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JUST THE FAX

January 31, 2019

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THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- ☐ Imperial
- ⋈ Riverside/San Bernardino
- □ Orange
- $\hfill\square$ San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☑ Molina Marketplace (Covered CA)

PROVIDER TYPES:

Primary Care

- □ Directs

Specialists

- □ Directs
- ⊠ IPA

Ancillary

- □ CBAS
- SNF/LTC
 SNF/LTC
- ⊠ DME
- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

Los Angeles/Orange Counties

X111113 X123017 X127657 X120104

Riverside/San Bernardino Counties

X127684 X128010 X120618

Sacramento County

X126232 X121360

San Diego County

X121805 X121401 X127709 X121413 X123006 X121599

Imperial County

X125682 X125666

Golden Shore Medical Group Transition

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding MHC's contract expiration with Golden Shore Medical Group (GSM) effective January 31, 2019.

MHC values our providers and IPAs and are thankful for your continued partnership. We are entrusting that our members have the care they need and we want this to be a successful transition for them. We appreciate your continued engagement with our updates. Below are some reminders that will be helpful for you as part of the transition:

When available, members will retain their existing PCP under another contracted IPA affiliation. All other previously assigned GSMG members will be transitioned to a new PCP to ensure continued access to care. All IPA and PCP changes will be effective February 1, 2019.

Prior Authorizations

If you are receiving members as a result of the Golden Shore Medical Group Transition, please load the open authorizations into your system as quickly as possible. All Open Authorizations must be honored or submitted to MHC for Continuity of Care review.

For authorizations that have already expired, you do not need to load these into your system.

For authorizations that were recently generated by Golden Shore Medical in the last 2 weeks that have an expiration date of 1/31/19, please treat these as a new authorization. Please open up a new authorization for 3 months.

MHC will ensure continuity of care for existing members in an active course of treatment despite discontinuation of a contract between MHC and the member's provider or facility.

As a reminder we asked during our UM Webinar last Thursday, January 24, 2019, all IPAs submit an update on a log provided by MHC of the status of open authorizations. The due dates as indicated on the log to MHC are: 1/25/2019, 1/29/2019, 1/31/2019, 2/6/2019. We have attached a template log for your convenience (see attachment on page three).

Continuity of Care (COC)

MHC must provide COC with a non-contracted provider as part of the Block Transfer when:

- MHC or the IPA/MG is not contracted with the existing provider, and is unable to secure an Letter of Agreement (LOA) and begin contract negotiations
- Provider is willing to accept the higher of MHC/IPA contract rates, Medicare rates or Medi-Cal Fee-for-Service (FFS) rates
- Provider meets MHC's applicable professional standards and has no disqualifying quality of care issues.
- Services are covered by line of business

MHC is required to provide completion of covered services for the following conditions:

- Acute
- Serious chronic
- Pregnancy and Post-Partum Period
- Newborn child from birth to age 36 months,
- · Duration of a terminal illness
- Performance of a surgery or other procedure that is authorized by the plan as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage.

Claims

For claims with a date of service prior to 1/31/19, please submit directly to Golden Shore Medical Group. For dates of service 2/1/19 and after, claims should be submitted to the new receiving medical groups.

MHC will monitor claims processing run out with Golden Shore Medical Group.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

Authorization Log

All fields REQUIRED

DUE on: 1/25/2019, 1/29/2019, 1/31/2019, 2/6/2019

	Total Authorizations
# of Open Authorizations Received:	
# of Authorizations Processed:	
# of Authorizations submitted for Continuity of Care (COC):	
# IPA/Medical Group Provided COC authorization to Molina:	
# of Authorizations Completed (IPA/COC):	
# of Authorizations Remaining Untouched:	

IPA/MG Name:

Submission Date: Email on due date to:

MHC UM Block Transfer@molinahealthcare.com