

# PROVIDER Update



Health Net®

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## Continuity of Care Changes for Medi-Cal 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. Health Net\* is 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 Health Net 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 Health Net's contract rates or Medi-Cal fee-for-service (FFS) rates.
- The provider is a California State Plan approved provider.
- The provider supplies Health Net 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

Health Net retroactively approves and reimburses 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 a Health Net 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.

#### NON-SPECIALTY BEHAVIORAL HEALTH SERVICES

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

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
  - Kern
  - Los Angeles
    - Molina
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

PROVIDER SERVICES

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- 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, Health Net's behavioral health subsidiary. MHN contact information is located on the member's Health Net identification (ID) card.

## **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**

Health Net provides continuity of care with an out-of-network provider for Medi-Cal FFS beneficiaries who voluntarily transition to Health Net in order to enroll in the Health Homes Program (HHP). Because HHP services 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 Health Net's 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 Health Net's provider website at [provider.healthnet.com](http://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*.

If you have questions regarding the information contained in this update, contact the Health Net Medi-Cal Provider Services Center within 60 days at 1-800-675-6110.