Drug Medi-Cal Organized Delivery System Beneficiary Informing Responsibilities

Technical Assistance Webinar for Counties

January 5, 2017

Overview of Presentation

- County Responsibilities under DMC-ODS
  - Readiness Checklist
- Beneficiary Informing Responsibilities under DMC-ODS
  - Beneficiary Brochure and Provider List
  - Grievance and Appeal System
- Perspectives & Insight from Orange County
- Questions and Discussion

County Responsibilities Under DMC-ODS Pilot

County ODS Responsibilities

- Selective Provider Contracting
- Access
- Authorization for Residential
- Beneficiary Access Number
- **Beneficiary Informing** (Beneficiary Brochure)
- **Grievance and Appeal System** (Notice of Action)
- Care Coordination
- Quality Assessment and Performance Improvement
- Utilization Management

County Readiness Checklist

- **Implementation Plan:** Counties receive preliminary approval from DHCS on their DMC-ODS Implementation Plan.
- **Interim Rates:** Counties receive DHCS approval of the fiscal plan and interim rates.
- **County-Specific Contract:** DHCS will generate the county-specific contract, incorporating content from the Implementation Plan and approved interim rates.
- **Approval from Board of Supervisors:** Counties will obtain approval of the county-specific contracts from their Board of Supervisors.
- **Approval from CMS:** After the contract is approved by the Board of Supervisors, CMS will approve the contract and issue a formal letter of approval to DHCS.

County Readiness Checklist

- **List of County Contracted Providers:** Counties must submit this to DHCS within 30-days of the DMC-ODS implementation date.
- **Beneficiary Informing Materials:** Beneficiary informing materials must be available at all DMC-ODS provider sites and must be provided to beneficiaries at initial contact.
- **Grievances and Appeals:** Grievance and appeal procedures, including Notices of Action (NOA), must be in place for all DMC-ODS beneficiaries and providers.
- **MOU(s):** Counties must have executed MOU(s) with Medi-Cal managed care plan(s) at the time of implementation OR an explanation and timeline as to when MOU(s) will be executed.

Beneficiary Brochure and Provider List

Beneficiary Brochure and Provider List

- **Amount, Duration, Scope of Services.** Pilot counties shall inform beneficiaries about the amount, duration, and scope of services under this waiver.
  - Information must be provided upon first contact with a beneficiary or referral.
  - Must be in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled.
- **Language.**
  - The pilot county must make written information available in each prevalent non-English language.
  - Oral interpretation and sign language services must be available free of charge, including in all non-English languages.
- **Format.**
  - Informational materials must be provided in a manner and format that may be easily understood.

Beneficiary Brochure

- **Beneficiary Brochure.** Pilot counties must provide the following information to enable enrollees to understand how to effectively use the managed care system:
  - Benefits provided by the MCO, PIHP, PAHP, or PCCM entity.
  - How and where to access any benefits provided by the State, including any cost sharing, and how transportation is provided.
  - The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that enrollees understand the benefits to which they are entitled.
  - Procedures for obtaining benefits, including any requirements for service authorizations and / or referrals for specialty care and for other benefits not furnished by the enrollee's primary care provider.
  - The extent to which, and how, after-hours and emergency coverage are provided.
  - Any restrictions on the enrollee's freedom of choice among network providers.

Beneficiary Brochure Cont.

- The extent to which, and how, enrollees may obtain benefits, including family planning services and supplies from out-of-network providers. This includes an explanation that the MCO, PIHP, or PAHP cannot require an enrollee to obtain a referral before choosing a family planning provider.
- Cost sharing, if any is imposed under the State plan.
- Enrollee rights and protections.
- The process of selecting and changing the enrollee's primary care provider.
- Grievance, appeal, and fair hearing procedures and timeframes, in a State-developed or State-approved description.
- How to exercise an advance directive.
- How to access auxiliary aids and services, including additional information in in alternative formats or languages.

Beneficiary Brochure Cont.

- The toll-free telephone number for member services (including information on threshold languages), medical management, and any other unit providing services directly to enrollees.
- Information on how to report suspected fraud or abuse.
- Any other content required by the State.

Provider List

- **Provider List.** As part of the Beneficiary Brochure, counties must also create and maintain a provider list that includes the following:
  - Information on the category, or categories, of services available from each provider.
  - The names, locations, and telephone numbers of current contracted providers by category.
  - Options for services in languages other than English and services that are designed to address cultural differences.
  - A means by which an enrollee can identify which providers are not accepting new beneficiaries.

Next Steps

- DHCS will issue a Beneficiary Brochure template that is compliant with 42 CFR 438.10 that DMC-ODS counties can use.

