

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Continuity of Care	Policy No.: HS-CC15
Department: Dual Special Needs Clinical Programs	
Cross-Functional Departments: Behavioral Health, Care Management, Member Services, Pharmacy, Provider Services	
Effective Date: 01/2026	Last Revision Date: 01/2026
Director or Officer Signature: Cammie Flores, RN, BSN, MBA, CCM Sr. Care Management and D-SNP Clinical Operations Director	Officer Signature: Maya Heinert, MD, MBA, FAAP Chief Medical Officer

I. Purpose:

This policy applies solely to CenCal Health's Dual Special Needs Program line of business. It outlines (1) CenCal Health's responsibilities to ensure continuous and uninterrupted care for its Members and (2) the process through which newly enrolling Members may request continued care from primary care and specialty providers with whom they have pre-existing relationships.

II. Policy:

- A. CenCal Health shall ensure Continuity of Care and integration of services for its D-SNP Members through its arrangements with contracted Providers.
- B. CenCal Health shall ensure that any individuals who enroll in its D-SNP Plan have the opportunity to request continuation of care from any of their existing, Out-Of-Network providers, and that CenCal Health has a process to evaluate and act on these requests.
- C. CenCal Health shall provide Continuity of Care for a newly enrolled Member to prevent the delay, or interruption, of Medically Necessary Covered Services if the following circumstances exist:
 1. The Member has an existing relationship with a Primary or Specialty Care Provider.
 - a. An existing relationship means the Member has seen an Out-of-Network Primary Care Provider (PCP) or a specialty care Provider at least once during the twelve (12) months prior to the date of their initial enrollment for a non-emergency visit and may be determined through but not be limited to:
 - i. The Health Risk Assessment (HRA) process; or

- ii. Review of prior utilization data; or Members request
- iii. CenCal health shall provide Continuity of Care for Primary and Specialty Providers upon request by Member,
- iv. CenCal Health shall consider approving the completion of Covered Services without interruption for a Member who has one of the following conditions in accordance with the terms and conditions of this policy:
 - a. An Acute Condition;
 - b. Serious Chronic Condition;
 - c. A pregnancy;
 - d. A Terminal Illness; or
 - e. A performance of a surgery or other procedure that has been authorized as part of a documented course of treatment and has been recommended and documented by a Practitioner to occur within one hundred and eighty (180) calendar days after the effective date of the Member's enrollment in CenCal CareConnect
- D. CenCal Health shall ensure that Members who transition into CenCal CareConnect with an existing PCP who is in the CenCal CareConnect network shall be assigned to that PCP unless they choose otherwise.
- E. CenCal Health will provide at a minimum a 90 day transition period for any active course(s) of treatment when a member has enrolled in CenCal CareConnect after starting a course of treatment, even if the service is furnished by an out-of-network provider. This includes members new to CenCal Health and members new to Medicare.
- F. CenCal Health will not disrupt or require authorization for an active course of treatment for new plan members for a period of at least 90 days
- G. CenCal Health shall ensure that its Members have continuous access to their medically necessary, Medicare-covered durable medical equipment and supplies ("DME").
- H. CenCal Health ensures its Members receive information regarding access to Out-Of-Network coverage and the extent to which they may obtain benefits through Out-Of-Network Providers.
- I. CenCal Health shall comply with Cal. H&S Code section 1373.96, which offers additional protections for Members to continue seeing a terminated or non-participating Provider, at a Member's, Authorized Representative's, or Provider's request.

III. Procedure:

A. Continuity of Care Requirements in Arrangements with Contracted Providers

1. CenCal Health's arrangements with contracted Providers shall include:

1. Policies that specify under what circumstances services are coordinated and the methods for coordination
2. Offering to provide each Member with an ongoing source of primary care and providing a primary care source to each Member who accepts the offer;
3. Programs for coordination of plan services with community and social services generally available through contracting or noncontracting Providers in the area CenCal Health's D-SNP Plan serves;
4. Procedures to ensure that CenCal Health's D-SNP Plan and its Provider network have the information necessary for effective and continuous patient care and quality review, including but not limited to:
 - i. Appropriate, confidential exchange of information among provider network components.
5. Procedures to ensure that Members are informed of specific health care needs that require follow-up and receive, as appropriate, training in self-care and other measures they may take to promote their own health;
6. Systems to address barriers to Member compliance with prescribed treatment regimens.
7. Coordination of drug benefits administered by the plan, including processes to:
 - i. Ensure timely and accurate point-of-sale transactions
 - ii. Issue the determination and authorize or provide the benefit under Part A or Part B or Part D as expeditiously as the Member's health condition requires
8. Policies for using prior authorization for basic benefits, in accordance with CenCal Health's policy and procedure [HS-CC03: Utilization Review – Prior Authorization, Concurrent Review, and Retrospective Review.
 - i. Continuity of Care – Members' Pre-existing, Out-of-Network Providers

