

Selected County Organized Health Systems (COHS) Contract Requirements

DHCS managed care contracts are all inclusive in that they require health plans to meet the needs of all Medi-Cal beneficiaries who enroll in their plan. The contracts contain performance standards that include existing statutory and regulatory requirements, as well as requirements and standards based on the multi-faceted needs of all Medi-Cal beneficiaries.

The information below corresponds to the accompanying COHS contract boilerplate document that may be most relevant to the Seniors and Persons with Disabilities (SPD) Technical Workgroup.

Health Plan Readiness

- DHCS requires plans to provide access to all medically necessary care, including services provided by specialists.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability
- DHCS completes an initial review and approval of a provider network to ensure contractual compliance for network capacity, including travel time/distance standards and specialty care access.
 - COHS Contract: Exhibit A, Attachment 18 Implementation Plan and Deliverables, Provision 6 Provider Network
- Quarterly, DHCS reviews changes made to each of the managed care health plans' provider networks and monitors the resulting impact of such changes.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 9 Provider Network Report
- DHCS reviews all contractually required deliverables prior to a plan becoming operational and anytime a new contract is signed.
 - COHS Contract: Exhibit A, Attachment 18 Implementation Plan and Deliverables
- DHCS requires plans to conduct Facility Site Reviews and Medical Record Reviews on each primary care provider site.

- COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 10 Site Review
- DHCS evaluates plans member rights processes, including grievance system, prior authorization notification, cultural and linguistic services, and marketing materials.
 - COHS Contract: Exhibit A, Attachment 18 Implementation Plan and Deliverables, Provision 5 Utilization Management, Paragraph A, Item 2); Provision 9 Access and Availability, Paragraph H; Provision 14 Member Grievance System; and Exhibit A, Attachment 15 Marketing, Provision 2 DHCS Approval.
- DHCS reviews and approves plans' policies and procedures for the credentialing of health care providers.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 12 Credentialing and Recredentialing
- DHCS requires plan to maintain a drug formulary comparable to that provided in Fee-for-Service and monitors plan compliance.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 7 Services for All Members, Paragraph F Pharmaceutical Services and Provision of Prescribed Drugs

Availability and Accessibility of Services, Including Physical Access and Communication Access

- DHCS approved Facility Site Review tool's Site Access/Safety Survey Criteria includes accessible parking, ramps, elevators, exits, restrooms, exam rooms, etc.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 10 Site Review and Exhibit A, Attachment 9 Access and Availability, Provision 10 Access for Disabled Members
- DHCS reviews the provider network to ensure availability and access to primary care providers, specialists, regular and after-hours emergency pharmacies and hospitals.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network

- DHCS reviews and ensures the availability of linguistic assistance/services.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 13 Linguistic Services
- DHCS requires plans to conduct Facility Site Reviews.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 10 Site Review
- DHCS requires plans to provide medically necessary transportation services.
 - COHS Contract: Exhibit A, Attachment 13 Member Services, Provision 4 Written Member Information, Paragraph D), Item 11)
- DHCS requires plans to provide one-business-day processing of drugs requiring prior authorization.
 - COHS Contract: Exhibit A, Attachment 5 Utilization Management, Provision 3 Timeframes for Medical Authorization, Paragraph F
- DHCS contracts allow plans to provide incentives to attract providers to managed care.
 - COHS Contract: Exhibit A, Attachment 8 Provider Compensation Arrangements, Provision 3 Physician Incentive Plan Requirements
- DHCS contract requires plans conduct a Group Needs Assessment to ensure member's health education and cultural and linguistic needs are identified and met.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 7 Services for All Members, Paragraph A Health Education, Item 3
- DHCS requires plans to ensure that the composition of the provider network meets the ethnic, cultural, and linguistic needs of its members.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 11 Ethnic and Cultural Composition

- DHCS requires plans to ensure access to specialists for medically necessary covered services.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 5 Specialists
- DHCS requires plans to submit a quarterly report of changes in their provider network.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 9 Provider Network Report

