



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

**Health Plan Readiness
Whole Child Model
June 2016**

Starting no sooner than July 1, 2017, the Department of Health Care Services (DHCS) will begin to transition the responsibility for coverage of California Children’s Services (CCS) to Medi-Cal managed care health plans (health plans) in specified counties. The specific health plan readiness activities are outlined in the table below.

Description	Completion Time
<p>Data Sharing: DHCS will provide data to each health plan prior to the transition of beneficiaries that will assist the health plans with:</p> <ul style="list-style-type: none"> - Evaluating the provider network and ensuring inclusion of an adequate number of providers based on anticipated utilization; - Determining current and future beneficiary service needs; and - Identifying Continuity of Care needs for beneficiaries and establishing providers and treatment plans for transitioning beneficiaries prior to the transition occurring. 	
Provide health plans with current CCS paneled provider information statewide	At least 6 months prior to transition and ongoing
Provide health plans with beneficiary specific fee-for-service claims and Service Authorization Requests (SARs) for the past 12 months	90 days prior to transition and ongoing
<p>Plan Readiness: DHCS will review submission of deliverables to evaluate health plan readiness and to determine health plan contractual compliance. DHCS will issue a Plan Readiness checklist that outlines the required deliverables as well as the submission timelines. For example, a revised MOU between the health plan and county. To date, DHCS has identified no fewer than 25 policies that will need modification to ensure seamless coverage. Additional policies may be identified in the future for updating as the implementation process proceeds. Examples of policies and procedures that will be reviewed include coordination of care and continuity of care.</p>	
Distribute health plan readiness checklist and timeline and begin review	150 days prior to transition
Complete health plan readiness deliverables review	Within 30 days of program effective date
<p>Network Certification: DHCS will review and certify health plan networks to ensure timely access to appropriate providers of care is available to all transitioning beneficiaries on an ongoing basis. DHCS will conduct a comprehensive network assessment of each contracted health plan to ensure all network access requirements as set forth in Title 42, Code of Federal Regulations §§ 438.206, 438.207 and 438.214, are met. This includes analysis of current and projected enrollment and utilization, network evaluation and validation including the number and types of providers, and a policy and procedure assessment.</p>	
Final health plan provider network review	Begins 120 days prior to transition; approval of network prior to program effective date
Finalize network validation and certification	90 days prior to transition
Submit certification to CMS	30 days prior to transition

Transitional Monitoring:

DHCS will monitor and provide oversight during and following the transition until such time that it is determined that it is no longer needed. Transitional monitoring includes regular collection and analysis of health plan data including grievance and appeals, provider networks, and continuity of care; additional data metrics may also be added. These data are collected monthly for the first six-months following the transition and then quarterly thereafter.

Issue post transition monitoring guidelines	60 days prior to transition
Monitor monthly submissions	At least 6 months post transition
Monitor quarterly submissions	Begins no sooner than 7 months post transition