

# Timely Access Reporting Update

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# Statute

- Health & Safety Code section 1367.03 directed the Department to adopt regulations to ensure health plan enrollees' access to necessary health care services in a timely manner (2002).
- Rule 1300.67.2.2 was adopted in 2010.

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# Additional Requirements of the Rule

- Plans must arrange for 24/7 telephone triage or screening services, including a call back within 30 minutes.
- Wait time to speak to a customer service representative during normal business hours is not more than 10 minutes.
- Monitor network compliance and investigate and correct deficiencies.
- Provide interpreter services.
- Ensure sufficient contracted providers and in areas with provider shortages, plans must arrange for enrollees to access contracted providers in neighboring service areas.

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# Standards for Timely Access to Care

- **Clinical Appropriateness Standard:** Plans shall provide or arrange for covered health care services in a timely manner appropriate for the nature of the enrollee's condition consistent with good professional practice.
- **Appointment Time Frames:** Regulation sets out standards that create a floor for the clinical appropriateness standard.

# Appointment Time Frames

- 48 hours from request for urgent care services that do not require a pre-authorization.
- 96 hours from request for urgent care services that require a pre-authorization.
- 10 business days for primary care provider.
- 15 business days for specialty care physician.
- 10 business days for non-physician mental health provider.
- 15 business days for ancillary care.

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# Reporting

- **MY 2014**: 1<sup>st</sup> Year utilizing standard methodology for reporting. Participation in standardized methodology optional, but selected by about 80% of plans
- **MY 2015**: Required use of standardized methodology. Majority of plans selected the Survey Method.
- **MY 2016**: Requires use of standardized methodology. Plans will also complete a Readiness Survey in preparation for transition to Audit.

# Survey vs. Audit

## Survey Methodology:

- Prospective
- “When is the next available appointment?”

## Audit Methodology:

- Retrospective
- “When did the appointment occur?”

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# Stakeholder Participation

- Four stakeholder meetings in August 2015:
  - Plans
  - Providers
  - Consumer Advocates
  - All
- Continuously gathering data from providers, plans and consumer advocates.
- Provide ongoing training and outreach to participants.

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# Deliverables

- 5 year window in which to draft regulation.
- Report posted online annually on December 1.
- Continue regulation/enforcement actions as necessary.

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# Questions?

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