TIMELY ACCESS REGULATION

FSSB

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Health and Safety Code Section 1367.03

Requires the DMHC to:

- Adopt a regulation to ensure that consumers have timely access to health care services

- Develop indicators of timeliness (waiting times)

- Ensure that the OPA report card includes timely access compliance data

Timely Access Regulation

- Cal. Code Reg., title 28, section 1300.67.2.2 became operative January 17, 2010
- Filings required by October 18, 2010, include:
  - Provider network data (updated Exh. I-1 and I-4)
  - PCP-to-Enrollee ratios
  - Quality assurance policies and procedures
  - Survey forms (Enrollee, Provider, ICE Appointment Availability Survey)
  - Subscriber/Enrollee disclosures
  - Provider contract amendments
- Amendment, except material modification, is required for alternate standards

Alternate Time-Elapsed Standards

Rule 1300.67.2.2(f)(1)-(3)

- Material modification filing is required
- Burden is on the Plan to sufficiently justify and provide documentation
- Reasons must be clinical and operational, scientifically valid evidence that alternate standards are consistent with professional standards
- Must describe the impact of alternate standards on enrollees
- DMHC may consider all relevant factors, including section 1367.03(d) and (e), and rule 1300.67.2.1(c).
- If DMHC approves alternate standards, annual filing is required by Plan for continued use.

Alternate Time-Elapsed Standard Filings

- To date, only one Plan has requested alternate standards

- The request was denied and the plan's timely access filing was disapproved

- Plans must have a compliant TAR filing that is approved by the DMHC

What's Been Happening In 2011?

- Plans were required to operationalize the timely access regulation (TAR) as of January 17, 2011

- Plans must monitor compliance with TAR

- Surveys (EE, provider, ICE appointment availability)
  - Grievance and appeals -- review at least quarterly
  - Verify advanced access
  - Promptly investigate and implement corrective action plan for deficiencies

What's Next For 2012?

- All full service and mental health plans must file their first annual report by March 31, 2012, and annually thereafter

- Must report compliance during immediate preceding year (ending Dec 31)

One-Stop Shop Web Portal
For Annual Report

- Requires Plans to document information per Rule 1300.67.2.2 (g)(2)(A)-(G):
  - ➢ Various data, survey results, etc.
  - ➢ Contracted provider network and enrollment, county-by-county
- Requires Plans to submit provider network data to web portal implemented by DMHC

Annual Report Requirements

Rule 1300.67.2.2(g)(2)(A)-(F)

- Include timely access standards in policies and procedures
- Show rate of compliance with time-elapsed standards using statistically reliable sampling methodology
- Identify any incidents or patterns of non-compliance, and a corrective action plan
- List providers/groups using advanced access appointments scheduling
- Describe HIT, telemedicine, triage
- Include annual enrollee and provider survey results, and a comparison with the previous year's survey results

Provider Network And Enrollment Data
Rule 1300.67.2.2(g)(2)(G)(1)-(2)

- On a county-by-county basis for Plan's service area, and in a format approved by DMHC:
  - ➤ Plan's enrollment in each product line
  - ➤ Plan's contracted provider network (physicians, hospitals, and other contracted providers)

DMHC Web Portal
For Timely Access Annual Report

One-stop web portal allows Plans to file entire TAR report:

- Upload various report data for (g)(2)(A)-(F)
- Web application with Excel spreadsheets for Plan's contracted provider network and enrollment data for (g)(2)(G)(1)-(2)

Instructions

- What, how, where to file
- Upload Excel spreadsheets
- Vetted via Web Ex with Plans and other stakeholders

Plan's Enrollment by Product Line
Rule 1300.67.2.2(g)(2)(G)(1)

- Plan's DMHC enrollment in each product line by county
- Zip codes
- Product lines: HMO/POS, PPO, Medi-Cal, HFP, Healthy Kids, MRMIB/MRMIP, AIM, Medicare, Other

Plan's Contracted Primary Care Physicians

- List of contracted PCPs
- Location - address
- Specialty - Lookup codes
- California license number, NPI number
- Board certified
- Language(s) - lookup codes

Plan's Contracted Specialty Physicians

- Name

- Location - address

- Specialty and subspecialty

- California license number, NPI number

- Board certified

Plan's Contracted Hospitals

- Hospital Name, DBA
- Location - address
- Hospital system
- Lines of business

Plan's Contracted Mental Health Network

- Mental health professionals - MDs and non-MDs
- Specialty - lookup codes
- California license number, NPI number
- Mental health facilities - lookup codes
- Carve-Outs

Plan's Other Contracted Providers

- "Other" contracted providers
- Ancillary - PT, OT, ST, lab, radiologists, DME, pharmacy, etc.
- Contracted medical groups and/or IPAs

What Happens After the Plan's Report Is Submitted?

Rule 1300.67.2.2(g)(3)

DMHC reviews the reports to:

- Determine compliance or non-compliance with TAR standards

- Focus on patterns, rather than isolated episodes of non-compliance

- Consider all relevant factors regarding compliance

Relevant Compliance Factors

DMHC considers all relevant factors, including:

- Plan's efforts to evade standards
- Nature/extent of Plan's efforts to avoid or correct non-compliance
- Nature of physician practices, Plan's network, and nature of health care services
- Single instance of non-compliance if it results in serious injury/harm to an enrollee

Report Card

Health and Safety Code Sections 1367.03(f)(2) and (h)

- Reported information must allow consumers to compare the performance of Plans and their contracting providers

- OPA's quality of care report card will incorporate information regarding Plan and Provider compliance with timely access to care

California Is A Leader:
First In Nation To Measure Timely Access To Care

Annual Report will provide:

- Baseline data

- Best practices, such as telehealth, nurse advice, e-mail/web-based adjunct to provider appointments, etc.

- Information that enables the DMHC to work with the entire health care industry and stakeholders to improve timely access to care

Questions??

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for questions or a demonstration