

**From:** DMHC Licensing eFiling  
**Subject:** APL18-015 (OPL) – Requirements for Medi-Cal Health Home Program  
**Date:** Thursday, August 23, 2018  
**Attachments:** APL18-015 (OPL) – Requirements for Medi-Cal Home Health Program.pdf

Dear Health Plan Representative,

Please find attached All Plan Letter 18-015 regarding requirements for Medi-Cal Health Home Program issued today.

Please contact your assigned reviewer in the Office of Plan Licensing with any questions.

Thank you.



Edmund G. Brown Jr., Governor  
State of California  
Health and Human Services Agency  
**DEPARTMENT OF MANAGED HEALTH CARE**  
980 9<sup>th</sup> St., Ste. 500, Sacramento, CA 95814  
Telephone: 916-324-8176 | Fax: 916-255-5241  
[www.HealthHelp.ca.gov](http://www.HealthHelp.ca.gov)

**DATE:** August 23, 2018

**TO:** Health Care Service Plans Participating in the Medi-Cal Health Homes Program

**FROM:** Mike Punja, Attorney III (Spc.)  
Medi-Cal Lead, Office of Plan Licensing

**SUBJECT:** DMHC Filing Requirements for the Medi-Cal Health Homes Program

The Department of Managed Health Care (DMHC) issues this letter as a reminder of the DMHC filing requirements for managed Medi-Cal plans (MMC Plans) participating in the Medi-Cal Health Homes Program (HHP).

On November 21, 2017, the Department of Health Care Services (DHCS) emailed information regarding HHP implementation readiness, including a matrix titled, “DMHC-Related Questions for HHP Implementations” (Matrix). In addition, on June 28, 2018, DHCS issued an updated version of the Medi-Cal HHP Program Guide.<sup>1</sup> These materials specify that MMC Plans must file with the DMHC certain documents collectively referred to as “Member Materials,” which include the following:

- Appendix F – Evidence of Coverage Template
- Enrollee notices
- MMC Plan-developed outreach and education materials

Please file, as an amendment, the Member Materials no later than 3 months prior to the MMC Plan’s first scheduled HHP implementation date. The filing should state whether DHCS has previously approved the Member Materials and the timeframes for the Plan’s distribution of the Member Materials (i.e. 30-day notice). Only those MMC Plans required to file Member Materials with DHCS must file an amendment with DMHC.

If you have any questions regarding the DMHC’s filing requirements for the implementation of the HHP or this letter, please contact your assigned Office of Plan Licensing counsel.

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<sup>1</sup> <http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx>

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Punja".

Mike Punja  
Attorney III (Spc.)  
Office of Plan Licensing

cc: Phuc Nguyen, Assistant Chief Counsel – Office of Plan Licensing  
Micki Gibbs, Assistant Chief Counsel – Office of Plan Licensing  
Sarah Ream, Deputy Directory – Office of Plan Licensing

Encl. DMHC-Related Questions for HHP Implementations matrix

## Enclosure

#	<b>DMHC-Related Questions for HHP Implementations</b>
1	<p><b>Question:</b> Will a KK-licensed MCP need to do a material modification for the HHP?</p> <p><b>DHCS Response:</b> No; only adding HHP will be treated as an Amendment unless changes to MCP contracts amount to a material change pursuant to the Knox-Keene Act. MCPs should assess DMHC filing for Amendment or Material Modification pursuant to the Knox Keene Act.</p>
2	<p><b>Question:</b> Do the laws and regulations that govern provider contracts apply to HHP provider contracts?</p> <p><b>DHCS Response:</b> Generally, yes; additional provisions may apply depending on content/partner</p>
3	<p><b>Question:</b> Will provider contracts have to be filed with and approved by DMHC?</p> <p><b>DHCS Response:</b> Provider contracts are required to be filed with DMHC through the standard filing processes.</p>
4	<p><b>Question:</b> Is there draft/required language for MCP contracts/amendments with Community-Based Care Management Entities (CB-CMEs).</p> <p><b>DHCS Response:</b> There is no 'draft' language available. The usual required language is also required for Health Homes providers.</p>
5	<p><b>Question:</b> Will DMHC be evaluating Network Adequacy for HHP, and if so how?</p> <p><b>DHCS Response:</b> DMHC will continue to conduct regular Knox-Keene Act required network reviews through DMHC established processes. A separate review specific to HHP will not be conducted.</p>
6	<p><b>Question:</b> Do all CB-CME providers have to be listed in the provider directory? Available in provider search tools?</p> <p><b>DHCS Response:</b> MCPs should discuss this with the assigned DMHC reviewer. MCPs still must comply with Health and Safety Code section 1367.27</p>
7	<p><b>Question:</b> Does DMHC have additional readiness requirements above DHCS?</p> <p><b>DHCS Response:</b> DMHC will review pursuant to the Knox-Keene Act.</p>
8	<p><b>Question:</b> Are there required Evidence of Coverage (EOC) additions?</p> <p><b>DHCS Response:</b> Yes, DHCS will provide draft language. DMHC will review EOCs for compliance with the Knox-Keene Act.</p>
9	<p><b>Question:</b> Will DMHC require approval of member-facing materials (letters and written materials)? Process and timing?</p> <p><b>DHCS Response:</b> Yes, via the standard filing process.</p>
10	<p><b>Question:</b> Is the DHCS Letter to FFS members considered "marketing" if it notes that members would need to join an MCP to receive the HHP services?</p> <p><b>DHCS Response:</b> No, because DHCS is sending the letters.</p>