

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Marketplace (Covered CA)

PROVIDER TYPES: **Medical Group/ IPA/MSO****Primary Care**

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

Continuity of Care for Medi-Cal Beneficiaries APL 22-032

This is an advisory notification to Molina Healthcare of California (MHC) network providers to provide guidance on Continuity of Care (COC) for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care.

This notification is based on an All-Plan Letter (APL) 22-032, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2022/APL22-032-Continuity-of-Care.pdf>

BACKGROUND

Beneficiaries who mandatorily transition from Medi-Cal FFS to enroll as Members in MHC or transition to MHC with contracts expiring or terminating on or after January 1, 2023 have the right to request COC with Providers in accordance with federal and state law and the MHC contract, with some exceptions.

POLICY

I. Continuity of Care Requirements

The COC requirements listed in this section are in addition to those set forth in the Health and Safety Code (HSC) section 1373.96, which provides for the Member's completion of Covered Services with a terminated Provider or by a nonparticipating Provider, if a pre-existing relationship exists with that Provider, and if the Member has one of the conditions listed in HSC section 1373.96.

COC protections extend to Primary Care Providers, Specialists, and select ancillary Providers, including physical therapy; occupational therapy; respiratory therapy; BHT; and speech therapy Providers.

COC protections do not extend to all other ancillary Providers such as radiology; laboratory; dialysis centers; Non-Emergency Medical Transportation (NEMT); Non-Medical Transportation (NMT); other ancillary services; and non-enrolled Medi-Cal Providers.

MHC is only required to provide COC for covered benefits. MHC will process COC requests by following the requirements outlined below:

A. Processing Continuity of Care Requests

1. Acceptance of Requests

MHC will accept COC requests from the Member, authorized representative, or Provider over the telephone, according to the requester's preference, and will not require the requester to complete and submit a paper or online form if the requester prefers to make the request by telephone.

2. Retroactive Requests

MHC will retroactively approve a COC request and reimburse Providers for services that were already provided if the request meets all COC requirements.

3. Completion of Requests

The COC process begins when MHC receives the COC request. MHC must first determine if the Member has a pre-existing relationship with the Provider. MHC will request from an Out-of-Network (OON) Provider all relevant treatment information, for the purposes of determining Medical Necessity, as well as a current treatment plan, as long as it is allowable under federal and state privacy laws and regulation.

4. Validating Pre-Existing Relationship

MHC will determine if a relationship exists through use of data. A Member, authorized representative, or Provider may also provide information to MHC that demonstrates a pre-existing relationship with the Provider. A Member's self-attestation of a pre-existing relationship is not sufficient proof.

5. Timeline

MHC will begin to process non-urgent requests within five working days following the receipt of the COC request. Additionally, each COC request must be completed within the following timelines from the date MHC received the request:

- 30 calendar days for non-urgent requests;
- 15 calendar days if the Member's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs; or
- As soon as possible, but no longer than three calendar days for urgent requests (i.e., there is identified risk of harm to the Member).

6. Member Notifications

MHC will provide acknowledgment of the COC request within the timeframes specified below, advising the Member that the COC request has been received, the date of receipt, and the estimated timeframe for resolution.

- For non-urgent requests, within seven calendar days of the decision.
- For urgent requests, within the shortest applicable timeframe that is appropriate for the Member's condition, but no longer than three calendar days of the decision.

7. Provider Referral Outside of the MHC Network

MHC will work with the approved OON Provider and communicate its requirements on letters of agreements, including referral and authorization processes.

8. 12-Month Continuity of Care Period Restart

If a member changes their plan by choice following the initial enrollment with MHC or if a member loses and then later regains MHC eligibility during the 12-month COC period, the 12-month COC period for a pre-existing Provider may start over one time.

B. Scheduled Specialist Appointments

At the Member, authorized representative, or Provider's request, MHC will allow transitioning Members to keep authorized and scheduled Specialist appointments with OON Providers when COC has been established and the appointments occur during the 12-month COC period.

II. Additional Continuity of Care Protections in HSC section 1373.96

HSC section 1373.96 offers additional protections for Members to continue seeing a terminated or nonparticipating Provider, at a Member, authorized representative, or Provider's request, to complete Covered Services for specific conditions.

III. Continuity of Medi-Cal Covered Services and Prior Treatment Authorizations

All Members have the right to continue receiving Medi-Cal services covered under MHC's Contract when transitioning to MHC even in circumstances in which the Member does not continue receiving services from their pre-existing Provider.

A. Durable Medical Equipment Rentals and Medical Supplies

MHC will allow transitioning Members to keep their existing Durable Medical Equipment (DME) rentals and medical supplies from their existing Provider, under the previous Prior Authorization for a minimum of 90 days following their enrollment with MHC and the new equipment or supplies are in possession of the Member, and ready for use.

B. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)

For NEMT and NMT, MHC will allow Members to keep the modality of transportation under the previous Prior Authorization with a Network Provider until MHC is able to reassess the Member's continued transportation needs.

IV. Specific Contexts

There are other transitions for specific Member populations that MHC will allow COC for, which have distinct processing requirements and timelines.

A. Specialty Mental Health Services (SMHS) to Non-Specialty Mental Health Services (NSMHS) Transition – Continuity of Care for Approved Provider Types:

MHC will provide COC with an OON SMHS Provider in instances where a member's mental health condition has stabilized such that the Member no longer qualifies to receive SMHS from the MHP and instead becomes eligible to receive NSMHS from MHC. MHC will allow, at the request of the Member, authorized representative, or Provider, up to 12 months COC with the OON MHP Provider. After the COC period ends, the Member must choose a mental health Provider in MHC's Network for NSMHS.

B. Covered California to Medi-Cal Transition

To ensure that care coordination requirements are met, MHC will ask these Members if there are upcoming health care appointments or treatments scheduled and assist them. If the Member requests COC, MHC will help initiate the process at that time. MHC will honor any active prior treatment authorizations for 90 days for services that are covered under its Contract. MHC will, at the Member, authorized representative,

or Provider's request, offer up to 12 months of COC, in accordance with the requirements in this APL.

C. Pregnant and Post-Partum Members and Newborns

MHC will, at the request of a member, authorized representative, or Provider, provide the completion of Covered Services relating to pregnancy, during pregnancy, and immediately after the delivery (the post-partum period, which is 12 months), and care of a newborn child between birth and age 36 months, by a terminated or nonparticipating health plan Provider. These requirements apply for pregnant and post-partum Members and newborn children who transition from Covered California to Medi-Cal due to eligibility requirements.

D. Terminally Ill Members

MHC will, at the request of a member, authorized representative, or Provider, provide the completion of Covered Services of a Member with a terminal illness.

E. Medical Exemption Requests

A MER should only be used to preserve COC with a Medi-Cal FFS Provider. MHC is required to consider MERs that have been denied as automatic COC request to allow Members to complete courses of treatment with OON Providers.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	Deletha.Foster@molinahealthcare.com
	Shelly Lilly	858-614-1586	Michelle.Lilly@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
	Christian Diaz	562-549-3550	Christian.Diaz@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
	Carlos Liciaga	858-614-1591	Carlos.Liciaga@molinahealthcare.com
	Salvador Perez	562-549-3825	Salvador.Perez@molinahealthcare.com

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name and fax number and you will be removed within 30 days.*