



To: All IPAs
From: IEHP Delegation Oversight
Date: September 15, 2022
Subject: **Continuity of Care (COC) Rosters Now Available on SFTP**

Pursuant to State and contractual requirements, Inland Empire Health Plan (IEHP) and its IPAs must ensure **IEHP Members with pre-existing provider relationships, who make a Continuity of Care (COC) request, are given the option to continue treatment for up to twelve (12) months with an out-of-network provider.** These eligible Members may require COC for services they have been receiving through Medi-Cal or Medicare Fee-For-Service (FFS) or another health plan.

To support the IPAs' continued compliance with IEHP Policy 12A2, "Care Management Requirements – Continuity of Care" and their ability to identify Members that are eligible for COC, IEHP will provide IPAs their respective COC roster, on the **5th day of each month.** This roster provides the following information for the IPA's assigned IEHP Members who were enrolled with IEHP in the last twelve (12) months:

- 1) Member Name, ID, and Date of Birth
- 2) COC Start and End Dates
- 3) FFS Provider Name and NPI
- 4) Last Date of Service with FFS Provider

This monthly roster will be available through IEHP's Secure File Transfer Protocol (SFTP) folder: \COC

Note: The September 2022 roster only contains Members who were enrolled this month. Please contact IEHP's Provider Relations Team at (866) 223-4347 to confirm eligibility for any gaps in enrollment.

Please note the COC Roster is only one way to determine whether a Member has a pre-existing relationship with the provider. The IPA must validate any information received from the member or the provider regarding their pre-existing relationship with the out-of-network provider. **Self-attestation is not sufficient to provide such proof.** Please refer to Policy 12A2, "Care Management Requirements – Continuity of Care" for a comprehensive description of COC requirements.

Monitoring and Oversight

IEHP will continue to conduct monthly oversight activities to ensure compliance with IEHP UM and regulatory standards.

Acknowledgement of Receipt

Please complete the Acknowledge of Receipt (next page) and submit to Juan Ortega by email at Ortega-j2@iehp.org, **no later than Friday, September 30, 2022.**

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at call at (909) 890-2054 or 866-223-4347, or email ProviderServices@iehp.org.



Acknowledgement of Receipt

Communication Continuity of Care (COC) Rosters Available on SFTP
Date of Issuance 09/16/2022

By signing this statement, I acknowledge on behalf of the organization that:

1. I have reviewed the preceding communication and referenced policies and procedures;
2. To the extent required, all appropriate staff have received and reviewed the information contained; and
3. I further attest that a plan/timeline is in place to train staff on this communication.

IPA Name:			Date:
Date for COC Training/Retraining:			
Department/Position	Title	Name (Please Print)	Signature (Required)
Administration			
Compliance Officer			
Medical Directors			
Utilization Management (UM)			

Please complete and send to Juan Ortega by email at Ortega-j2@iehp.org no later than **Friday, September 30, 2022**.