

Network Provider Update

To: Medi-Cal network participants

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From: Manuel T.G. Enriquez 
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Subject: **All Plan Letter 22-032: Continuity of care for Medi-Cal Beneficiaries who newly enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, and for Medi-Cal members who transition into a new Medi-Cal Managed Care Health Plan on or after January 1, 2023**

The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 22-032](#), "Continuity of care for Medi-Cal Beneficiaries who newly enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, and for Medi-Cal members who transition into a new Medi-Cal Managed Care Health Plan 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 22-032 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.

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.

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 22-032 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-032-Continuity-of-Care.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.