enrollment form and indicate his or her relationship to the individual. However, the form does not require co-signature if such OneCare representative or person:
 - a) Pre-fills the individual's name and mailing address when the individual has requested that an enrollment form be mailed to him or her;
 - b) Fills in the "office use only" block; or
 - c) Corrects information on the enrollment form after verifying information in accordance with this Policy.
 - ii. **Signature Dates:** If CalOptima Health receives an enrollment form that was signed more than thirty (30) calendar days prior to CalOptima Health's receipt of the form, CalOptima Health shall contact the individual to reaffirm the individual's intent to enroll prior to processing the enrollment and to advise the individual of the upcoming effective date as stated in Section II.A. of this Policy.
- h. **Determining the Application Date:** CalOptima Health shall date stamp all enrollment forms upon initial receipt in the enrollment office. If the enrollment form is complete at the time it is date stamped, then the date stamp is equivalent to the "Application Date". If the enrollment form is not complete at the time it is date stamped, CalOptima Health shall date stamp the additional documentation required for the enrollment form to be complete upon receipt. CalOptima Health shall consider the date stamp on the last piece of additional documentation as the "Application Date."

- i. Final Verification of Information: If CalOptima Health makes corrections to an individual's enrollment form, the individual making those corrections shall place his or her initials and the date next to the correction. CalOptima Health may use a separate "correction" sheet, signed and dated by the individual making the correction, in place of the initialing procedure.
 - j. Completed enrollment forms: Once the enrollment form is complete, CalOptima Health shall transmit the enrollment to CMS within the time frames set forth in this Policy.
- 4. If CalOptima Health receives an enrollment form that contains all elements described in this Policy, including any elements defined by CalOptima Health and approved by CMS, OneCare shall consider the enrollment form complete even if all other data elements on the enrollment form are not filled out.
- C. If CalOptima Health receives an enrollment form that does not have all necessary elements required in order to consider the enrollment form complete, CalOptima Health shall consider the enrollment incomplete.
 - 1. CalOptima Health shall contact the individual within ten (10) calendar days after receipt of the enrollment form to request additional information to complete the enrollment form.
 - a. If CalOptima Health verbally contacts the individual, CalOptima Health shall document the contact and shall retain documentation of such contact in its records.
 - 2. CalOptima Health shall explain to the individual that the individual has twenty-one (21) calendar days, or until the end of the calendar month, whichever comes later, to submit the additional information, or the enrollment will be denied.
 - a. If CalOptima Health does not receive the additional information within the allowable time frame, CalOptima Health shall deny the enrollment.
 - b. If the individual does not provide evidence of entitlement to Medicare Part A and enrollment in Part B with the enrollment form, CalOptima Health may obtain such evidence through available CMS systems within ten (10) calendar days after receipt of the enrollment form.
 - i. If the CMS systems indicate that the individual is entitled to Medicare Part A, enrolled in Part B, eligible for Part D, and CalOptima Health has all the other information it needs to complete the enrollment form, CalOptima Health shall consider the enrollment form complete.
 - ii. If the CMS systems do not provide evidence of entitlement, CalOptima Health shall promptly contact the individual to obtain such evidence in accordance with this Policy.
 - 3. CalOptima Health shall document all efforts to obtain necessary information to complete the enrollment form.
 - 4. If CalOptima Health receives all documentation within the allowable timeframe and the enrollment form is complete, CalOptima Health shall transmit the enrollment to CMS, in accordance with this Policy.
 - 5. If CalOptima Health does not receive the documentation needed to make the enrollment form complete within the allowable time frame, CalOptima Health may deny the enrollment in accordance with this Policy.

D. Denial of Enrollment

1. CalOptima Health shall deny an individual enrollment in OneCare based on:
 - a. Its determination of the ineligibility of the individual to elect OneCare as set forth in this Policy; or
 - b. The individual's failure to provide information to complete the enrollment form in accordance with this Policy.
2. For enrollment requests that do not require additional information from the individual, CalOptima Health shall send a written notice that includes an explanation of the reason for denial within ten (10) calendar days of receiving the enrollment request.
3. For an incomplete enrollment request that requires information from the individual and for which the individual fails to provide the information within the required time frame, CalOptima Health shall send a written notice of denial within ten (10) calendar days of the expiration of the time frames in accordance with this Policy.