B. Twelve (12) Month Continuity of Care Period

1. CenCal Health shall offer a twelve (12) month Continuity of Care period

with a Member's Out-Of-Network provider from the date of enrollment, upon approval of the request if the following circumstances are satisfied:

- a. The Member has seen the Out-Of-Network Primary or Specialty Care Provider for a non-emergency visit at least once in the twelve (12) months preceding their enrollment in CenCal CareConnect;
 - b. The Provider is willing to accept payment from the CenCal Health based on the current Medicare fee schedule, as applicable; and
 - c. CenCal Health does not have any documented quality of care concerns that would lead CenCal Health to exclude the Provider from its network.
2. If the Member leaves CenCal CareConnect and later rejoins CenCal CareConnect, CenCal Health must offer the Member a twelve (12)-month continuity of care period based on the date of enrollment, regardless of whether the Member received continuity of care in the past.
 3. If a Member changes D-SNP plans, the continuity of care period may start over one (1) time. If the Member changes D-SNP plans a second time (or more), the continuity of care period does not start over.
 4. CenCal Health may extend the Continuity of Care period by more than twelve (12) months but is not required to do so.

C. How to Make a Continuity of Care Request

1. CenCal Health shall accept Continuity of Care requests from Members, their Authorized Representatives, or their treating Providers. Only Providers who treat the Member may make a request for Continuity of Care.
2. CenCal Health shall not require the requestor to submit a paper or computer form and will accept requests for Continuity of Care over the phone.
3. Requestors must submit documentation that demonstrates a pre-existing relationship between Member and Provider. Attesting to such a relationship is not sufficient.
4. CenCal Health shall accept and approve retroactive requests for Continuity of Care and pay all claims that meet the Continuity of Care requirements in this policy, as long as:
 - a. The services that are the subject of the request occurred after the Member enrolled in CenCal CareConnect;

- b. The requestor can demonstrate an existing relationship between the Member and the Provider prior to the Member's enrollment in CenCal CareConnect; and
- c. The retroactive requests have dates of services within thirty (30) calendar days of the first date of service for which the Provider is requesting, or has previously requested, Continuity of Care retroactive reimbursement;
- d. The retroactive requests are submitted to CenCal Health within thirty (30) calendar days of the first service for which retroactive Continuity of Care is being requested.
- e. There is an exception to the thirty (30) day submission requirement for retroactive requests if the Provider can document that the reason for the delay is that the Provider unintentionally sent the request to the incorrect entity and the request is sent within thirty (30) days of denial from the other entity.

D. Continuity of Care Request – Timeline

- 1. The Continuity of Care process begins when CenCal Health starts to determine if there is a pre-existing relationship.
- 2. CenCal health shall begin to process non urgent requests within five working days following the receipt of the Continuity of Care request
- 3. CenCal Shall provide acknowledgment of the Continuity of Care request within the timeframes specified below, advising the Member that the Continuity of Care request has been received, the date of receipt, and the estimated timeframe for resolution
- 4. When such relationship is established, CenCal Health shall then make a good faith effort to enter into a contract, letter of agreement, single-case agreement, or other form of agreement to establish a Continuity of Care relationship for the Member at issue.
- 5. Every Continuity of Care request must be completed within one of the following time periods:
 - a. Within thirty (30) calendar days from the date CenCal Health receives the request;
 - b. Within fifteen (15) calendar days if the Member's medical condition requires more immediate attention; or
 - c. Within three (3) calendar days if there is Risk of Harm to the Member
- 6. A request is considered completed in any of the following scenarios:

- a. The Member is informed of their right to continued access
- b. CenCal Health and the Provider are not able to agree on terms;
- c. CenCal Health has documented quality of care issues with the Provider; or
- d. CenCal Health makes a good faith effort to contact the Provider, but the Provider is non-responsive for thirty (30) calendar days

