



Policy: GG.1107
Title: **Coverage for Members
Transitioning between
CalOptima Health and a Health
Network or between Health
Networks, including CalOptima
Health Community Network**

Department: Medical Management
Section: Utilization Management

CEO Approval: /s/ Michael Hunn 12/20/2024

Effective Date: 10/10/1995

Revised Date: 12/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy clarifies responsibility for coverage after a Member is determined to be eligible for healthcare coverage through CalOptima Health, but prior to the Member's enrollment in a Health Network, including CalOptima Health Community Network (CHCN); during the Member's transition between Health Networks and CHCN; or during the Member's transition from a Health Network, or CHCN, to CalOptima Health Direct Administrative (COHD-A).

II. POLICY

- A. CalOptima Health shall ensure Continuity of Care for Members, in accordance with CalOptima Health Policies GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services, MA.6021a: Continuity of Care for New Members, and as outlined in this Policy.
- B. CalOptima Health Direct Administrative (COHD-A) is responsible for Covered Services for a Medi-Cal Member from the date a Member is determined eligible for Medi-Cal through CalOptima Health to the Member's effective date of enrollment with a contracted Health Network, or CalOptima Health Community Network (CHCN).
- C. A Health Network or CHCN shall assume full responsibility for a Member upon the Member's effective date of enrollment in the Health Network or CHCN including responsibility for Covered Services for a Member who, on the effective date, is hospitalized or in an Active Treatment Plan for services including, but not limited to:
 - 1. Radiation therapy;
 - 2. Chemotherapy;
 - 3. Chronic renal dialysis;
 - 4. Acute hospitalization;
 - 5. Inpatient obstetrics; and

6. Surgery.

- D. A Health Network or CHCN is responsible for Covered Services for a Member from the Member's effective date of enrollment in the Health Network or CHCN up to the Member's effective date of enrollment in another Health Network, CHCN, or COHD-A.
- E. CalOptima Health, CHCN, or a Member's Health Network shall bear responsibility for any customized Durable Medical Equipment (DME), such as a custom Wheelchair or prosthesis, beyond the Seating Clinic evaluation process that COHD-A, CHCN, or the Health Network authorizes for purchase, even if the delivery date occurs after the Member's effective date of enrollment in another Health Network, or CHCN.
- F. If a Member changes Health Networks during the Seating Clinic evaluation process, the Health Network or CHCN that the Member is enrolled in on the date the Seating Clinic's licensed physical therapist signs the assessment shall bear responsibility for the assessment, recommended equipment procurement, and the fitting of the seating system.
- G. A Health Network or CHCN shall request and coordinate the transfer of Medical Records for a Member who is receiving case management with the Member's former Health Network, CHCN, or with COHD-A at the time of transition.

III. PROCEDURE

- A. CalOptima Health shall notify a Health Network's Case Management Department of a Member who is receiving case management prior to the Member's effective date of enrollment with the Health Network. CalOptima Health shall coordinate within its Case Management Department for a Member who is receiving Case Management prior to the Member's effective date of enrollment with CHCN.
- B. A Health Network shall notify CalOptima Health's Case Management Department, or a Receiving Health Network's Case Management Department, of a Member who is receiving Case Management prior to the Member's effective date of enrollment with COHD-A, CHCN, or the Receiving Health Network.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health, Health Network Service Agreement
- D. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- E. CalOptima Health Policy MA.6021a: Continuity of Care for New Members
- F. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee- for- Service on or After January 1, 2023 (Supersedes APL 22-032)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/10/1995	GG.1107	Coverage for Members Transitioning between CalOptima Direct and a Health Network or between Health Networks	Medi-Cal
Revised	03/01/1999	GG.1107	Coverage for Members Transitioning between CalOptima Direct and a Health Network or between Health Networks	Medi-Cal
Revised	04/01/2007	GG.1107	Coverage for Members Transitioning between CalOptima Direct and a Health Network or between Health Networks	Medi-Cal
Revised	03/01/2015	GG.1107	Coverage for Members Transitioning between CalOptima Direct and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal
Revised	11/01/2015	GG.1107	Coverage for Members Transitioning between CalOptima and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1107	Coverage for Members Transitioning between CalOptima and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal OneCare OneCare Connect
Revised	10/01/2017	GG.1107	Coverage for Members Transitioning between CalOptima and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal OneCare OneCare Connect
Revised	12/01/2018	GG.1107	Coverage for Members Transitioning between CalOptima and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal OneCare OneCare Connect
Revised	05/01/2020	GG.1107	Coverage for Members Transitioning between CalOptima and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal OneCare OneCare Connect
Revised	04/01/2021	GG.1107	Coverage for Members Transitioning between CalOptima and a Health Network or between Health Networks, Including CalOptima Community Network	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1107	Coverage for Members Transitioning between CalOptima Health and a Health Network or between Health Networks, Including CalOptima Health Community Network	Medi-Cal OneCare

Action	Date	Policy	Policy Title	Program(s)
Revised	12/31/2023	GG.1107	Coverage for Members Transitioning between CalOptima Health and a Health Network or between Health Networks, Including CalOptima Health Community Network	Medi-Cal OneCare
Revised	12/01/2024	GG.1107	Coverage for Members Transitioning between CalOptima Health and a Health Network or between Health Networks, Including CalOptima Health Community Network	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Active Treatment Plan	Services provided under an individual treatment or diagnostic plan, supervised and evaluated by a physician, to improve a patient's condition and to diagnose a condition.
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
CalOptima Health Direct Administrative (COHD-A)	The managed Fee-For-Service health care program operated by CalOptima Health that provides services to Members as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Continuity of Care	Services provided to a Member rendered by an out-of-network provider with whom the Member has a pre-existing Provider relationship.

Covered Services	<p>Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However,
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Term	Definition
	<p>CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</p> <p>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</p> <p>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</p> <p>12. State Supported Services;</p> <p>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005;</p> <p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.</p>
Durable Medical Equipment	<p><u>Medi-Cal</u>: Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.</p> <p><u>OneCare</u>: Durable medical equipment means equipment prescribed by a licensed practitioner to meet medical equipment needs of the Member that:</p> <ol style="list-style-type: none"> 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Is not useful to a Member in the absence of an illness, injury, functional impairment or congenital anomaly; and 4. Is appropriate for use in or outside of the Member's home.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in a CalOptima Health program.
Receiving Health Network	A Health Network to which a Member is transitioning.

Term	Definition
Seating Clinic	A CalOptima Health contracted utilization management evaluation by a multidisciplinary team led by a principal therapist to evaluate a Member's needs for a Custom Seating System, recommend the most appropriate Custom Seating System, fit the Custom Seating System, and Report UM activity.