Benefit Management and Scope of Services

- DHCS requires a broad scope of services that mirrors fee-for-service.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services
- DHCS plan contracts require access to all medically necessary services to meet a member's needs.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 2 Medically Necessary Services
- DHCS requires plans to ensure access to providers in and out of network when medically necessary.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 3 Access Requirements, Paragraph G Unusual Specialty Services
- DHCS requires plans to identify individuals who may need coordinated service delivery and case management.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care
- DHCS requires plans to develop, implement, continuously update, and improve a utilization management program that ensures appropriate processes are used to review and approve the provision of medically necessary covered services.
 - COHS Contract: Exhibit A, Attachment 5 Utilization Management

Care Coordination and Care Management

- DHCS Medical Record Review includes criteria for coordination and continuity of care, including treatment plans, follow-up care, consistency of diagnosis and treatment, etc.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 13 Medical Records
- DHCS requires plans to ensure continuity of care is maintained when an SPD beneficiary enrolls in a plan through case and disease management.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 1-3
- DHCS reviews plan case management and disease management policies and procedures.
 - COHS Contract: Exhibit A, Attachment 18 New Contract Deliverables, Provision 11 Case Management and Coordination of Care
- DHCS plan contracts currently include the provision that all beneficiaries be assigned to a 'medical home' and that the medical home is managed by a primary care provider.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 1 General Requirements and Exhibit E Definitions, Attachment 1, Provision 81 Primary Care Physician (PCP)
- DHCS plan contracts currently include provision that all beneficiaries receive an Initial Health Assessment (IHA) within 120 days of enrollment.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 3 Initial Health Assessment (IHA)
- DHCS requires plans to provide each member with a primary care provider.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 1 Access Requirements, Paragraph 1 General Requirement

- DHCS contracts currently require plans to develop and implement procedures for the identification of members with developmental disabilities and facilitate access to Regional Developmental Centers.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 9 Services for Persons with Developmental Disabilities

- DHCS requires plans to provide basic comprehensive Medical Case Management.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 1 Comprehensive Case Management and Coordination of Care Services

- DHCS requires plans to have a case management or care coordination program for children with special health care needs.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 4 Services for Members under Twenty-One (21) Years of Age, Paragraph F Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services and Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 7 Services for Children with Special Health Care Needs, Paragraph D

- DHCS requires plans to implement and maintain a written description of its Quality Improvement System, to include provision of case management, coordination and continuity of care services.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System

- DHCS requires plans to ensure that basic comprehensive medical case management is provided to each member.
 - COHS Contract: Attachment 11 Case Management and Coordination of Care, Provision 1 Comprehensive Case Management and Coordination of Care Services

- DHCS requires plans to determine whether a member requires Targeted Case Management (TCM) services and refers members for TCM services.

- COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 2 Targeted Case Management Services
- DHCS requires plans to maintain a disease management program and to target members with disease conditions to participate.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 3 Disease Management Program
- DHCS requires plans to maintain a "medical home" and ensure the overall coordination of care and case management of members.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care, Provision 12 School Linked CHDP Services, Paragraph A Coordination of Care.

Beneficiary Complaints, Grievances, and Appeals

- DHCS requires a qualified physician or qualified health care professional review all denials of service.
 - COHS Contract: Exhibit A, Attachment 5 Utilization Management, Provision 2 Pre-Authorizations and Review Procedures, Paragraph A
- DHCS offers Ombudsman services to assist members with program navigation, enrollment/disenrollment requests, and state hearing requests, etc.
 - COHS Contract: Exhibit A, Attachment 13 Member Services, Provision 4 Written Member Information, Paragraph D, Item 20
- DHCS requires plans to implement and maintain a member grievance system and procedures to monitor the system and the expedited review of grievances. The appeal of a denial must be resolved by a health care professional with appropriate clinical expertise.
 - COHS Contract: Exhibit A, Attachment 14 Member Grievance System