E. Effective Date of Coverage: CalOptima Health shall determine an individual's effective date of coverage with OneCare, in accordance with CalOptima Health Policy MA.4005: OneCare Election Periods and Effective Dates.

1. If the individual completes an enrollment form in a face-to-face or telephonic interview, the OneCare representative may advise the individual of the proposed effective date but shall also stress to the individual that it is only a proposed effective date, and that the individual shall receive confirmation directly from CalOptima Health regarding the actual effective date. CalOptima Health shall notify the individual of the effective date of coverage prior to the effective date and shall indicate the actual effective date on the enrollment form, where applicable.
2. CalOptima Health shall assign the appropriate effective date based on the Election Period.
 - a. During certain Special Election Periods (SEPs), and when Election Periods overlap, an individual may not choose his or her effective date. CalOptima Health shall assign the appropriate effective date based on the Election Period.
 - b. During face-to-face or telephonic enrollments, the CalOptima Health representative shall ensure that an individual does not choose an effective date other than the one that is applicable.
3. If an individual completes an enrollment form with an unallowable effective date, or if the OneCare representative allows the individual to choose an unallowable effective date, CalOptima Health shall notify the individual in a timely manner and explain that CalOptima Health shall process the enrollment with a different effective date. CalOptima Health shall resolve the issue with the individual as to the correct effective date and document the notification. If the individual refuses to have the enrollment processed with the correct effective date, the individual may cancel the Election.

F. Transmission of Enrollment to CMS

1. CalOptima Health shall submit information necessary for CMS to add an individual to its records as a Member to CMS within seven (7) calendar days after receipt of a completed enrollment form.
2. CalOptima Health shall process enrollment forms in chronological order by date of receipt of completed enrollment forms.

G. Prior to an individual's effective date of coverage, CalOptima Health shall provide the individual with:

1. A copy of the completed enrollment form if the individual does not already have a copy of the enrollment form and if a paper application is used;
2. A copy of the enrollment acknowledgement form if an electronic application is used;
3. A letter acknowledging receipt of the completed enrollment form, showing the effective date of coverage. This notice must be mailed no later than ten (10) calendar days after receipt of the completed enrollment request; and
4. Evidence of health insurance coverage so that the individual may begin using OneCare Covered Services as of the actual effective date.

H. Regardless of an individual's Election in a face-to-face or telephonic interview, by facsimile, by mail, or by other mechanisms defined by CMS, CalOptima Health shall explain:

1. The prospective Member's liability for charges and any amounts attributable to the Medicare deductible and coinsurance;
2. The prospective Member's authorization for the Disclosure and exchange of necessary information between CalOptima Health and CMS;
3. The potential Member financial liability if it is found that they are not entitled to Medicare Part A and Part B at the time coverage begins and has used OneCare services after the effective date; and
4. The effective date of coverage and how to obtain services prior to the receipt of a OneCare identification card.

I. Outbound Enrollment and Verification (OEV):

1. Within fifteen (15) calendar days after receipt of the completed application, CalOptima Health shall contact the individual by mail to ensure that they requested the enrollment and understand the rules of Medicare Advantage.
2. CalOptima Health shall utilize the approved CMS verification letter.

J. Prior to enrollment, CalOptima Health shall obtain an acknowledgment by the individual that they understand the requirement for a Member to access services through designated Providers within OneCare's Provider network, with the exception of Emergency Services and Urgent Care.

K. If CalOptima Health is unable to mail the materials as described in this policy to the individual prior to the effective date, CalOptima Health:

1. May verbally contact the individual within three (3) calendar days after the availability of the Daily Transaction Reply Report (DTRR) to provide the effective date, the information necessary to access benefits, and to explain OneCare program rules; and
2. Shall mail such materials no later than ten (10) calendar days after receipt of the completed enrollment form.

