



Policy: MA.4011
Title: **OneCare Member Notification of Change in Location or Availability of Providers or Covered Services**
Department: Customer Service
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 12/16/2024

Effective Date: 10/01/2005
Revised Date: 12/01/2024

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

I. PURPOSE

This policy describes the processes by which CalOptima Health shall notify OneCare Members of changes in the location or availability of Providers and/or Covered Services.

II. POLICY

- A. Subject to the provisions of this Policy, CalOptima Health shall provide notification of changes in the location or availability of Providers and/or Covered Services to Members in accordance with the Centers for Medicare and Medicaid Services (CMS) Code of Federal Regulations (CFR) Section 422.111(e).
- B. A Health Network shall notify the CalOptima Health Network Relations Department of a change in the availability or location of Covered Services or termination of a Contracted Provider at least ninety (90) calendar days prior to the termination in accordance with CalOptima Health Policy GG.1652: DHCS Notification of Change in the Availability of Location of Covered Services.
- C. CalOptima Health shall notify the affected Member of a termination of a Contracted Provider, in accordance with CalOptima Health Policy MA.4010: Health Network and Primary Care Provider (PCP) Selection, Assignment, and Notification.
- D. CalOptima Health shall submit significant changes in the availability or location of Covered Services to the Centers for Medicare & Medicaid Services (CMS) for review and approval, in accordance with CalOptima Health Policy MA.2001: Marketing Material Standards.
- E. CalOptima Health shall submit new Member Notices or changes to existing Member Notices to CalOptima Health's Compliance department for review and approval.
- F. CalOptima Health shall provide continuity of coverage for care a Member is receiving if their Provider is leaving the network in accordance with CalOptima Health Policy MA.6021: Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners.

III. PROCEDURE

A. Notification Requirements for Provider Terminations

1. CalOptima Health shall provide written notice to affected Members within forty five (45) calendar days of termination of a PCP and Members who have been patients of the terminating primary care or Members who have been patients of a behavioral health Provider within the past three (3) years.
2. CalOptima Health shall provide written notices to affected Members within thirty (30) calendar days of a termination of a Contracted Provider that is not a PCP or behavioral health Provider to all Members who are patients and have received care within the past three (3) months.
3. The Provider termination notice shall provide information about the Annual Election Period (AEP) and the MA Open Enrollment Period (MA-OEP) and shall explain that a Member who is impacted by the Provider termination may contact 1-800-MEDICARE to request assistance in identifying and switching to other coverage, or to request consideration for a Special Election Period (SEP).
4. CalOptima Health shall send both a written notice and a minimum of one (1) attempt for telephonic notice to impacted Members who have not opted out of receiving telephonic communication with CalOptima Health to provide notice of the termination to a Member that involves a PCP or behavioral health Provider.
5. The written Provider termination notice shall:
 - a. Inform the Member that the Provider will no longer be in the network and the date the Provider will leave the network;
 - b. Include name, address, and phone number of the in-network Provider that the Member may access for continued care and how the Member may select a different PCP if he or she is not satisfied with their new PCP assignment;
 - c. Explain how the Member may request a continuation of ongoing medical treatment or therapies with their current Provider;
 - d. Provide information about the annual coordinated election period and the MA-OEP, as well as explain that a Member who is impacted by the Provider termination may contact 1-800-MEDICARE to request assistance in identifying and switching to other coverage, or to request consideration for an SEP; and
 - e. Include CalOptima Health's OneCare Customer Service telephone number, TTY number, hours and days of operation.
6. The telephonic Provider termination notice must relay the same information as the written Provider termination notice as described in III.A.5. of this Policy.
7. In the case of unforeseen circumstances (i.e., if the Health Network or CalOptima Health received a Provider termination notice that less than forty five (45) calendar days for PCP or behavioral health Provider or less than thirty (30) calendar days for Provider that is not a PCP or behavioral health Provider), the Health Network or CalOptima Health shall notify Members enrolled in the Health Network as soon as possible.

8. If a Health Network terminates a Contracted Provider's contract without prior notice as a result of endangering the health and safety of Members, committing criminal or fraudulent acts, or engaging in grossly unprofessional conduct, the Health Network or CalOptima Health shall provide notice to affected Members within thirty (30) calendar days after the date of the contract termination.

B. Notification Requirements for Change or Availability of Covered Services

1. For changes in Covered Services that take effect on January 01, CalOptima Health shall notify all Members no later than September 30th of the the previous year.
2. For all other changes in Covered Services, CalOptima Health shall notify all Members at least thirty (30) calendar days before the effective date of the change.
3. CalOptima Health's notice to Members shall include a description of the change and/or availability of Covered Services, and instructions for obtaining those Covered Services affected by the change.
4. CalOptima Health's notice to Members shall include a description of the change in availability or location of Covered Services, and instructions for obtaining those Covered Services affected by the change.
5. In the event of a natural disaster or emergency, CalOptima Health shall notify Members of any significant changes in the availability or location of Covered Services, as soon as possible.

C. Notification Requirements for Change in Location of Covered Services.

1. For changes in the location of Covered Services, CalOptima Health shall notify all Members at least thirty (30) calendar days before the effective date of the change.
2. CalOptima Health's notice to Members shall include a description of the change in location of Covered Services including new address and phone number of the Provider, and instructions for obtaining those Covered Services affected by the change.

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 Policy MA.2001: Marketing Material Standards
- C. CalOptima Health Policy MA.4010: Health Network and Primary Care Provider Selection, Assignment and Notification
- D. CalOptima Health Policy MA.6021: Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners
- E. Centers for Medicare & Medicaid Services (CMS) Medicare Managed Care Manual, Chapter 4, Benefits and Beneficiary Protections
- F. Title 42, Code of Federal Regulations (C.F.R), §§422.111(e) and 422.2267

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	10/01/2005	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	07/01/2007	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	08/01/2012	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	02/01/2014	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	04/01/2016	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	05/01/2017	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	06/01/2018	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	10/01/2019	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	10/01/2020	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	02/01/2022	MA.4011	Notice in Change in Location and Availability of Covered Services	OneCare
Revised	12/01/2023	MA.4011	OneCare Member Notification of Change in Location or Availability of Providers or Covered Services	OneCare
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IX. GLOSSARY

Term	Definition
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Continuity of Care	Continuity of care refers to the continuous flow of care in a timely and appropriate manner. Continuity includes: <ol style="list-style-type: none"> 1. Linkages between primary and specialty care; 2. Coordination among specialists; 3. Appropriate combinations of prescribed medications; 4. Coordinated use of ancillary services; 5. Appropriate discharge planning; and 6. Timely placement at different levels of care including hospital, skilled nursing, and home health care.
Contracted Provider	A Provider who is obligated by a written contract to provide Covered Services to Members on behalf of CalOptima Health or a Health Network.
Covered Service	Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers for Medicare & Medicaid Services (CMS) Contract.
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 the CalOptima Health OneCare program.
Primary Care Provider (PCP)	A physician who focuses their practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under OneCare.
Provider	Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Sales and Marketing Vendor	A vendor contracted with CalOptima Health to provide sales and marketing functions for OneCare.