



California CARE Act Provider Guidance

For Behavioral Health Providers



California's Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that can include treatment, medication, housing support, and other services for eligible persons with untreated schizophrenia or other psychotic disorder.

The CARE Act took effect in September 2022. A phased statewide implementation plan begins in seven California counties on October 1, 2023.

Tell us you are treating a patient under a CARE agreement or plan.

If you are working with a Cigna HealthCare of California, Cigna Health and Life Insurance Company, or Scripps Health Plan patient through Evernorth Behavioral Health of California under a CARE agreement or court-ordered CARE plan, it is important that you notify us.

- + **Calling Cigna's Behavioral Program at 800.554.6931 when servicing a patient in California's CARE program will help ensure your claims are processed accurately.**

During regular office hours

If calling **during regular business hours**, Monday - Friday, from 7:30 a.m. - 7 p.m. Central Time, please follow the instructions below to speak with an Evernorth associate:

1. When prompted, press 3 for health care professional.
2. When prompted, press 1 to indicate that it is for a behavioral health care plan.
3. When asked for the nature of the call, say *Authorization*.
4. When asked if this is to request a new authorization, say *Yes*.
5. When asked if this if for inpatient, partial, or a higher level of care, say *No*.
6. When asked for your Tax ID number, say *I don't have it*.

You will then be connected to an associate to report the patient information.

Outside regular office hours

If calling **outside regular business hours**, Monday - Friday, from 7:30 a.m. - 7 p.m. Central Time, please follow the instructions below to speak with an Evernorth associate:

1. When prompted, press 3 for health care professional.
2. When prompted, press 1 to indicate that it is for a behavioral health care plan.
3. When asked for the nature of the call, say *Authorization*.
4. When asked if this is to request a new authorization, say *Yes*.
5. When asked if this if for inpatient, partial, or a higher level of care, say *Yes*.

You will then be connected to an associate to report the patient information.

Claim submission guidance

In addition to notifying Cigna's Behavioral Program when servicing a patient in California's CARE program, please make a note on each claim submission using the following guidance:

- + For electronic claim submission, please note "CARE Act" in remarks.
- + For paper claim submission, please note "CARE Act" somewhere on the claim and submit the claim to the address found on the patient's member identification card.

For more information

- + For more information on the CARE Act, please visit [CARE Act - California Health and Human Services](#).

Thank you for your continued partnership and ongoing commitment to providing quality behavioral health services to your patients.