Grievance and Appeal System

Grievance and Appeal Requirements

- **Process Components.** Counties will establish a beneficiary problem resolution process which must include:
  - A grievance process.
  - An appeal process.
  - An expedited appeal process.
- **Required Actions.** Counties must assure that each enrollee has adequate information about problem resolution requirements by taking the following actions:
  - Describe the grievance, appeal, and expedited appeal processes in the beneficiary brochure.
  - Post notices explaining grievance, appeal, and expedited appeal processes at provider sites.
  - Make available forms that may be used to file grievances, appeals, and expedited appeals that enrollees can access at all provider sites without having to make a verbal or written request.

Grievance and Appeal Requirements Cont.

- **Grievance, appeal, and expedited appeal processes.** Counties must comply with the following requirements:
  - Provide enrollees with reasonable assistance in completing the forms and other procedural steps.
  - Acknowledge receipt of each grievance, appeal, and request for expedited appeal in writing.
  - Notify the enrollee, and applicable providers, in writing once a final decision is made, including the reasoning behind such decision.
  - Allow the enrollee to authorize another person to act on their behalf. The enrollee may also ask the county to identify an individual to be responsible for assisting the enrollee in these processes.
  - Ensure enrollee information is kept confidential.
  - Ensure that the individual making the decision on the grievance, appeal, or expedited appeal process needs to have the appropriate clinical expertise to make the determination.

Grievance and Appeal Requirements Cont.

- Maintain a grievance and appeal log which includes, but not limited to, the name of the enrollee, the date of receipt of the grievance, appeal, or expedited appeal, the nature of the problem, the final decision, and the date the decision is sent back to the enrollee.
- Designate a staff person who is available to provide information and status updates to the enrollee or designated representative throughout the process.
- Include information about the roles and responsibilities of each involved party (county, enrollee, and provider) in written documentation.
- Ensure results are shared with appropriate administrative staff and Quality Improvement Committee members.
- Ensure enrollees have access to the State Fair Hearing process, if requested.

Notice of Action

- **Language and Format Requirements.** The notice must be in writing and must meet the language and format requirements specified in federal law to ensure ease of understanding.
- **Content of the Notice.** The notice must explain the following:
  - The adverse benefit determination the county or its contractor has taken or intends to take.
  - The reasons for the adverse benefit determination.
  - The enrollee's or the provider's right to request an appeal, including information on exhausting the county or its contractors level of appeal.
  - The enrollee's right to a fair hearing.
  - The procedures for exercising these rights.
  - The circumstances under which expedited resolution is available and how to request it.
  - The enrollee's right to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the enrollee may be required to pay the costs of the services.

Next Steps

- DHCS will issue Notice of Action templates that are compliant with federal and state guidance that DMC-ODS counties can use.

Perspectives & Insight from Orange County

General Planning & Preparation

- Decision – Combine activities with MHP or separate?
- Decision – Assigning leads for these activities
- Decision – Yet to play out – Will contract organizations be points of contact for the system, will they need to provide and be trained on NOAs, access logs, etc.?
- Planning – Significant increase in translation costs
- Planning – Staffing

Grievance/Appeal/Expedited Appeal/State Fair Hearing

- Decision – Combine these processes
- Assigned lead to manage these processes
  - Training for that team on these processes
- Determine what needs to be modified:
  - Postings – Grievance/Appeal Poster
  - Forms – Grievance/Appeal; Acknowledgement of Receipt; NOAs (may not be able to combine with MHP?); State Fair Hearing (may not be able to combine)
  - Log – Add drop downs for DMC-ODS to be able to report separately
  - Policies & Procedures (P&P) – Grievance; Appeals; Postings

Notice of Action

- Awaiting forms from DHCS
- NOA P&P
- NOA maintenance
- Assign lead

Provider List

- Decision – Unlikely to combine with MHP
- Assigned responsibility for maintenance
- Decision yet to be made – How will consumers be able to identify those providers not accepting new clients?

Beneficiary Brochure

- Awaiting DHCS template
- Team assigned as point

Informing Materials

- Translations and alternate formats
- Identify items to provide at initial contact
  - Beneficiary Brochure
  - Provider List
  - Advance Directive Information Sheet
  - NPP
  - Motor Voter Reg
  - Car Seat informing
  - Other?
- P&P on Informing Material Distribution
- Intake Advisement Checklist
- Other postings

Contact Information

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Questions and Discussion

*For optimal sound quality, please ensure that you are dialed-in using your phone and that you have inputted your **audio PIN.***

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For More Information:

http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

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DMC-ODS Resources

- For additional information, please see the DMC-ODS Frequently Asked Questions posted the DHCS website: http://www.dhcs.ca.gov/provgovpart/Pages/Fact-Sheets-and-FAQs.aspx?
- For questions, please contact dmcodswaiver@dhcs.ca.gov