

CMSP Letter No. : 05-11
Issue Date : September 23, 2005

TO: ALL CMSP COUNTY WELFARE DIRECTORS

SUBJECT: QUESTIONS AND ANSWERS ON THE CMSP PROGRAM

The purpose of this letter is to provide clarification on County Medical Services Program's (CMSP) eligibility policies and procedures as part of CMSP's conversion to Blue Cross Life and Health Insurance Company effective October 1, 2005.

Enclosed are answers to questions that CMSP has provided during the CMSP Blue Cross Life and Health training sessions for County Welfare Departments.

If you have any questions regarding this notification, please contact Ms. Anna Bedrina at (916) 649-2631 ext 20.

Sincerely,



Lee D. Kemper
Administrative Officer

Enclosure

County Medical Services Program (CMSP) Program Administration by BC Life & Health Insurance Company (Blue Cross)

**Frequently Asked Questions by County Welfare Departments
(09.23.05/02)**

QUESTIONS ABOUT CARDS:

Is the Blue Cross Customer Care Center number going to be listed on the clients' cards or do the counties need to give the number to the clients?

ANSWER:

The Blue Cross Customer Care Center number will be listed on the front and the back of their new CMSP/ Blue Cross identification card. Blue Cross Customer Care Center toll-free number is 1-800-670-6133.

If the first CMSP/ Blue Cross identification cards don't go out until the first part of October, how will clients get services without a card?

ANSWER:

The CMSP member should present their BIC to the health care provider. The provider will be able to verify the member's eligibility for CMSP in 4 different ways. Providers will continue to be able to verify CMSP eligibility by POS, telephone AEVS, or online at the Medi-Cal website. In addition to providing details regarding the member's eligibility, effective 10/01/05, the verification messages will be updated to instruct providers of the following:

CMSP MEDICAL/VISION/DENTAL SERVICES BY BLUE CROSS, 1-800-670-6133.
CMSP PHARMACY SERVICES BY MEDIMPACT, 1-800-788-2949.

The provider can also contact the Blue Cross Customer Care Center to verify the member's eligibility by calling 1-800-670-6133.

Will members be issued a new State of California Beneficiary Identification Card (BIC) after 10/01/05?

ANSWER:

No, the clients will continue to use the same BIC card that they already have. If an individual is newly enrolled into CMSP, they will be issued a BIC from the State.

Will separate cards be issued by Doral for dental coverage, Vision Service Plan (VSP) for vision coverage, and MedImpact for retail pharmacy services?

ANSWER:

No. Contact information regarding Doral Dental, VSP and MedImpact will be included on the back of the BC Life/CMSP identification card.

Who can request a new Blue Cross replacement card: the county or the client?

ANSWER:

The client will need to call the Blue Cross Customer Care Center to request a new card or a replacement card.

If a client's break in aid is more than 30 days, will a new CMSP/ Blue Cross identification card be requested automatically or do the counties have to specifically ask for one?

ANSWER:

Blue Cross will automatically generate and send a new CMSP/ Blue Cross identification card to the member based upon the updated eligibility information.

If a client never had a MedImpact card, will he/she still receive a CMSP/Blue Cross card?

ANSWER:

Yes, as long as the member is eligible for CMSP.

Will the Blue Cross Welcome packet and the CMSP/Blue Cross cards be sent to the clients if they have a general delivery address listed?

ANSWER:

Yes, as long as the general delivery address is indicated as the member's mailing address in the member's eligibility information.

If a client has an old CMSP/Blue Cross identification card and has been reissued a new one due to a break in aid, will the old card still work?

ANSWER:

The CMSP/Blue Cross identification card is for identification purposes only. The client will be instructed to keep their Beneficiary Identification Card (BIC).

If a client is issued a card within 7 to 10 days of approval and they have not yet picked a primary care physician, will the PCP name be blank on the Blue Cross card?

ANSWER:

Yes, the PCP name will be blank on the ID cards.

CUSTOMER CARE QUESTIONS:

What phone number do we provide to staff, eligible members, or providers if they need to contact Blue Cross?

ANSWER:

The Blue Cross Customer Care Center's toll-free number is 1-800-670-6133. The customer service representative will put the caller in touch with the appropriate department or service to resolve the caller's inquiry. Providers will be supplied with additional contact numbers in the Provider Operations Manual (POM).

What hours will the Blue Cross line be available to clients when they call?