L. Acceptance, or Rejection, of Enrollment

1. Upon receipt of a DTRR report from CMS indicating whether the individual's enrollment has been accepted, or rejected, CalOptima Health shall notify the individual in writing of CMS' acceptance, or rejection, within ten (10) calendar days after the availability of the weekly, or monthly, TRR.
2. If CalOptima Health rejects an enrollment and later receives additional information from the individual substantiating eligibility, CalOptima Health shall obtain a new enrollment request from the individual in order to enroll the individual and process the enrollment with a current, i.e., not retroactive, effective date.
3. Within ten (10) calendar days of receipt of TRR report indicating Part D enrollment rejection due to an individual's existing employer/union coverage, CalOptima Health shall contact the individual to confirm the individual's intent to enroll in Part D and to ensure the individual understands the implications of enrollment in OneCare on his or her employer/union coverage.
 - a. The individual will have thirty (30) calendar days from the date they are contacted or notified to respond. CalOptima Health shall document this contact and retain it with the record of the individual's enrollment request.
 - b. CalOptima Health shall ensure that plan benefits are available to the individual as of the effective date of the initial enrollment request in anticipation of the individual's confirmation of intent to enroll.
 - c. If the individual indicates full awareness of any consequence to his or her employer/union coverage brought about by enrolling in CalOptima Health's OneCare program, and confirms still wanting to enroll, CalOptima Health shall update the transaction with the appropriate "flag" and re-submit for enrollment.
 - d. The effective date of enrollment shall be based on the receipt of the Member's initial enrollment request, not when the individual confirms wanting to enroll. This effective date shall be retroactive in the event that the confirmation step occurs after the effective date.
 - e. If the individual does not respond in thirty (30) days, or declines the enrollment, CalOptima Health will send a written notice of denial to the individual.

M. Enrollments Not Legally Valid

1. An enrollment is not legally valid if:
 - a. The enrollment form is not complete;
 - b. CalOptima Health determines at a later date that the individual did not meet eligibility requirements at the time of enrollment; or

- c. The individual or the individual's Authorized Representative did not intend to enroll the individual in CalOptima Health's OneCare program.
 2. If there is evidence that the individual did not intend to enroll in OneCare, CalOptima Health shall submit a retroactive disenrollment request to CMS.
- N. Retroactive Enrollment
1. When an individual has fulfilled all enrollment requirements, but CalOptima Health has been unable to process the enrollment in a timely manner, a retroactive enrollment shall be made within the Current Calendar Month transaction processing timeframes as defined in the Retroactive Processing Contractor (RPC) Standard Operating Procedure.
 2. If the retroactive enrollment request is not submitted to CMS successfully within the Current Calendar Month transaction submission timeframe, CalOptima Health shall submit the retroactive enrollment request to the CMS Retroactive Processing Contractor (RPC). The following documentation must be submitted to CMS or the RPC:
 - a. A copy of the signed and completed enrollment form, signed, and received by CalOptima Health prior to the requested effective date of coverage; or
 - b. A copy of the enrollment request record showing that the enrollment request was made and received by CalOptima Health prior to the requested effective date of coverage.
 3. CMS shall only process requests for retroactive enrollments when CalOptima Health has notified the individual that they shall use OneCare services during the period covered by the retroactive enrollment request.
 4. If CalOptima Health makes a retroactive request that is a result of a CalOptima Health error, CalOptima Health shall provide a clear and detailed explanation of OneCare's error including why the retroactive action is necessary to correct the error. The explanation shall include:
 - a. Clear information regarding what CalOptima Health has communicated to the affected Member throughout the period in question;
 - b. Any relevant information or documentation supporting the requested correction, for example:
 - i. A copy of the enrollment request form (or clear evidence of the use of another enrollment mechanism); and
 - ii. Evidence of notices sent to the individual related to or caused by the error.
- O. Prior to the effective date of enrollment, within ten (10) calendar days after receipt of the enrollment request, or by the last day of the first (1st) enrollment month, whichever occurs first, CalOptima Health shall provide all Members with information including, but not limited to:
1. OneCare identification card;
 2. Member Handbook Insert;
 3. Summary of Benefits;

