

## CONTINUITY OF CARE

**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**

x123071 x117079  
x120104 x111660  
x127657

**Riverside/San Bernardino Counties**

x128010 x127709  
x127684

**Sacramento County**

x126232 x121360

**San Diego County**

x120056 x121588  
x120630

**Imperial County**

x125682 x120153

This is an advisory notification to Molina Healthcare of California (MHC) network providers about the Continuity of Care (COC) provided by Medi-Cal Managed Care health Plans (MCPs).

The Department of Health Care Services (DHCS) has issued an All Plan Letter (APL) to clarify continuity of care requirements for Medi-Cal members who transition into Medi-Cal managed care. Please review APL 18-008 which supersedes APL 15-019 at:

<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

Medi-Cal members assigned a mandatory aid code and who are transitioning from Medi-Cal fee-for-service (FFS) into a Medi-Cal managed care health plan (MCP) have the right to request continuity of care in accordance with state law and the MCP contracts, with some exceptions. All MCP members with pre-existing provider relationships who make a continuity of care request to an MCP must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider. These eligible members may require continuity of care for services they have been receiving through Medi-Cal FFS or through another MCP.

The All Plan Letter clarifies the Transition of BHT Services from Regional Center (RC) to Medi-Cal Managed Care Plans (MCPs):

### Transition of BHT Services from RCs to MCPs

At least 45 days prior to the transition date, DHCS will provide MCPs with a list of members for whom the responsibility for BHT services will transition from RCs to MCPs, as well as member-specific utilization data. MCPs must consider every member transitioning from an RC as an automatic continuity of care request. DHCS will also provide MCPs with member utilization and assessment data from the RC prior to the service transition date. MCPs are required to use DHCS-supplied utilization data to identify each member's BHT provider(s) and proactively contact the provider(s) to begin the continuity of care process, regardless of whether a member's parent or guardian files a request for continuity of care. If the data file indicates that multiple providers of the same type meet the criteria for continuity of care, the MCP should attempt to contact the member's parent or guardian to

determine his or her preference. If the MCP does not have access to member data that identifies an existing BHT provider, the MCP must

contact the member’s parent or guardian by telephone, letter, or other resources, and make a good faith effort to obtain information that will assist the MCP in offering continuity of care. If the RC is unwilling to release specific provider rate information to the MCP, then the MCP may negotiate rates with the continuity of care provider without being bound by the usual requirement that the MCP offer at least a minimum FFS-equivalent rate. If the MCP is unable to complete a continuity of care agreement, the MCP must ensure that all ongoing services continue at the same level with an MCP in-network provider until the MCP has conducted an evaluation and/or assessment, as appropriate, and established a treatment plan.

**REQUIREMENTS FOR DELEGATED ENTITIES**

Molina does not delegate Continuity of Care (COC). Molina COC staff will notify the IPA to authorize Molina approved COC services to the member identified as transitioning from Regional Center to MCP for BHT services:

**IPA Responsibilities Quick Reference**

- IPA must review information sent from Molina and respond in writing by completing the “**Independent Practice Association**” section of the attached form (bottom section)
- Send Completed Continuity of Care form back to Molina via:
  - Fax: 800-811-4804
- If IPA is having issues with meeting the TAT or need additional information please call:
  - 800-526-8196
  - Elarie Alvarez x 127226;  
Supervisor: Roshona Hammock, LVN x 117247



Molina Healthcare of California  
Prior Authorization Request Form  
**CONTINUITY OF CARE**  
Fax: 800-811-4804

MEMBER INFORMATION			
Plan:	<input type="checkbox"/> Molina Medi-Cal	<input type="checkbox"/> Molina MMP (Duals)	<input type="checkbox"/> Molina Medicare <input type="checkbox"/> Other:
Member Name:			DOB:
Member ID#:			Phone: ( ) -
Service Type:	<input type="checkbox"/> Elective/Routine	<input type="checkbox"/> Expedited/Urgent*	
Referral/Service Type Requested			
<b>Inpatient</b>	<b>Outpatient</b>	<input type="checkbox"/> Rehab (PT, OT, & ST)	<input type="checkbox"/> Home Health
<input type="checkbox"/> Surgical procedures	<input type="checkbox"/> Surgical Procedure	<input type="checkbox"/> Diagnostic Procedure	<input type="checkbox"/> DME
<input type="checkbox"/> ER Admits	<input type="checkbox"/> SNF	<input type="checkbox"/> Wound Care	<input type="checkbox"/> Chiropractic
<input type="checkbox"/> Rehab	<input type="checkbox"/> LTAC	<input type="checkbox"/> Other:	<input type="checkbox"/> Infusion Therapy
Diagnosis Code & Description:			
CPT Code & Description:			
Number of visits requested:		Date(s) of Service:	
PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider's office:			
Providers Tax ID:	NPI #:		
Phone Number: ( ) -	Fax Number: ( ) -		
INDEPENDENT PRACTICE ASSOCIATION			
Member assigned IPA group:			
Member effective date:	Signature and date:		
Authorization #:	Authorization date:	Authorization term date:	
LOA in place: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Signature and date:		
For Molina Use Only:			

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**Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As**

**To opt out of Just the Fax: Call (855) 322-4075, ext. 127413.**  
Please leave provider name and fax number and you will be removed within 30 days.

***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.***

***MHC's policies and procedures have been updated to reflect the updates of the APL.***

**QUESTIONS**

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