ANSWER:

Blue Cross Customer Care Center is available to assist callers from Monday through Friday from 8 am to 5 pm (excluding legal holidays). The MedCall nurse advice line is available 24-hour a day.

Will the Blue Cross Customer Care Center staff receive training about CMSP in order to be responsive to caller's questions?

ANSWER:

The BCL&H Customer Service Representatives will receive training regarding CMSP benefits, verifying eligibility, claims, provider network, Grievance & Appeals procedures, and other Third Party Administrator functions. Customer Care Associates will refer callers to the respective county welfare department for eligibility determination issues.

How many languages will be available on the Blue Cross Customer Care Center line?

ANSWER:

BCL&H employs many bilingual Customer Care Associates. If no associate is available to speak with a caller in his or her preferred language, the customer service representative can establish a three-way call with BCL&H's interpreter service, NetworkOMNI, the world's second largest interpreting service offering on-demand telephone interpreting in over 150 languages.

Can clients with aid code 50 (emergency services only) call the Blue Cross Customer Care Center? If they do not have a social security number, what identification number would the client use?

ANSWER:

Yes. The Blue Cross Customer Care Center is available to assist all CMSP members, regardless of the member's aid code. If the caller does not know/does not have a social security number, the Blue Cross customer service representative can look up the caller's information by other identifying information such as their name, date of birth, or Client Index Number (CIN).

How will the clients get access to the Blue Cross Customer Care Center number? The customer service line wasn't on their informing notice from CMSP dated 8/15/05.

ANSWER:

The Blue Cross Customer Care Center number will be listed: 1) In the introductory letter sent by Blue Cross/ CMSP mid September 2005 to September 2005 CMSP eligible members, and 2) In the Welcome Packet (letter plus CMSP/ Blue Cross identification card) October 2005 CMSP eligible members will receive from Blue Cross.

When will the Blue Cross Customer Care Center be available for the clients to call?

ANSWER:

The Blue Cross Customer Care Center will be operational effective 9/16/05 to be able to respond to member and provider inquiries.

Can the clients look up their eligibility on the Blue Cross website?

ANSWER:

No, clients cannot look up their eligibility on-line. Members can call the Blue Cross Customer Care Center at 1-800-670-6133 to look up their eligibility. However, members should contact their county welfare department worker if they have any questions about applying for or maintaining their eligibility for CMSP.

BENEFITS AND PROVIDER RELATED QUESTIONS:

How is the concept of “Medical Home” affected by the clients’ reapplication for CMSP? Do they have to start over with their medical plan each time they reapply?

ANSWER:

No. Blue Cross will reassign the clients that fall off aid and come back on to CMSP to the same provider that they had prior to discontinuance.

How will the provider know if a client has OHC if the information is submitted to Blue Cross monthly?

ANSWER:

When providers are verifying clients’ eligibility using POS, AEVS or the Internet, they get a message that includes a notification of OHC, if a client has it.

Will the providers who take Medi-Cal still take CMSP?

ANSWER:

Providers will need to sign a participating provider agreement in order to take part in the CMSP provider network. On or after 9/16/05, if the County Welfare Department receives a question from a provider about participating in the CMSP network, please direct the provider to call the Blue Cross Customer Care Center at 1-800-670-6133. Before 9/16/05, if the County Welfare Department receives a question from a provider about participating in the CMSP network, please direct the provider to call the CMSP Governing Board office.

Are all Blue Cross providers now going to become CMSP providers?

ANSWER:

No. Even if a provider is an existing Blue Cross provider, he/she needs to execute a separate agreement with Blue Cross to become part of the CMSP network.

If a provider fails to bill timely, will the client be responsible for the bill?

ANSWER:

If the provider is a participating CMSP network provider and the member has supplied the provider with their CMSP eligibility information at the time of service, the provider cannot bill the member for covered health benefits.

Is the CMSP Governing Board restoring any part of the benefit package back that was scaled back in June 2004 (such as eye glasses)?

ANSWER:

No. At this time, the benefit package remains essentially the same even though benefits will be administered by Blue Cross. Please refer to the CMSP Client letter (dated 8/15/05) for information about CMSP benefit changes effective October 1, 2005.

When will providers receive the Blue Cross Provider Operations Manual for CMSP?