4. Provider and Pharmacy Directory Insert;
5. New Member orientation information;
6. Multi-Language Insert;
7. Notice of Nondiscrimination and Language taglines; and
8. Notice of Privacy Practices

IV. ATTACHMENT(S)

- A. Enrollment Form
- B. Notice for OneCare Denial of Enrollment
- C. Notice for OneCare Flex Plus Denial of Enrollment

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Policy MA.4003: OneCare Election Periods and Effective Dates
- C. Comprehensive Addiction and Recovery Act (CARA) 2.0 of 2018
- D. Medicare Advantage and Part D Enrollment and Disenrollment Guidance. Update: August 2024
- E. Retroactive Processing Contractor Standard Operating Procedure
- F. Title 42, Code of Federal Regulations (C.F.R.), §§422.66(b) and 422.74

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	03/01/2008	MA.4003	Member Enrollment	OneCare
Revised	09/01/2008	MA.4003	Member Enrollment	OneCare
Revised	01/01/2010	MA.4003	Member Enrollment	OneCare
Revised	09/01/2010	MA.4003	Member Enrollment	OneCare
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Revised	05/01/2013	MA.4003	Member Enrollment	OneCare
Revised	05/20/2014	MA.4003	Member Enrollment	OneCare
Revised	09/01/2015	MA.4003	Member Enrollment	OneCare
Revised	12/01/2015	MA.4003	Member Enrollment	OneCare
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Revised	12/01/2018	MA.4003	Member Enrollment	OneCare
Revised	05/01/2019	MA.4003	Member Enrollment	OneCare
Revised	04/01/2020	MA.4003	Member Enrollment	OneCare
Revised	01/01/2022	MA.4003	Member Enrollment	OneCare
Revised	12/01/2023	MA.4003	Member Enrollment	OneCare

Action	Date	Policy	Policy Title	Program(s)
Revised	01/01/2025	MA.4003	Member Enrollment	OneCare

IX. GLOSSARY

Term	Definition
Annual Election/Enrollment Period (AEP)	An Election Period that takes place from October 15 through December 7 of every year.
Appeal	As defined at 42 CFR §422.561 and §423.560, the procedures that deal with the review of adverse initial determinations made by the plan on health care services or benefits under Part C or D the enrollee believes he or she is entitled to receive, including a delay in providing, arranging for, or approving the health care services or drug coverage (when a delay would adversely affect the health of the enrollee) or on any amounts the enrollee must pay for a service or drug as defined in 42 CFR §422.566(b) and §423.566(b). These appeal procedures include a plan reconsideration or redetermination (also referred to as a level 1 appeal), a reconsideration by an independent review entity (IRE), adjudication by an Administrative Law Judge (ALJ) or attorney adjudicator, review by the Medicare Appeals Council (Council), and judicial review.
Application Date	For paper enrollment forms and other enrollment request mechanisms, the Application Date is the date the enrollment request is initially received by the organization as defined by the method of enrollment. Plans must use this date in the appropriate field when submitting enrollment transactions to Centers of Medicare & Medicaid Services (CMS). For requests submitted to sales agents, including brokers, the Application Date is the date the agent/broker receives (accepts) the enrollment request and not the date the organization receives the enrollment request from the agent/broker. For purposes of enrollment, receipt by the agent or broker employed by or contracting with the organization, is considered receipt by OneCare, thus all CMS required timeframes for enrollment processing begin on this date.
Coordination of Benefits (COB)	A program that determines which plan or insurance policy will pay first if two health plans or insurance policies cover the same benefits. If one of the plans is a Medicare health plan, Federal law may decide who pays first. Process for determining the respective responsibilities of two or more health plans that have some financial responsibility for a medical claim. Also called cross-over.
Covered Services	Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract, or Care Coordination or Coordination of Care as defined in the State Medicaid Agency Contract.
Disclosure	Has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations including the following: the release, transfer, provision of access to, or divulging in any other manner of information outside of the entity holding the information.
Election	Enrollment in, or voluntary disenrollment from, a Medicare Advantage (MA) plan or Original Medicare.
Election Period	The time during which an eligible individual may elect a Medicare Advantage (MA) plan or Original Medicare. The type of election period determines the effective date of MA coverage as well as the types of enrollment requests allowed.