- DHCS requires plans to provide information to members on how to access State resources for investigation and resolution of member complaints.
 - COHS Contract: Exhibit A, Attachment 13 Member Services, Provision 4 Written Member Information, Paragraph D, Item 12)

Beneficiary Participation

- DHCS requires plans to maintain a Community Advisory Committee that provides advice and makes recommendations to the plan.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 14 Community Advisory Committee
- DHCS contract language requires plans to have meaningful consumer participation in health plan decision-making and advisory processes.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 14 Community Advisory Committee

Continuity of Care

- DHCS requires plans to allow members who wish to continue an existing relationship with a contracted provider be assigned to that primary care physician.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 2 Existing Patient-Physician Relationships
- DHCS requires plans to ensure continuity of care when an SPD beneficiary enrolls in a plan through case management and disease management.
 - COHS Contract: Exhibit A, Attachment 11 Case Management and Coordination of Care

Cultural and Linguistic Appropriateness

- DHCS require plans maintain 24-hour access to interpreter services for limited-English proficient members.

- COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 13 Linguistic Services, Paragraph A
- DHCS requires plans to provide members with culturally appropriate written materials in alternative formats in a timely manner.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 13 Linguistic Services, Paragraph C.2
- DHCS requires plans to monitor, evaluate, and take effective action to address needed improvements in the delivery of cultural and linguistically appropriate services.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 14 Community Advisory Committee
- DHCS requires plans to have a mechanism for members to make a standing request for materials in a specific alternative format.
 - COHS Contract: Exhibit A, Attachment 13 Member Services, Provision 1 Members Rights And Responsibilities, Paragraph A, Item 1.n
- DHCS reviews plan policies and procedures relating to cultural and linguistic program, including cultural competency, sensitivity, and diversity training.
 - COHS Contract: Exhibit A, Attachment 18 New Contract Deliverables, Provision 9 Access and Availability, Paragraph H
- DHCS conducts onsite visits to ensure plan compliance to maintain and monitor a cultural and linguistics services program.
 - COHS Contract: Exhibit E, Attachment 2 Program Terms and Conditions, Provision 18 Inspection Rights
- DHCS plan contracts require a Group Needs Assessment to ensure member's health education and cultural and linguistic needs are identified and addressed.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability, Provision 12 Cultural and Linguistic Program, Paragraph C Group Needs Assessment

- DHCS requires plans ensure that the composition of the provider network meets the ethnic, cultural, and linguistic needs of members.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 11 Ethnic and Cultural Composition

Financial Management

- DHCS monitors plans' financial viability through an assessment of plan-required working capital ratio, tangible net equity, administrative expense ratio, and other financial indicators.
 - COHS Contract: Exhibit A, Attachment 2 Financial Information
- DHCS requires plans to submit quarterly and annual financial statements to aid in monitoring plans.
 - COHS Contract: Exhibit A, Attachment 2 Financial Information, Provision 2 Financial Audit Reports
- DHCS requires plans to submit various financial reports, policies and procedures, and Knox-Keene license exhibits during the deliverables process of the contract.
 - COHS Contract: Exhibit A, Attachment 18 Implementation Plan and Deliverables, Provision 2 Financial Information

Measurement and Improvement of Health Outcomes

- DHCS requires plans to report on 12 Healthcare Effectiveness Data and Information Set (HEDIS) process measures comprised of 23 total indicators that measure plan performance in providing members with effectiveness of care, access to care, and use of services. These processes correlate with improved health outcomes.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 9 External Quality Review Requirements, Paragraph A External Accountability Set (EAS) Performance Measures

Marketing, Assignment, Enrollment, and Disenrollment

- DHCS developed and piloted a guide to educate and inform SPDs on their Medi-Cal choices. This guide is available on the DHCS website.