ANSWER:

Participating network providers will receive a copy of the Blue Cross CMSP Provider Operations Manual (POM) on a CD during mid-September from Blue Cross. Network providers will also be able to access the POM on the Blue Cross website on and after 10/01/05. Earlier in September, the Governing Board transmitted draft copies of selected POM sections (including ID cards, utilization management) to clinic and hospital association representatives.

Can a client see a CMSP network provider from a different CMSP county?

ANSWER:

Yes. Beginning October 1, 2005, CMSP will pay for covered health care services provided to CMSP clients only when those services are provided by a health care provider that is a part of the CMSP Provider Network with Blue Cross in California or in the designated border-state areas of Oregon, Nevada and Arizona. The only exception is payment for emergency services. CMSP will pay for emergency services provided by California or the designated border-state area providers, including those that are not a part of the CMSP Provider Network with Blue Cross.

The PCP listing that counties will receive via e-mail on a quarterly basis will allow them to search the entire network providers in all CMSP counties. Also, clients can call the Blue Cross Customer Care Center to locate network providers.

If person sees a non-contracting provider and then the person applies for CMSP will the provider get paid?

ANSWER:

A provider that is not part of the CMSP network provider can get reimbursed only if a CMSP member received emergency services in California or in the designated border state areas of Oregon, Nevada, and Arizona. In this case, unless the person's CMSP eligibility goes back to the date when services were rendered and the non-network provider rendered emergency services to the individual, the provider would not receive reimbursement from CMSP.

Can a client continue to get services through a State of Nevada, Oregon, and Arizona provider in emergency and non-emergency situations?

ANSWER:

Blue Cross is contracting with providers in **designated border state areas** of Oregon, Nevada, and Arizona, in addition to California, to be part of the CMSP network. Beginning October 1, 2005, CMSP will pay for covered health care services provided to CMSP clients in non-emergency situations only when those services are provided by a health care provider that is a part of the CMSP Provider Network with Blue Cross in California or in the designated border state areas of Oregon, Nevada and Arizona.

CMSP is not portable health insurance. Beginning October 1, 2005, CMSP will not pay for any health care services provided to CMSP clients by health care providers outside of California or the **designated border state areas** of Oregon, Nevada, and Arizona. Therefore, CMSP coverage does not extend to the entire State of Nevada, Oregon, and Arizona.

CMSP will reimburse non- CMSP network providers in California and designated border state areas for covered services provided to CMSP members in emergency situations.

Will CMSP cover specialty care in Portland, OR?

ANSWER:

No, beginning October 1, 2005, CMSP will not pay for any health care services provided to CMSP clients by health care providers outside of California or the **designated border state areas** of Oregon, Nevada, and Arizona. Therefore, CMSP coverage does not extend to the entire State of Nevada, Oregon, and Arizona. The Blue Cross Customer Care Center can assist referring providers in locating specialty care providers that participate in the CMSP network.

If a CMSP eligible client is in the hospital from 09/29/05 through 10/02/05. How would the hospital bill for the hospital stay? Would the hospital get paid for services rendered on 10/01/05 and 10/02/05 if the hospital is a non-CMSP network provider?

ANSWER:

The hospital would bill EDS for services provided on 09/29/05 through 09/30/05. The hospital would bill Blue Cross for services rendered on 10/01/05 and 10/02/05.

Providers will be instructed to fax any Treatment Authorization Requests (TARs) authorized by the Medi-Cal Field Office, for upcoming or on-going care on or after 10/01/05, to Blue Cross in order to assure payment.

What is the “emergency services” definition? Is it different for beneficiaries with aid code 50 and beneficiaries who get emergency services at a non-CMSP network provider?

ANSWER:

No, the definition is not different for different CMSP members. The same definition is used for all members including aid code 50. CMSP defines an emergency medical condition as a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including without limitation severe pain) such that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably believe that the absence of immediate medical attention could reasonably result in: placing the member’s health in jeopardy; serious impairment to bodily function other serious medical consequences or serious and/or permanent dysfunction to any bodily organ or part.

If a TAR is approved before 09/30/05 and medical services are rendered on 10/1/05, will the claim be paid by Blue Cross or EDS?

ANSWER:

Providers will be instructed to fax any Treatment Authorization Requests (TARs) authorized by the Medi-Cal Field Office, for upcoming or on-going care on or after 10/01/05, to Blue Cross in order to assure payment. During the initial transition period, Blue Cross will accept approved TARs for covered services. In this example, since the date of service is on or after 10/01/2005, the provider would submit the claim to Blue Cross.

