

PROVIDER Update



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Continuity of Care Changes for CalViva Health Members

New requirements for FFS Medi-Cal members transitioning to Medi-Cal managed care

On December 7, 2018, the Department of Health Care Services (DHCS) issued revised All Plan Letter (APL) 18-008, notifying health plans of updated continuity of care (COC) requirements. CalViva Health and Health Net* are complying with the requirements in this APL, as outlined in this update.

CONTINUITY OF CARE CRITERIA

As a reminder, member requests for continuity of care with a provider must meet specified criteria.

- There are no documented provider quality-of-care issues where it is determined that the provider is ineligible to continue providing services to CalViva Health members.
- There is evidence of an ongoing relationship with the nonparticipating provider or terminated provider
- The nonparticipating provider is willing to accept the higher of CalViva Health's contract rates or Medi-Cal fee-for-service (FFS) rates.
- The provider is a California State Plan approved provider.
- The provider supplies CalViva Health with all relevant treatment information for medical necessity determination, including a current treatment plan, as long as it is allowable under federal and state privacy laws and regulations.

RETROACTIVE REQUESTS

CalViva Health and Health Net retroactively approve and reimburse providers for covered services that were already provided when the request meets all the above criteria and the services meet the following requirements:

- Services occurred after the member's enrollment into the health plan.
- Dates of service are within 30 calendar days of the first service for which the provider requests retroactive reimbursement.

Retroactive reimbursement requests must be submitted within 30 calendar days of the first service to which the request applies.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569
www.healthnet.com

NON-SPECIALTY BEHAVIORAL HEALTH SERVICES

CalViva Health and Health Net provide continuity of care with an out-of-network specialty mental health services (SMHS) provider in these instances:

- The member's behavioral health condition has stabilized such that the member no longer qualifies to receive SMHS from the county mental health plan (MHP).
- The member becomes eligible to receive non-specialty behavioral health services from MHN.

In these situations, the continuity of care requirement only applies to psychiatrists and/or behavioral health providers approved to provide outpatient, non-specialty mental health services.

Behavioral health services are administered through MHN. Contact CalViva Health at 1-888-893-1569 for more information.

CONTINUITY OF CARE CHANGES FOR MEDI-CAL MEMBERS

At the request of the member, provider or member's authorized representative, MHN must allow up to 12 months of continuity of care with an out-of-network county MHP provider. After the continuity of care period ends,

- The member must choose a behavioral health provider in MHN'S network for non-specialty mental health services.
- If the member later requires additional SMHS from the county MHP to treat a serious behavioral illness, and experiences sufficient improvement to be referred back to the MHN network for non-specialty mental health services, the 12-month continuity of care period may start over one time.

The member does not have the right to a new 12-month continuity of care period if the member requires SMHS from the MHP subsequent to the continuity of care period when the member returns to the MHN network provider or changes health plans.

HEALTH HOMES PROGRAM

CalViva Health provides continuity of care with an out-of-network provider for Medi-Cal FFS beneficiaries who voluntarily transition to a managed care plan for non-Health Homes Program (HHP) services. HHP services will be effective on July 1, 2019, in Fresno County only and are provided only through the managed care delivery system. Continuity of care with out-of-network providers is not available for HHP services.

ADDITIONAL INFORMATION

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on the provider website at provider.healthnet.com.

Additional information about SMHS can be located in the provider library under *Operations Manuals > Public Programs > Mental Health > Specialty Mental Health Services*.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.