March 30, 2004

Senator Jackie Speier
Chair
Senate Insurance Committee
State Capitol
Room 2032
Sacramento, CA 95814

Assembly Member Rebecca Cohn
Chair
Assembly Health Committee
State Capitol
Room 3173
Sacramento, CA 95814

RE: **Implementation of AB 2179 (Chapter 797, Stats. 2002)**
Development of Regulations on Timely Access to Health Care Services

Dear Senator Speier and Assembly Member Cohn:

Last year, the Department of Managed Health Care (Department) worked to implement AB 2179, which became effective January 1, 2003. We expect that the Department's rulemaking package will be submitted to the Office of Administrative Law in the near future. Public hearings will be held as part of the formal rulemaking process.

Department staff has examined indicators of timely access to care, reviewed industry standards, and considered geographic areas, the urgency of the care needed, clinical appropriateness, consumer choices and the nature of the primary care physician's practice as well as that of specialists. Standards of industry-related professional associations, national accreditation organizations, and other states have been evaluated.

Specifically, as required by AB 2179, the Department has evaluated information for the following indicators of timeliness of access to care:

(1) Waiting times for appointments with physicians, including primary and specialty care physicians

The Department researched federal requirements for Medicare, Medicaid, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and the State Children's Health Insurance Programs (SCHIPS); California requirements for Medi-Cal, the Healthy Families Program, the Major Risk Medical Insurance Program, and the Access for Infants and Mothers program as well as any relevant access guidelines adopted by CalPERS; requirements for other states' Medicaid programs as well as relevant HMO laws for a sample of other states; and standards of accreditation organizations including the National Committee on Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (Standards for Ambulatory Care), the Accreditation Association for Ambulatory Health Care, and the Institute for Medical Quality.

The Department found waiting time standards for appointments with physicians were generally included in states' requirements for their Medicaid programs. In addition, the Department found appointment waiting time standards included in federal CHAMPUS program requirements and in NCQA's accreditation standards for managed behavioral care organizations. The Department also found that CalPERS included guidelines for physician wait times on its web-site.

The Department also reviewed the most recent appointment standards filed by a sample of health care service plans licensed under the Knox-Keene Health Care Service Plan Act of 1975. Health care service plans are required to file standards for the availability of appointments for primary care and specialty services with the Department.

In addition, the Department reviewed information regarding the access questions contained in the Consumer Assessment of Health Plans Survey (CAHPS®) and the performance measures included in the Health Plan Employer Data and Information Set (HEDIS®), which are measures used by NCQA.

(2) Timeliness of care in an episode of illness, including the timeliness of referrals and obtaining other necessary services

The Department reviewed the sources described above. The Department found that timeliness standards generally distinguished between primary and specialty care, and whether care was urgent, routine, or preventive. In addition, some states' Medicaid programs included specific requirements for timeliness of appointments for

maternity care and for mental health care. However, in general, the Department found that standards are not specific to an episode of illness or disease. The Department also reviewed existing law related to specialty referrals.

(3) Waiting time to speak to a physician, registered nurse, or other qualified health professional acting within his or her scope of practice who is trained to screen or triage.

The Department reviewed the sources described above. The Department found a specific waiting time standard for this indicator only on rare occasion. Instead, the Department found nearly all sources addressed this indicator through the general requirement that emergency services must be available 24 hours a day, 7 days a week.

The Department consulted with the Clinical Advisory Panel (CAP) to evaluate industry standards and indicators of timely access to care at the May 1, 2003 CAP meeting. The Department provided CAP members with a list of discussion points for this meeting. In particular, the Department queried CAP members whether "time-lapse" standards and/or HEDIS® and CAHPS® performance measures should form the basis for the Department's access standards. CAP was also asked to consider how standards should allow for variations in geographic area, medical specialty, urgency, and consumer choice. The next scheduled CAP meeting will again include AB 2179 access regulations as an agenda item.

The Department's Advisory Committee on Managed Health Care (ACMHC) served as a forum for public discussion on timely access and reviewed complaints reported to the HMO Help Center and identified through HMO oversight related to timely access to care. Consumer, plan, provider, and provider group representatives testified before the ACMHC to provide information for the development of the regulations. Experts from state and national organizations and foundations active on health care issues made presentations. At its last two meetings, the ACMHC specifically provided comments and suggestions to Department staff regarding development of regulations to implement AB 2179. The next scheduled ACMHC meeting will again include AB 2179 access regulations as an agenda item.

The Department is working with the patient advocate to assure that the quality of

care report card incorporates information provided in reports by health care providers to health care service plans and by health care service plans to the Department regarding compliance with access standards.

Once implemented, the Department's focus in evaluating compliance with the standards will be upon patterns of noncompliance rather than isolated episodes of noncompliance.

Please feel free to contact G. Lewis Chartrand, Jr., Assistant Deputy Director, if you have any questions or require additional information. Mr. Chartrand can be reached at (916) 322-6727.

Sincerely,

Lucinda A. Ehnes, Director
Department of Managed Health Care