E. Requirements After Completing the Request Process

- 1. Once the request process is complete, CenCal Health shall notify the Member of the following within seven (7) calendar days:
 - a. Whether the request was approved or denied and, if denied, information regarding appeal and grievance rights;
 - b. The duration of the Continuity of Care arrangement;
 - c. The Process that will occur to transition the Member's care at the end of the Continuity of Care period; and
 - d. The Member's right to choose a different provider from the CenCal CareConnect Provider network.
- 2. If CenCal Health and the Provider are not able to agree on terms, or CenCal Health has documented quality of care issues with the Provider, CenCal Health shall offer the Member an in-network Provider alternative.
- 3. If the Member does not make a choice of Provider, CenCal Health will assign the Member to an in-network Provider. The Member may appeal this decision through CenCal Health's integrated appeals and grievances process for Members.
- 4. If the Provider meets all requirements and enters into a Continuity of Care agreement with CenCal Health, CenCal Health shall allow the Member to have access to the Provider for the length of the Continuity of Care period. CenCal Health shall work with the Provider to establish a care plan for the Member.
- 5. Thirty (30) days before the Continuity of Care period ends, CenCal Health will notify the Member about the process that will occur to transition the Member's care at the end of the Continuity of Care period.
- 6. This process shall involve communicating with the Member and the Out-Of-Network Provider before the end of the Continuity of Care period to ensure the Member's care will continue with a new Provider.

F. Assignment of Existing PCP to New Member

1. When a new Member has an existing relationship with a PCP that is in the CenCal CareConnect provider network, CenCal Health shall assign the Member to that PCP.
2. If necessary, CenCal Health shall assign the new Member to a delegated entity that has the Member's preferred PCP in its network.
3. An existing relationship between a Member and a PCP shall be determined through the Health Risk Assessment process, review of prior utilization data, or Member request.

G. Continuation of Care for members in an active course of treatment

1. Members receiving who are in an active course of treatment will be provided a minimum 90 day transition period for any active course of treatment. A course of treatment is a prescribed order or ordered course of treatment decided upon ahead of time with the member and provider. A course of treatment may but is not required to be part of a treatment plan.
2. A longer transition period may be granted as required based on the member's condition and course of treatment.
3. Members who are receiving Durable Medical Equipment, Behavioral Health Services, Pharmacy services and/or Enrolled with an ECM provider would be considered in an active course of treatment.
 1. Durable Medical Equipment (DME) CenCal Health shall allow a Member to continue using DME supplies or rentals for at least ninety (90) days and until CenCal Health can evaluate the Member for further needs
 2. Members joining CenCal Health with existing DME rental will be allowed to keep their existing rental equipment until CenCal can evaluate the member, equipment is in the possession of the member and ready for use.
 1. During this time CenCal Health will evaluate the member, ensure the equipment is in the possession of the member and ready for use.
 3. When CenCal Health is able to reassess the member, and, if medically necessary, authorize a new rental and have an in-network provider deliver the medically necessary rental
2. Members joining a D-SNP that have an open authorization to receive Medicare-covered medical supplies will be issued a 90-day authorization period for ongoing care for a minimum of 90 days.
 1. When CenCal Health is able to reassess the member and if

- medically necessary, authorize supplies and have an inpatient provider deliver the medically necessary supplies.
3. Notification to the member and requesting provider would be completed with the Turnaround times for a CareConnect D-SNP member
 - II. Before requiring new DME, CenCal Health must reassess the Member, and, if medically necessary, authorize supplies or a new rental, and have an in-network Provider deliver the medically necessary supplies or rental.
 - H. The members assigned care manager will assist in evaluating member care and coordinating with treating provider regarding ongoing care, assisting to transition to in-network care when course of treatment has ended, or review for ongoing care.
 - I. ECM to CICM
 - I. Members who join CareConnect on or after January 1, 2025, and are already receiving Medi-Cal ECM from CenCal health may request to continue care with their existing ECM provider when possible, for up to 12 months.
 - II. The CSA would enter the request in MHK as a prior authorization request and not a Continuity of Care Request.
 - III. The Clinical reviewer would evaluate the member history and coordinate care with the ECM for the member

Member Communications

1. Within thirty (30) days of a Member's enrollment in CenCal CareConnect, CenCal Health shall inform the Member about their right to request continuity of care with a pre-existing Provider and how to initiate such a request. CenCal Health shall include the same information in CenCal CareConnect Member information materials and handbooks.
 - a. This information shall be translated into the threshold languages and alternative formats required under 42 C.F.R. §§ 422.2267 and 423.2267.
 - b. CenCal Health shall ensure that all call center and other staff who regularly comes into contact with Members or potential Members receive training about Continuity of Care protections.

I. Terminated Providers

1. CenCal Health shall provide for the completion of Covered Services for the following conditions when it terminates from its network the Provider who was providing them to a Member, in accordance with Cal .H&S Code section 1373.96.
2. A Serious Chronic Condition, for a period of time necessary to complete

a course of treatment and arrange for a safe transfer to another Provider.