If a client has OHC and the provider has to wait for a rejection from the OHC before CMSP will pay, will this cause a problem with the 120 and 150 days time limit for billing Blue Cross?

ANSWER:

With OHC, time limit (120/150 days) for billing BCL&H begins as of the date on the OHC rejection letter.

If a CMSP member paid for care out of his pocket, will he/she get reimbursed by CMSP?

ANSWER:

No. The CMSP member will need to set up an arrangement with a provider that received the payment from him/her in order to get reimbursed.

QUESTIONS ABOUT SELECTING A PCP:

Can the PCP network be accessed real time?

ANSWER:

The PCP network can be accessed on-line at Blue Cross website (www.bluecrossca.com) under State Sponsored Plans Finder. In addition members can contact the Blue Cross Customer Care Center to obtain the most current CMSP network information.

When will the first quarterly PCP listing be e-mailed to the counties?

ANSWER:

The quarterly PCP listing will be e-mailed to the designated county welfare department contact during the last week of September 2005.

Will the quarterly PCP listing be also e-mailed to Public Health Departments?

ANSWER:

Yes, if requested by the county Health Department. If the county would like the listing to be sent to an additional contact, such as a representative of the Public Health Department, please contact Anna Bedrina at 916-649-2631 ext. 20 or abedrina@cmspcounties.org with the contact information.

**How is the county welfare department involved in selecting a PCP for the clients?
When will the clients need to do that?**

ANSWER:

Clients will be responsible for selecting their PCPs by contacting Blue Cross C.C.C. To assist with this process, it would be helpful if a PCP listing is kept in the Welfare Department reception area or given out to clients if they request that information. CWD will be receiving an updated list of PCPs every quarter. Keep in mind that the information is updated frequently and advise the clients to call the Blue Cross C.C.C. to get the most accurate information. Clients will need to choose a PCP after their CMSP eligibility is approved, not at the time of application for CMSP.

How many times are clients able to change their PCP?

ANSWER:

The CMSP member can change their PCP as many times as they wish. Please note, a CMSP member that excessively switches their primary care providers may trigger Blue Cross to explore the reasons leading up the CMSP member's difficulty maintaining a routine place of care.

Is selecting a PCP required under the new rules?

ANSWER:

Yes, clients are required to choose their PCP or it will be chosen for them.

What are the timeframes for the clients to make their PCP selection?

ANSWER:

CMSP members are given 30 days after becoming eligible for CMSP to make their PCP selection. If a selection is not made within that timeframe, a PCP will be assigned to the client.

What are the criteria that Blue Cross uses to assign a PCP? Do they take into consideration the type of community that the clients live in?

ANSWER:

Yes, the Blue Cross PCP assignment process is based on the residence zip code and if the CMSP member has had history with a certain provider.

Will the clients receive notification as part of their Welcome Packet from Blue Cross that they would need to select a PCP?

ANSWER:

Yes, the information about selecting a PCP will be included in the Welcome Packet the member receives after becoming eligible for CMSP. CMSP members that are eligible for in October 2005 will also receive a Welcome Packet.

Can all members of a case get assigned to the same PCP?

ANSWER:

Yes, all members of a CMSP case can get assigned to the same PCP if they wish. However, each CMSP member will need to speak with the Blue Cross Customer Care Center to request to be assigned to a particular PCP. Additionally, each CMSP member could select different PCPs if they wish.

How will the clients be notified of an assigned PCP? How long will enrollment/switching of PCP will take?

ANSWER:

As a client gets assigned a new PCP or changes a previously assigned PCP, a new CMSP/ Blue Cross card will be sent to him/her with the name of the assigned PCP on it. Clients can change PCP at any time and the new card with the new PCP name on it should be sent to them within 7-10 days.

Will clients have to be referred by their PCP to see a specialty care provider?

ANSWER:

No. It is an open network and the CMSP member can go directly to a specialist and have coverage for covered services as long as the specialist is part of the CMSP network. However, we are encouraging CMSP members to keep their primary care provider abreast of their care.

QUESTIONS ABOUT FORMS & ELIGIBILITY PROCESSING:

When will the new CMSP forms be available for county use?

ANSWER:

On and after 10/01/05 the new CMSP forms would be available on the CMSP Governing Board website: www.cmspcounties.org.

How will the new forms work in conjunction with CalWIN?

ANSWER:

CMSP is currently working with CalWIN to modify the existing forms for the transition. A timeframe for this will be presented at a later time.

