

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

Assembly Bill 1184 Medical Information - Confidentiality

This is an advisory notification to Molina Healthcare of California (MHC) network providers based on Assembly Bill – 1184 Medical Information, Confidentiality which can be found in full on the California Legislative Information website at: https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1184.

When this is happening:

Delegated entities are required to comply with Assembly Bill – 1184, which pertains to treating medical information with confidentiality, effective July 1, 2022.

This notification is also based on All Plan Letter (APL) 22-010 Guidance Regarding AB 1184 which may be found at the California Department of Managed Health Care (DMHC) website: [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2022-010%20\(OPL\)%20Guidance%20Regarding%20AB%201184%20\(3_17_22\).pdf?ver=2022-03-17-170456-643](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2022-010%20(OPL)%20Guidance%20Regarding%20AB%201184%20(3_17_22).pdf?ver=2022-03-17-170456-643).

What you need to do:

This Bill requires delegated entities to:

- Accommodate all written or electronically transmitted confidential communication requests (CCR) of medical information regardless of whether it involves sensitive services or a situation in which disclosure would endanger an individual.
 - CCR includes written or electronic communications related to the receipt of sensitive services, such as:
 - Bills and attempts to collect payment
 - A notice of adverse benefits determinations
 - An explanation of benefits notice
 - A health care service plan's request for additional information regarding a claim
 - A notice of a contested claim
 - The name and address of a provider, description of services provided, and other information related to a visit
 - Any written or electronic communication from a health care service plan that contains protected health information
 - Sensitive services are defined as any health care service related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, intimate partner violence, or described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the California Family Code, and Sections 121020 and 124260 of the California Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

- Direct all communications regarding a protected individual of sensitive health care services directly to the protected individual. It prohibits the disclosure of the information to the policyholder without the authorization of the protected individual.
- Notify enrollees to submit a CCR to MHC. They may call the Contact Center telephone on their Molina ID card for more information.
- Implement CCR within 7 calendar days of MHC's receipt. It is planned that on a weekly cadence, MHC will be pushing out the E-List in its revised form, which will include CCR requests that need to be applied, modified, or terminated. The effective date of the CCR application, modification or termination will also be included.

What you need to know:

Please refer to the California Codes below for further clarification on sensitive services:

- California Family Code:
<https://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=FAM&tocTitle=+Family+Code+-+FAM>
- California Health and Safety Code:
<https://leginfo.legislature.ca.gov/faces/codesTOCSelected.xhtml?tocCode=HSC&tocTitle=+Health+and+Safety+Code+-+HSC>

In addition to any other remedies available at law, a patient whose medical information has been used or disclosed in violation of Section 56.10, 56.104, 56.107, or 56.20 or subdivision (a) of Section 56.26 and who has sustained economic loss or personal injury therefrom may recover compensatory damages, punitive damages not to exceed three thousand dollars (\$3,000), attorney's fees not to exceed one thousand dollars (\$1,000), and the costs of litigation.

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	Deletha.Foster@molinahealthcare.com
Los Angeles	Clemente Arias	562-517-1014	Clemente.Arias@molinahealthcare.com
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Sacramento	Jennifer Rivera Carrasco	562-542-2250	Jennifer.RiveraCarrasco@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
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San Diego / Imperial County	Briana Givens	562-549-4403	Briana.Givens@molinahealthcare.com
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