

Low Income Health Program (LIHP)

Transition to Medi-Cal Managed Care - Continuity of Care

Initial Health Assessment (IHA)

Managed care plans (MCPs) must administer an IHA to all new members transitioning from the LIHP within the first 120 days of enrollment unless the LIHP provider administered an IHA to the enrollee within the 12 months prior to enrollment into the MCP, AND

- Either the new enrollee stays with his or her same medical home that the individual was assigned to under the LIHP upon transition into a MCP, OR
- The MCP obtains a copy of the IHA from the LIHP provider and provides it to the new medical home.

Regardless of the administration date of the previous IHA, the assessment must be administered to any enrollee upon request, and if the member's health status or life circumstances have changed significantly in the past year.

Providers and Services

1. Medical Home Assignment – DHCS will provide the LIHP medical home assignment [National Provider Identification (NPI) number] to MCPs for their assigned LIHP members about 30 days prior to the transition, either through the HCO weekly plan file or through a supplemental file. DHCS will auto-assign members to plans that contract with their LIHP medical home where possible. MCPs will assign transition members to their LIHP medical home according to the LIHP medical home data provided by DHCS.
2. Provider Continuity for Ongoing Services – H&S Code Section 1373.96, regarding MCPs, requires that completion of services (for specified conditions and periods of time) will be provided by a non-participating provider to a new enrollee who, at the time his or her coverage became effective, was receiving services from that provider. The provider must agree to work with the plan and meet quality criteria.
3. Beneficiary Request for Continuity – Beneficiaries have the right to request from the MCP 12 months of continuity of care with a **specialist or primary care provider** (without regard to the condition criteria of H&S 1373.96) if an existing relationship can be demonstrated between the member and the provider.

4. MCP Continuity Limits – Continuity of care service requirements are limited to physician services that are the responsibility of the MCP and are not applicable to: a) MCP carve-out services; b) other types of care, such as Durable Medical Equipment (DME) or ancillary services; and, c) services that are not covered by Medi-Cal. Also, Medical Exemption Requests (MERs) are **not applicable** for the LIHP transition population because they are not transitioning from Medi-Cal FFS.

Pharmaceuticals

1. Timely Authorization – W&I Code Section 14185 requires timely and efficient processing of authorization requests for drugs (when prescribed for plan enrollees) that are: a) covered under the terms of the plan's contract with DHCS; and, b) require authorization from the plan.
2. Emergency 72-hour Supply - When a prescription is denied at the point of service for lack of prior authorization, the pharmacist is allowed, in an emergency, to dispense a 72-hour supply of the drug. If the drug is not carved out of the MCP responsibilities, the MCP will pay the provider for the emergency supply.
3. Non-formulary Drugs - MCPs will ensure that if a LIHP member is stabilized on a specific medication, that medication will be available through the transition, at least until the member can be seen by a plan doctor, even if the drug is not on the MCP formulary.
4. MCP Carve-out Mental Health and Substance Use Disorder (SUD) Drugs – DHCS will provide automatic fee-for-service (FFS) authorization for LIHP-prescribed Mental Health and SUD drugs for a period of months after the transition, including drugs that are not on the DHCS FFS formulary, if the LIHP member has been **stabilized** on the specific medication.

LIHP Member Data

1. Utilization Data – DHCS will transfer individual LIHP member utilization data to the Member's assigned MCP approximately 30 days prior to the transition. Because of privacy requirements, DHCS will not transfer Substance Use Disorder utilization data and Mental Health data will likely be limited.
2. Open Authorization and Scheduled Services – LIHPs are required to work with MCPs to provide information about open authorizations and scheduled services. Approximately 30 days prior to the transition, DHCS will provide a data file to LIHPs indicating their members' Medi-Cal MCP assignment so the LIHP can provide member-specific information to the appropriate MCP.
3. MCP Reporting – After the transition, MCPs will submit quarterly reports for the transition population to DHCS that include information about the transitioning population, including continuity of care information. Specific reporting requirements are in development.