Will the hearing process change for eligibility related items? Is it still through the county?

ANSWER:

The hearing process for eligibility related items will not change and will continue to be handled through CWD.

Will the OHC line change in MEDS after the conversion?

ANSWER:

No.

Is the fleeing felons policy a new policy or a clarification of an existing policy? Is there an ACL out regarding this?

ANSWER:

The fleeing felon policy is a clarification of an existing CMSP policy. The CMSP ACL # 05-07, question # 11 has information regarding this.

Is the fleeing felons clarification of the policy supported by ISAWS?

ANSWER:

No. We are currently working with ISAWS to resolve this issue. Until then, counties should utilize manual Notice of Actions (NOAs) and override the ISAWS.

Please confirm that counties will continue to fax the immediate need form to MedImpact but there is no form to fax to Blue Cross about the immediate need?

ANSWER:

That is correct. Blue Cross will be able to look up the newly added members on-line provided that the counties performed MEDS on-line transaction. However, counties will need to continue to fax MedImpact a completed "CMSP Prescription Drug Benefit Member Add Form (Immediate Need)". A revised version of this form will be available on the CMSP Governing Board website by 10/01/05.

Will the CMSP Eligibility Manual be updated after 10/01/05 to reflect the changes as a result of the transition to BC Life?

ANSWER:

Yes. A revised version of the CMSP Eligibility Manual that reflects the changes will be available on the CMSP Governing Board website. Revisions are underway.

Will the old CMSP All County Letters (ACLs) still be on the DHS website or will they be put on the CMSP Governing Board website?

ANSWER:

Effective 10/01/05, all CMSP ACLs (old and new) will be on the CMSP Governing Board website at www.cmspcounties.org.

Will the new CMSP forms be provided to the counties before October 1st, 2005 and can the counties continue to use the old ones until the new forms are ready?

ANSWER:

New forms will be available on the CMSP Governing Board website on October 1st, 2005. If counties have excess supplies of existing forms, they may utilize them prior to using the new forms.

When and how the counties can order the new CMSP forms?

ANSWER:

Effective 10/01/05, the new forms would be located on the CMSP Governing Board website. Counties can download and copy the forms as needed.

What will replace the CMSP client brochures?

ANSWER:

The CMSP Information Notice 1 contains the information about the covered benefits and the outline of the program, also CMSP 219 has the information that clients need to know. Additionally, the CMSP/Blue Cross cards and welcome letters to CMSP members will provide members with the Blue Cross Customer Care Center toll-free number and information about how to access services. Additionally, members and providers are encouraged to visit the CMSP Governing Board's website (www.cmspcounties.org) for further information about CMSP.

Will there be any change in the way MEDS Online POS Inquiry Screen (MOPI) screen in MEDS will look like effective 10/01/05?

ANSWER:

Yes. In addition to providing details regarding the CMSP member's eligibility, effective 10/01/05, the verification messages on MOPI will be updated with the following: CMSP MEDICAL/VISION/DENTAL SERVICES BY BLUE CROSS, 1-800-670-6133. CMSP PHARMACY SERVICES BY MEDIMPACT, 1-800-788-2949.

Will the counties be able to use ISAWS Statement of Facts?

ANSWER:

If it is a face-to-face interview then the Statement of Facts can be used.

Can the counties continue to use MC 210 for mail-in applications?

ANSWER:

Yes, but the counties need to assure that all other questions relevant to CMSP will also be addressed.

Since a question about being a fleeing felon is being added to CMSP 210 and MC 210 or SOF doesn't have that question, can we still use them?

ANSWER:

MC 210 and SOF can be used if a client signs CMSP 219. The rights and responsibilities CMSP 219 has a statement that the client has to report to the county if he/she is a fleeing felon and also informs that if he/she is, then they are not eligible to CMSP.

Has there been a discussion with ISAWS regarding changes in the TPL and OHC screens as well as Statement of Facts?

ANSWER:

Yes. The ISAWS consortium has been made aware of the changes and the need to prepare a plan to address system changes.

What is the mechanism for removing OHC code from MEDS and what should the counties do in case of an emergency?

ANSWER:

Counties will continue e-mailing and faxing the information **on the termination of OHC** to the existing resources in case of an emergency, if it is a non-emergency situation the counties will mail the form to the same DHS address as before. This will not change after 10/01/05. However in both emergency and non-emergency situation a copy of the form or e-mail sent to the DHS (with supporting verification) should be faxed or mailed to the CMSP Governing Board.

