

**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
- ☐ 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

## Understanding Continuity of Care (CoC)

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

**WHAT YOU NEED TO KNOW:**

As we approach the 2024 Medi-Cal Managed Care Plan (MCP) Transition, our goal is to ensure a seamless and uninterrupted experience for our members. As a valued partner and provider in our network, your role in this transition is crucial in assisting our members in navigating through the transition. The Molina team is here to guide you through the CoC process.

However, if you are a participating provider in our network, this advisory notification is more informational as Transitioning members can continue seeing you without any action required. This is referred to as Continuation of Services (CoS).

**Summary of CoC Rights:**

Continuity of Care (CoC) refers to a set of coordination policies designed to safeguard member access to care during the 2024 Medi-Cal MCP Transition. These policies help to ensure members maintain trusted relationships with providers and access to necessary services as they transition between MCPs. CoC for Providers enables transitioning members to continue receiving care from their existing providers for up to 12 months if specific regulatory requirements and criteria are satisfied, notwithstanding any exceptions.

**Eligible Members:**

- Medi-Cal Members who actively choose an MCP before January 1, 2024.
- Medi-Cal Members who are assigned to an MCP on January 1, 2024.

**Ineligible Members:**

- Medi-Cal Members who actively choose an MCP after January 1, 2024.

**Eligible Providers:**

- Primary Care Providers (PCP)
- Specialists
- Enhanced Care Management (ECM) Providers
- Community Supports (CS) Providers
- Skilled Nursing Facilities (SNFs)
- Community-Based Adult Services (CBAS) Providers
- Select Ancillary Providers:
  - Dialysis Centers
  - Physical therapists
  - Occupational therapists
  - Respiratory therapists
  - Mental health Providers
  - Behavioral health treatment (BHT) Providers
  - Speech therapy Providers

- Doulas
- Community Health Workers

### **Ineligible Providers:**

- Non- Medi-Cal enrolled Providers
- All other Ancillary Providers, such as:
  - Radiology
  - Laboratory
  - Non-emergency medical transportation (NEMT)
  - Non-medical transportation (NMT)
  - Other ancillary services

### **Molina Network Providers that are ALSO Network Providers for the Member's previous MCP:**

- Transitioning members can continue seeing you without any action required. This is referred to as Continuation of Services (CoS).
  - CoS is valid up to six (6) months.
  - During the six (6) month CoS period, Molina will assess clinical necessity for ongoing services.

### **Network Providers for the Member's previous MCP that are NOT Molina Network Providers:**

- Molina will honor existing Prior Authorizations for covered services rendered by eligible providers who are not contracted with Molina for up to 12 months of an active course of treatment, from Jan 1, 2024, to June 30, 2024.
  - Molina will contact eligible providers in a good faith effort to enter into a network provider agreement.

### **If you are NOT contracted for Medi-Cal with Molina, please review, and follow the CoC information below:**

#### **CoC Request Initiation:**

A Provider, member, or Authorized Representative may initiate a CoC with Molina as the Receiving MCP. Requests can be made prior to the date of service, up until **December 31, 2024**. If services were rendered prior to the CoC request, the requester must contact Molina **within 30 calendar days after the date of service** to request retroactive CoC.

#### **CoC Request Review and Decision:**

Molina will review the CoC requests to determine eligibility. The request must meet several criteria, including provider eligibility, Pre-Existing Relationship with the member, willingness to accept MCP rates, professional standards, and California Medicaid State Plan approval. Furthermore, the non-par requesting provider should indicate the urgency of the request prior to submission.

Molina confirms whether the requirements are met and notifies the member and provider of the decision (urgent, immediate, or non-urgent) within specified time limits.

#### **Processing Timeframes and Turnaround Times:**

- Molina must begin to process the request **within 5 working days** after receipt.
- Requests must be completed **within 30 calendar days** from the date of the request.
  - If the member's condition requires more immediate attention (e.g., upcoming appointments or other pressing care needs), requests must be completed **within 15 calendar days**.
  - If there is risk of harm, requests must be completed **in 3 calendar days**.

**Prior Authorization Update for 2024 Medi-Cal MCP Transition:**

We have removed prior authorization for a select number of CPT codes for 90 days, starting 1/1/24 through 3/31/24. Please refer to the PA Look-up Tool as the real-time reference point for authorization requirements.

**References:** DHCS has created a dedicated webpage for the 2024 transition for detailed information and health plan changes.

As a trusted provider in our network, you play a critical role in ensuring the continuity of care for transitioning members, especially those in Special Populations. Molina thanks you for your commitment to maintaining positive health outcomes and fostering trusted relationships with transitioning members.

Should you have any additional questions, please reach out to our **Provider Contact Center at 855-322-4075**.

***Thank you for your continued commitment and dedication to providing high-quality care to our Medi-Cal members!***

**WHAT IF YOU NEED ASSISTANCE?**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a> <a href="mailto:Teresa.Suarez2@molinahealthcare.com">Teresa.Suarez2@molinahealthcare.com</a> <a href="mailto:Laura.gonzalez3@molinahealthcare.com">Laura.gonzalez3@molinahealthcare.com</a>
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian	562-517-1014 562-549-3550 562-549-4809	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
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San Bernardino	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos	562-549-4403 562-549-3825 562-549-4900	<a href="mailto:Briana.Givens@molinahealthcare.com">Briana.Givens@molinahealthcare.com</a> <a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a> <a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>

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