

IMMUNIZATION REQUIREMENTS (APL 18-004)

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 Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- 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

FOR QUESTIONS CALL**PROVIDER SERVICES:**

(855) 322-4075, Extension:

Los Angeles/Orange Counties

122233	117079
120104	127657

Riverside/San Bernardino Counties

128010	127709
127684	

Sacramento County

126232	121360
121031	

San Diego County

120056	121588
120630	

Imperial County

125682	120153
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This is an advisory notification to inform our Molina Healthcare of California (MHC) network providers regarding requirements related to the provision of immunization services.

This notification is based on an All Plan Letter (APL) 18-004, which supersedes Policy Letter (PL) 96-013 and APL 07-015 and can be found in full on the DHCS website at <http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

BACKGROUND

MHC and its delegates are contractually required to cover a wide range of preventive services and screenings in accordance with United States Preventive Services Task Force (USPSTF) grade "A" or "B" recommendations, as well as American Academy of Pediatrics/Bright Futures for members under the age of 21. USPSTF views immunizations as preventive services and recommends that all immunizations be provided as recommended by the Advisory Committee on Immunization Practices (ACIP).

MHC and its delegates must provide childhood immunizations in accordance with the most recent childhood immunization schedule and recommendations published by ACIP for the Centers for Disease Control and Prevention (CDC), regardless of a member's age, sex, or medical condition, including pregnancy. Requirements also allow all members to access local health departments (LHDs) for immunizations and reimbursement to LHDs for the administration fee for immunizations administered to members, excluding immunizations for which the member is already up to date.

POLICY

MHC network providers are required to document each member's need for ACIP-recommended immunizations as part of all regular health visits, including, but not limited to the following types of encounters:

- Illness, care management, or follow-up appointments
- Initial Health Assessments (IHAs)
- Pharmacy services
- Prenatal and postpartum care
- Pre-travel visits
- Sports, school, or work physicals
- Visits to a LHD
- Well patient checkups

These services are not subject to prior authorization.

MHC requires all network providers to report immunization information to the appropriate immunization registry within 14 days of administering an immunization.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.

If you are not contracted with Molina and wish to opt out of the Just the Fax, call (855) 322-4075, ext. 127413. Please leave provider name and fax number and you will be removed within 30 days.