Which forms should be submitted to the CMSP Governing Board? Which ones should be sent monthly?

ANSWER:

The "Case Load Movement and Activity Report (CMSP 237)" should be submitted on a monthly basis to the CMSP Governing Board office. The "CMSP Eligibility Expenditure Report (CMSP 1179)" should be submitted on a quarterly basis to the CMSP Governing Board office. CMSP will continue to accept the quarterly expenditure report generated via the FoxPro Administrative claim system. CMSP has contacted the Department of Social Services to institute a change the address on the CMSP-specific report to indicate that report should be sent to the CMSP Governing Board Office.

Do counties need to send OHC form to Blue Cross manually or will the information be transmitted electronically?

ANSWER:

The counties need to continue entering the OHC information into ISAWS/Cal Win and also send OHC form in batch monthly to Blue Cross to the address indicated on the form. Blue Cross will see an indicator that OHC exists, however they cannot see the details until they get the completed form from the county.

Will counties have to resubmit OHC and TPL forms for each case every month to Blue Cross?

ANSWER:

No. The TPL and OHC forms need to be submitted at the time of application and resubmitted to Blue Cross only if there is a change.

Will the same process be used when the county will go to C-IV?

ANSWER:

This will depend on the system capacity of C-IV. It will need to be determined.

QUESTIONS ABOUT THE NOTIFICATION PROCESS:

Is there a website or other resource available to obtain information, especially during implementation?

ANSWER:

The CMSP Governing Board's website has been updated to provide information about the change to BC Life. In addition, beginning October 1, 2005 the CMSP Governing Board redesigned website will be implemented. Please check this resource periodically for updates at www.cmspcounties.org.

What information and materials are being/will be sent to the clients? Can we get copies?

ANSWER:

The CMSP Governing Board sent a notice to all current CMSP members informing them of the coming change to BC Life administration of CMSP and other CMSP program changes. This letter to CMSP members was mailed to CMSP members mid August. In addition, CMSP members in mid September will receive a letter from BC Life informing them of the change to BC Life and providing information about how to receive medical care (this letter will be in both English & Spanish). In early October, CMSP members who are eligible for CMSP in October will receive a welcome letter from BC Life that includes their BC Life/CMSP identification card and member packet. This card will provide contact information for BC Life as well as contact information for CMSP pharmacy, vision and dental benefits. (Note: The welcome packet and the CMSP/Blue Cross ID card sample will be put on the CMSP Governing Board website.)

Was the initial CMSP notification letter to beneficiaries regarding the change sent out in Spanish?

ANSWER:

No, the initial CMSP notification letter was distributed in English. The mid-September introductory letter to be sent from CMSP and Blue Cross will be in both English and Spanish.

Will the counties get a copy of the Blue Cross Welcome Letter?

ANSWER:

Counties will receive a copy of the mid September welcome letter the third week of September.

What is the procedure of ordering the Health Assessment Survey?

ANSWER:

The county welfare department will receive approximately a 3-month supply of Health Assessment Survey from Blue Cross by the end of September. There will be a form included with the shipment that counties can fill out and fax back to Blue Cross to reorder additional surveys.

Are the clients required to complete the Health Assessment Survey?

ANSWER:

No, it is not mandatory for the clients to complete the survey. However, we encourage clients to complete the survey.

How will the information from the Health Assessment Survey be used?

ANSWER:

Blue Cross Health Services will use the information from the Health Assessment Form to identify individuals who may benefit from case management, disease management, or health education programs. Depending on which health issues are identified by the member, Health Services will route specific members to case management, or mail the member specific health education/disease management materials.

Will the Health Assessment Survey be available in Spanish?

ANSWER:

Yes. Blue Cross will make the survey available in both English and Spanish. Additionally, members will be advised that they can call 1-866-829-4547 to complete the answers over the phone. This toll-free phone number takes the members to the Blue Cross Health Services Phone Line where Health Services has a dedicated phone number to answer health services related questions from 7am to 5pm Pacific Time, Monday through Friday. After those hours, members can leave a message and their call will be returned the next business day.

When a client reapplies for CMSP without a break in aid, will he/she need to complete another Health Assessment Survey?

ANSWER:

No, unless the CMSP member has a change in their health status that they'd like to advise Blue Cross of.