3. A surgery or other procedure that has been authorized by CenCal Health and recommended and documented to occur within one hundred eighty (180) days of the termination of the Provider's contract.
4. Conditions that may require coverage beyond twelve (12) months for new enrollees or enrollees receiving services from a terminated Provider

J. Pregnant and Post-Partum Members

1. In accordance with Cal. H&S Code section 1373.96, CenCal Health shall, at the request of a Member, Authorized Representative, or Provider, provide for the completion of Covered Services relating to pregnancy, during pregnancy, and immediately after the delivery (twelve (12)-month post-partum period) by a terminated or Out-of-Network Provider.

K. Terminally Ill Members

- a. In accordance with Cal. H&S Code section 1373.96, CenCal Health shall, at the request of a Member, Authorized Representative, or Provider, provide for the completion of Covered Services of a Member with a terminal illness.
1. Completion of Covered Services shall be provided for the duration of a terminal illness, even if it exceeds twelve (12) months from the contract termination date or twelve (12) months from the effective date of coverage for a new Member.

Definitions:

Active course of treatment means a course of treatment in which a patient is actively seeing the provider and following the course of treatment.

Authorized Representative: A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis (in the place of the parent) who have the authority under applicable law to make health care decisions on behalf of emancipated minors.

CenCal CareConnect or D-SNP Plan: CenCal Health's dual-eligible special needs plan for Medicare/Medi-Cal beneficiaries.

Continuity of Care: Services provided to a Member rendered by an Out-Of-Network Provider with whom the Member has a pre-existing provider relationship.

Course of treatment: a prescribed order or ordered course of treatment for a specific individual with a specific condition is outlined and decided upon ahead of time with the patient and provider. A course of treatment may but is not required to be part of a treatment plan

Existing Relationship: Member has seen an out-of-network primary care provider (PCP) or a specialty care provider at least once during the 12 months prior to the date of their initial enrollment in CenCal Health for a non-emergency visit.

Member or Enrollee: A Medicare and Medi-Cal covered individual who has enrolled with CenCal CareConnect.

Out-of-Network Provider: A provider who does not have a contract with CenCal CareConnect or a subcontractor or delegated entity of CenCal CareConnect.

Prior Authorization (PA): a formal process requiring a Provider to obtain advance approval of the amount, duration, and scope of non-emergent Covered Services

Risk of Harm: Imminent and serious threat to the health of the Member.

References:

- J. 42 C.F.R. § 422.112(b)(8)
- K. 42 C.F.R. § 422.100(l)(2)(iii)
- L. California Health & Safety Code § 1373.96
- M. CMS, Pub. No. 100-16, Medicare Managed Care Manual, Ch. 4, Sections 10.12, 110.6
- N. DHCS CY 2026 SMAC EAE Boilerplate, Exhibit A, Attachment 1, Section 12, Medicare Continuity of Care
- O. DHCS CY 2025 CalAIM Dual Eligible Special Needs Plans Policy Guide, Section V, Medicare Continuity of Care Guidance for D-SNPs
- P. APL 23-022 Continuity of Care for Medi-Cal Beneficiaries who newly enrolled in Medi-Cal Managed Care from Medi-Cal Fee for Service, on or after January 1, 2023

Cross Reference:

- Q. Policy and Procedures (P&P):
 - HS-CC01 Care Coordination with Out-of-Network Providers
 - HS-CC05 Care Management Program, Planning and Coordination
 - HS-CC03 Utilization Review – Prior Authorization, Concurrent Review, and Retrospective Review

Attachments: N/A

Administrative Management

Internal and External Oversight	
Line of Business (LOB): Medi-Cal ☐ Dual Special Needs Plan (D-SNP) ☒ N/A ☐	
Regulatory Oversight: CMS ☐ DHCS ☒ DMHC ☐ N/A ☒	
Required for NCQA Accreditation: No ☒ Yes ☐	
Committee Oversight: ☐ Anti-Fraud Committee (AFC) ☐ Board of Directors (BOD) ☐ Community Advisory Board (CAB) ☐ Customer Experience Committee (CEC) ☒ Compliance Committee (CC) ☐ Delegation Oversight Committee (DOC) ☐ Member Support Committee (MSC) ☐ Network Management Committee (NMC) ☐ Peer Review and Credentialing Committee (PRCC) ☐ Pharmacy and Therapeutics Committee (P&TC) ☐ Quality Improvement and Health Equity Committee (QIHEC) ☒ Utilization Management Committee (UMC) ☐ N/A	

Revision History					
P&P Revision Date	Leader Review and Approval	Reason for Revisions	Revision Effective Date	Regulatory Approval Date	Compliance Committee Approval Date
01/2026	Cammie Flores, RN, BSN, MBA, CCM Maya Heinert, MD, MBA, FAA Chief Medical Officer	P&P Established	01/2026	N/A	02/2026