

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:****COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- Medical Group/ IPA/MSO**
  - Primary Care**
  - IPA/MSO
  - Directs
- Specialists**
- Directs
- IPA
- Hospitals**
  - Ancillary**
  - CBAS
  - SNF/LTC
  - DME
  - Home Health
  - Other

## Authorizations for Post-Stabilization Care Services APL 23-009

This is an advisory notification to Molina Healthcare of California (MHC) network providers to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services.

This notification is based on All-Plan Letter (APL) 23-009, which can be found in full on the Department of Health Care Services (DHCS) website at:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-009.pdf>.

### **Background**

MHC is responsible for coverage and payment of Emergency Services and post-stabilization care services regardless of whether the Provider that furnishes the services is a Network Provider, Subcontractor, Downstream Subcontractor, or Out-of-Network Provider. This is further reiterated in the MCP Contract and section 1300.71.4 of Title 28 of the California Code of Regulations (CCR), which sets forth the rules for Emergency Medical Condition and post-stabilization responsibilities for Medically Necessary Covered Services after stabilization of an Emergency Medical Condition and until a Member can be discharged or transferred.

### **What you need to know:**

In accordance with Title 28 CCR section 1300.71.4, when a Member is stabilized, but the health care Provider believes that they require additional Medically Necessary Covered Services and may not be discharged safely, MHC, "shall approve or disapprove a health care provider's request for authorization to provide necessary post stabilization medical care within one half hour of the request." To clarify, the "health care provider" as referenced herein refers to both Out-of-Network Providers (i.e., noncontracting Providers) and Network Providers. Title 28 CCR section 1300.71.4, and specifically the "one half hour" requirement, must apply to all Network Provider Agreements, as well as all applicable Subcontractor and Downstream Subcontractor Agreements.

### **What you need to do:**

If MHC fails to approve or disapprove a health care Provider's request for authorization to provide Medically Necessary post-stabilization care services, the Medically Necessary post-stabilization care services are deemed as authorized if:

- 1) MHC does not respond to a request for pre-approval within the time allotted, which is one half hour per Title 28 CCR section 1300.71.4;
- 2) MHC cannot be contacted; or
- 3) MHC and the treating Provider cannot reach an agreement concerning the Member's care and an MHC physician is not available for consultation.

In this situation, MHC must give the treating Provider the opportunity to consult with an MHC physician and the treating Provider may continue with care of the Member until an MHC physician is reached or one of the following criteria is met:

- a) An MHC physician with privileges at the treating Provider’s hospital assumes responsibility for the Member’s care;
- b) An MHC physician assumes responsibility for the Member’s care through transfer;
- c) MHC and the treating Provider reach an agreement concerning the Member’s care; or
- d) The Member is discharged.

MHC is financially responsible for post-stabilization care services obtained from Out-of-Network Providers and Network Providers that are not pre-authorized by MHC, but administered to maintain, improve, or resolve the Member's stabilized condition. All requests for authorization, and all responses to such requests for authorization, of Medically Necessary post-stabilization care services must be fully documented. Documentation must include, but not be limited to, the date and time of the request, the name of the health care Provider making the request, and the name of the MHC representative responding to the request.

For additional information, reference CCR section 1300.71.4 of Title 28 at:

[https://govt.westlaw.com/calregs/Document/I96EA7B714C8A11ECA45D000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I96EA7B714C8A11ECA45D000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)).

**What if you need assistance?**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a>
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	Christian Diaz	562-549-3550	<a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a>
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