**Provider Bulletin – August 2011**
**Extended Continuity of Care for Seniors and Persons with Disabilities Transitioning to Mandatory Managed Care**

As of June 1, 2011 Medi-Cal only Seniors and Persons with Disabilities (SPD) have been transitioned from fee-for-services (FFS) Medi-Cal into mandatory managed care.

The Department of Health Care Services (DHCS) requires health plans to provide a newly enrolled SPD the opportunity to request continued access to an out-of-network provider for 12 months. For purposes of this bulletin, this is referred to as the "extended continuity of care period" for SPDs.

To receive out-of-network access, a beneficiary must have an ongoing relationship with a FFS provider, the provider must be willing to accept either the health plan or Medi-Cal FFS rates; whichever is higher, and the health plan must determine that there are no quality of care issues with the provider. An ongoing relationship shall be determined by the health plan identifying a link between a newly enrolled SPD beneficiary and an out-of-network provider using FFS utilization data provided by DHCS.

A quality of care issue means that a health plan can document that they would not contract with this provider because of concerns with the quality of care that they provide, which would make them ineligible to provide services to any other health plan members.

Out-of-network provider access applies to physicians, surgeons, and specialists, but does not apply to durable medical equipment, transportation, or other ancillary services. It also does not include carved out services as the mandatory enrollment of SPDs into managed care does not impact the way that they access carved out services.

A beneficiary's current FFS provider is not required to join a health plan network during the extended continuity of care period. However, any provider who would like to continue treating these SPD beneficiaries is encouraged to work with the health plan to join their network.

Providers already in a health plan network are asked to inform their patients which plan(s) they contract with and to encourage their patients to join a health plan.

If you have any SPD beneficiaries who want to continue to see you for extended continuity of care purposes, please instruct them to contact their health plan to initiate the extended continuity of care process.

If you have any questions or need additional information on the SPD transition please access the SPD website at http://dhcs.ca.gov/SPDinfo.

**Additional Information**

If a particular SPD beneficiary has been referred to you, an appointment has been made, and there is a medical reason for keeping that appointment (e.g., a surgery that is already scheduled), the beneficiary may be able to continue to see you as an out-of-network provider for the purposes of the scheduled treatment, even if the newly-enrolled beneficiary has never seen you before. Please instruct the beneficiary to contact the health plan for more information about the completion of covered services per Health and Safety Code, Section 1373.96.

If you believe that a beneficiary you are providing services to is in need of a temporary exemption from managed care, please work with them to process a Medical Exemption Request (MER). Information on the MER process can be found by calling Health Care Options (HCO) at **1-800-430-4263** or by visiting their website at:

http://www.healthcareoptions.dhcs.ca.gov/HCOCSP/Enrollment/Exception_to_Plan_Enrollment_Forms.aspx

Certain beneficiaries are also excluded from mandatory managed care. Beneficiaries that will remain voluntary for purposes of managed care include:

- Dual Eligibles, or those with Medicare
- Foster Children
- Those identified as receiving Long Term Care (LTC)
- Those with Other Health Insurance
- Those with Share of Cost (SOC) Medi-Cal
- Those receiving California Children's Services (CCS) - Although currently excluded, CCS may become mandatory in the future.

If you know of a beneficiary who fits in one of the excluded categories above and who received a notice in error requiring him/her to enroll in mandatory managed care, please advise the beneficiary to contact HCO at the number above.