

This policy describes standards for selection of providers that will participate in the California TMaH Model, monitoring of participating providers and managed care plans (MCPs), and documentation of this policy as well as of provider selection and monitoring activities. The California Department of Health Care Services (DHCS) anticipates that MCPs will be primarily responsible for TMaH provider selection and monitoring, with DHCS providing guidance and oversight.

Selection Criteria

Providers must be:

- » Enrolled Medi-Cal providers;
 - The California Department of Health Care Services (DHCS) has well-established criteria for provider enrollment in Medi-Cal. The selection of providers for participation in the TMaH Model will be consistent with these existing criteria.
 - The DHCS Provider Enrollment Division (PED) is responsible for the enrollment and reenrollment of Medi-Cal Fee-for-Service (FFS) providers who can then directly serve Medi-Cal FFS members and bill DHCS, as well as contract with individual Medi-Cal managed care plans (MCPs) to become network providers to serve Medi-Cal managed care Members.
 - All providers participating in Medi-Cal Managed Care are required to enroll either through DHCS FFS Medi-Cal or through the MCP's process (required to be consistent with federal regulations) if the provider type is not eligible for enrollment through PED.
 - Providers that are approved by PED as FFS Medi-Cal providers must comply with all Federal requirements detailed in 42 CFR 455 for participation in a state Medicaid program. Providers are screened by PED at the time of enrollment and monitored monthly thereafter. Information reviewed at time of screening/monitoring includes maintenance of appropriate professional licensure, where applicable, and whether providers appear on any State or Federal list that would exclude them from participation in a Medicaid program (such as providers who have been subject to disciplinary actions).

- » Contracted with at least one Medi-Cal MCP in the TMaH test region;
- » Located in or serve Medi-Cal Members from the TMaH test region;
- » Documented as having billed for a minimum number of births over a defined time period. This parameter will be determined in the future by the payment model that is finalized by CMS, and this policy will be updated at that time.
- » Willing to strengthen data collection/reporting and quality improvement capabilities to enable payment for value within the time frame of the TMaH model (both pre-implementation and implementation).
 - Year 3 infrastructure payments will be distributed to providers to improve their capacity to report quality metrics and implement improvement initiatives.

To facilitate improvement in birth outcomes in the TMaH test region, where access barriers such as geography and limited provider availability already exist, DHCS will encourage MCPs to maximize participation of qualified providers in the TMaH model.

Monitoring Process

- » MCPs will be responsible for conducting monitoring of partner provider/provider group performance through contractually required practices, to ensure participating providers meet and maintain participation standards.
 - MCPs contracted with DHCS are required to develop and maintain effective systems for continuous monitoring and prompt response to compliance issues, including unannounced audits of subcontractors and downstream contractors (providers). Required, ongoing oversight and evaluation of subcontractors may include quarterly reporting and an annual review of the subcontractors' performance.
 - Some examples of quality metrics currently monitored by MCPs include timely provider access (urgent and non-urgent care, entry to prenatal care), geographic access (time/distance), and provider capacity. An example of a process used by an MCP in the TMaH test region is monitoring of grievance data by a quality improvement team to identify and address findings or trends in service quality.
 - As the TMaH payment model is further defined by CMS, this policy will be updated with additional requirements for provider monitoring by MCPs, to support the model.
- » DHCS [Managed Care Quality and Monitoring Division](#) conducts monitoring and oversight of contracted Medi-Cal managed care health plans to determine compliance with regulations

and quality of services, including the network adequacy standards established by the [Federal Medicaid Managed Care and CHIP Managed Care Final Rule](#) as well as existing contractual requirements.

- DHCS evaluates quality scores included in the [Managed Care Accountability Set](#) annually for all MCPs and imposes financial sanctions on MCPs that fail to meet or exceed required performance targets.
- In accordance with federal requirements, DHCS contracts with an external quality review organization to conduct external quality reviews and evaluate the care provided to beneficiaries by Medi-Cal MCPs in the areas of quality, access, and timeliness.
- DHCS requires Consumer Assessment of Healthcare Providers and Systems Health Plan Surveys are administered to both adult members and parents/caretakers of child members. This Medicaid external quality review activity assesses members' experiences with their health care services.
- PED conducts monthly monitoring as described above following initial enrollment of providers in FFS Medi-Cal.
- » DHCS will implement a process for monitoring MCPs participating in the TMaH Model to ensure they are following this policy for provider selection, monitoring, and documentation. This will include quarterly meetings with MCPs and ongoing dialogue to assess progress.
 - DHCS will also monitor MCPs by requiring that they report on quality performance measures related to the TMaH Model, and MCPs must ensure that their fully delegated subcontractors comply with these reporting requirements.

Documentation

This policy document will be reviewed by the TMaH team and additional DHCS staff as appropriate and at least annually through year 4, then updated as needed.

- » DHCS plans to seek input from MCPs and potentially other stakeholders on this version of the Provider Participation Standards, for possible incorporation into the next version.
- » Version updates will be clearly documented, and records will be retained by the TMaH team.
- » MCPs will be required to document their processes for provider selection and monitoring for participation in the TMaH Model. This will be specified in future MCP agreements.
- » Additional requirements may be added to these Provider Participation Standards as the Model is designed and implemented.

- » DHCS PED will document provider enrollment into Medi-Cal FFS and associated monitoring activities through established processes.

Communication

These standards for provider participation will be clearly communicated with MCPs, and MCPs will be expected to communicate these policies and procedures with providers. These standards, along with other updates to selection, monitoring and documentation, will be specified in future, updated written agreements between DHCS and participating MCPs.

CA Regulations for Provider Participation in Medi-Cal

CA regulations for provider participation in Medi-Cal are available at the following links, and are posted on the [DHCS Provider Enrollment Division website](#).

- » Applicable Provider Enrollment Regulations from the CA Code of Regulations are specified here: [Provider Enrollment Regulations - California Code of Regulations, Title 22, Division 3 Effective August 17, 2015](#)
- » Provider Guidelines and Requirements for Enrollment through the DHCS Provider Enrollment Division are listed here: [Provider Guidelines \(prov guide\)](#)
- » Requirements and Procedures for the Enrollment of providers offering remote services are detailed here: [PED Requirement and Procedures for Medi-Cal Enrollment of Providers Offering Services Remotely or Indirectly from their Business Address \(PED EPOB Exceptions\)](#)
- » Frequently asked questions on provider enrollment and screening are answered here: [APL 22-013 FAQ](#)