- COHS Contract: Exhibit A, Attachment 15 Marketing, Provision 3 Marketing Plan
- DHCS requires plans to submit policies and procedures during the deliverables process outlining how they will update and maintain accurate information on providers.
 - COHS Contract: Exhibit A, Attachment 18 Implementation Plan and Deliverables, Provision 16 Enrollments and Disenrollments, Paragraph A

Network Capacity, Including Travel Time and Distance and Specialty Care Access

- DHCS contracts currently require plans to provide access to all medically necessary care, including those services provided by specialists.
 - COHS Contract: Exhibit A, Attachment 9 Access and Availability
- DHCS reviews and approves the plan provider network to ensure contractual compliance for network capacity, including travel time and distance standards and specialty care access.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network

Performance Measurement and Improvement

- DHCS requires plans to report scores for 23 Healthcare Effectiveness Data and Information Set (HEDIS) performance indicators covering various aspects of preventive care, screening tests, treatment for chronic diseases, and treatment of acute illnesses.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 9 External Quality Review Requirements, Paragraph A External Accountability Set (EAS) Performance Measures
- DHCS requires plans to implement a Quality Improvement System, to monitor, evaluate, and take effective action to address any needed improvements in the quality of care.

- COHS Contract: Exhibit A, Attachment 4 Quality Improvement System
- DHCS requires plans to conduct on-site reviews of all primary care providers.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 10 Site Review

Provider Grievances and Appeals

- DHCS reviews plan policies and procedures related to provider grievances and appeals to ensure contractual and regulatory compliance.
 - COHS Contract: Exhibit A, Attachment 18 Implementation Plan and Deliverables, Provision 7 Provider Relations, Paragraph A

Quality Care

- DHCS requires plans to maintain a quality improvement committee with membership to include those who provide services to SPDs.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 4 Quality Improvement Committee
- DHCS requires plans to outline in their quality improvement system activities addressing services for SPDs. (#40 QI-CR-7)
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 7 Written Description, Paragraph I
- DHCS uses the Consumer Assessment of Healthcare Providers and Systems survey tool and uses the results to identify aspects of plan and provider service that that should be addressed for quality improvement.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 9 External Quality Review Requirements, Paragraph D Consumer Satisfaction Survey
- DHCS reviews and approves plans' policies and procedures for the credentialing of health care providers to ensure an appropriate level

of education, training, and licensure of providers included in the plan network.

- COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 12 Credentialing and Recredentialing
- DHCS requires plans to annually review the Staying Health Assessment (SHA or other approved IHEBA) with members.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 7 Services for All Members, Paragraph A Health Education, Item 10
- DHCS requires plans to have qualified health care professionals review all service denials.
 - COHS Contract: Exhibit A, Attachment 5 Utilization Management, Provision 2 Pre-Authorizations and Review Procedures, Paragraph A
- DHCS clinical staff reviews the plans quality improvement projects for clinical relevance.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 9 External Quality Review Requirements, Paragraph C Quality Improvement Projects (QIPs)
- DHCS requires plans to develop and implement effective drug utilization review systems to optimize the quality of pharmacy services.
 - COHS Contract: Exhibit A, Attachment 10 Scope of Services, Provision 7 Services for All Members, Paragraph F Pharmaceutical Services and Provision of Prescribed Drugs, Item 4
- DHCS requires plans to conduct on-site reviews of all primary care providers.
 - COHS Contract: Exhibit A, Attachment 4 Quality Improvement System, Provision 10 Site Review, Paragraph A General Requirement

- DHCS requires plans to disseminate information to providers regarding best practices, evidence based standards and guidelines for serving SPDs.
 - COHS Contract: Exhibit A, Attachment 7 Provider Relations, Provision 5 Provider Training

Recordkeeping and Reporting

- DHCS requires plans to maintain records for at least five years from the close of the current fiscal year.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 12 Subcontracts, Paragraph B Subcontract Requirements, Item 7.d
- DHCS requires plans and their subcontractors to make records available for inspection, examination or copying.
 - COHS Contract: Exhibit A, Attachment 6 Provider Network, Provision 12 Subcontracts, Paragraph B Subcontract Requirements, Item 7