Term	Definition
Emergency Services	Those covered inpatient and outpatient services required that are: <ol style="list-style-type: none"> 1. Furnished by a physician qualified to furnish emergency services; and 2. Needed to evaluate or stabilize an Emergency Medical Condition.
Initial Coverage Election Period (ICEP)	The three (3) months immediately before the individual's entitlement to both Medicare Part A and Part B.
Legal Representative/ Authorized Representative	An individual who is the Legal Representative or otherwise legally able to act on behalf of a Member, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity. (Form CMS-1696 may not be used to appoint an Authorized Representative for the purposes of enrollment and disenrollment. This form is solely for use in the Claims Adjudication or Claim Appeals process, and does not provide broad legal authority to make another individual's healthcare decisions.)
Marketing Materials	Materials defined in the Centers for Medicare & Medicaid Services (CMS) marketing guidelines set forth in the Medicare Managed Care Manual as any informative materials targeted to Medicare beneficiaries that: <ol style="list-style-type: none"> 1. Promotes OneCare or communicate or explain OneCare; 2. Informs Medicare beneficiaries that they may enroll, or remain enrolled in, OneCare; 3. Explains the benefits of enrollment in OneCare or rules that apply to enrollees; and 4. Explains how Medicare services are covered under OneCare including conditions that apply to such coverage. <p>Marketing materials include notification forms and letters used to enroll, disenroll, and communicate with a Member, any information or product that is designed to encourage retention of or an increase in Contracted Membership, and is produced in a variety of print, broadcast, and direct marketing media that include, but are not limited to: radio, television, billboards, newspapers, the internet, leaflets, informative materials (ex. Summary of Benefits, Approved Formulary), videos, advertisements, letters, posters, and items of nominal value.</p>
Open Enrollment Period (OEP)	An annual Election Period, as determined by the Centers for Medicare & Medicaid Services (CMS) during which time an eligible beneficiary may elect a Medicare Advantage plan or Original Medicare.
Service Area	The county or counties that CalOptima Health is approved to operate in under the terms of the 2024 D-SNP Contract. A Service Area may have designated zip codes (under the U.S. Postal Service) within a county that are approved by DHCS to operate under the terms of this D- SNP Contract

Term	Definition
Special Election Period (SEP)	<p>Election Period provided to individuals in situations where;</p> <ol style="list-style-type: none"> 1. The individual has made a change in residence outside of the service area or continuation area or has experienced another change in circumstances as determined by Centers for Medicare & Medicaid Services (CMS) (other than termination for non-payment of premiums or disruptive behavior) that causes the individual to no longer be eligible to elect the Medicare Advantage plan; 2. CMS or the organization has terminated the Medicare Advantage organization's contract for the Medicare Advantage plan in the area in which the individual resides, or the organization has notified the individual of the impending termination of OneCare or the impending discontinuation of OneCare in the area in which the individual resides; 3. The individual demonstrates that the Medicare Advantage organization offering the Medicare Advantage plan substantially violated a material provision of its contract under Medicare Advantage in relation to the individual, or the Medicare Advantage organization (or its agent) materially misrepresented OneCare when marketing the OneCare plan; 4. The individual is entitled to Medicare Part A and Part B and receives any type of assistance from Medi-Cal; or 5. The individual meets such other exceptional conditions as CMS may provide.
Terminal Illness	An incurable or irreversible condition that has a high probability of causing death within one (1) year or less.
Urgent Care	Services furnished to a Member who requires services to be furnished within twelve (12) hours in order to avoid the likely onset of an emergency medical condition.