

Network Provider Update

To: Medi-Cal network participants

October 2023

From: Melinda Kjer
Director, Provider Relations and Contracting

Subject: **All Plan Letter 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**

The Department of Health Care Services (DHCS) recently issued [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." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 23-022 explains how continuity of care will be provided to Medi-Cal members following their January 1, 2023, mandatory transition from fee-for-service to enrollment in managed care plans (MCPs) such as Blue Shield of California Promise Health Plan.

To submit a continuity of care request, please complete our [Continuity of Care form](#) and fax it to **(855) 895-3506** or call our Provider Services team at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.

This APL is similar to but supersedes APL 22-032. Key differences include:

1. APL 23-022 removes references to beneficiaries who are transitioning due to an MCP contract change. Their continuity of care needs are addressed the policy guide introduced in [APL 23-018](#).
2. APL 23-022 eliminates the requirement for MCPs to pay claims for prior or existing authorizations with incomplete data.

APL summary

- Members may request up to 12 months of continuity of care with a provider with whom they have a pre-existing relationship (i.e., they have seen the now out-of-network provider at least once in the last 12 months).
- Continuity of care protections extend to primary care providers, specialists, and select ancillary providers, including physical therapy; occupational therapy; respiratory therapy; behavioral health treatment; and speech therapy providers.
- Continuity of care protections do not extend to all other ancillary providers such as radiology; laboratory; dialysis centers; non-emergency medical transportation; non-medical transportation; other ancillary services; and non-enrolled Medi-Cal providers.
- The APL explains how MCPs should process requests for continuity of care, including timelines, verifications, member notifications, and more.
- Certain health conditions and contexts have different timelines for how long continuity of care will be provided.

- Members may continue to use their provider for durable medical equipment and supplies for a minimum of 90 days and until the MCP is able to reassess.
- Members may keep the modality of non-emergency medical transport or non-medical transport they are currently using until the new MCP is able to reassess.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 23-022 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-022.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

If you have questions about applying a benefit to Blue Shield Promise members, please contact Blue Shield Promise Provider Services via Live Chat after logging in at www.blueshieldca.com/provider or call **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.