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Bcc:



Subject: APL 17-007 (OPM) Timely Access Report
Date: Friday, April 07, 2017 2:03:00 PM
Attachments: [Timely Access Report APL 17-007 \(OPM\) FINAL.pdf](#)
[Timely Access Report APL 17-007 \(OPM\) FINAL Track Changes.pdf](#)

Dear Health Plan Representative,

Please find the attached Timely Access All Plan Letter. This All Plan Letter supersedes the All Plan Letter previously issued on February 13, 2017. This All Plan Letter provides updates on key submission deadlines and filing instructions related to the J-13, the Measurement Year 2016 Annual Network Review Report, the Measurement Year 2016 and 2017 Timely Access Compliance Report and instructions for utilizing external vendors. If you have any questions regarding this All Plan Letter please contact the Office of Plan Monitoring at TimelyAccess@dmhc.ca.gov

Thank you,
Department of Managed Health Care
Office of Plan Licensing



Edmund G. Brown Jr., Governor
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ALL PLAN LETTER

DATE: April 7, 2017 (SUPERSEDES APL ISSUED ON FEBRUARY 13, 2017)

TO: All Full Service and Behavioral Health Plans Required to Submit Annual Timely Access Compliance Reports

FROM: Dan Southard
Deputy Director, Office of Plan Monitoring

**SUBJECT: APL 17-007 (OPM) TIMELY ACCESS COMPLIANCE REPORTS
MEASUREMENT YEARS 2016 and 2017**

In February 2017, the Department of Managed Health Care (“DMHC”) issued its [Timely Access Report for Measurement Year \(MY\) 2015 \(“2015 Report”\)](#). The 2015 Report found individual compliance reports submitted by health care service plans (“health plans”) contained significant and extensive data errors. The report also outlined next steps to be taken by health plans and the DMHC to further protect enrollees and ensure timely access to care. This All Plan Letter provides additional information regarding the next steps health plans that utilize the survey methodology are required to take in connection with the submission of *Timely Access Compliance Reports*¹ for MY 2016 and MY 2017, and supersedes the Timely Access Compliance Reports All Plan Letter dated February 13, 2017.

¹ It is important to note that the Knox-Keene Act mandates two separate and distinct network compliance review processes that are overseen by the DMHC on an annual basis. The first network review process (referred to internally at DMHC as the *Timely Access Compliance Report*) involves submission by each health plan of an annual report (required under Cal. Code Regs., tit. 28, section 1300.67.2.2, subd. (g)(2)(A)-(F)) which provides detailed data concerning patient wait times related to appointment access and availability. Upon receipt, each *Timely Access Compliance Report* is reviewed and analyzed by the DMHC, the data is assembled and organized across the industry, and the process culminates in the DMHC’s Timely Access Report, published annually. The second network review process is the *Annual Network Review Report* (which is also referred to as the Provider Roster or G Data) involves the annual submission by each health plan of data concerning enrollment figures and detailed information concerning the plan’s network of contracted providers (required under Cal. Code Regs., tit. 28, section 1300.67.2.2, subd. (g)(2)(G)). Upon receipt, each *Annual Network Review Report* is analyzed for compliance with network adequacy laws, and findings are issued concerning networks that are determined to be out-of-compliance with applicable network standards. The information in this All Plan Letter primarily concerns the first of these two compliance review processes – *Timely Access Compliance Reports*.

Based on the 2015 Report findings² and recommendations of the DMHC, all health plans required to submit annual *Timely Access Compliance Reports* must comply with the following:

MY 2016

1. Health plans must immediately take all steps necessary to ensure that health plans maintain the appropriate level of administrative capacity and expertise necessary to analyze, validate and rectify errors in Timely Access compliance data in accordance with the DMHC's mandatory methodology in a manner that is sufficient to ensure that all future compliance reports submitted to the DMHC are accurate. Health plans must maintain an adequate level of staffing with the appropriate level of expertise necessary to carry out these functions.
2. All health plans are required to utilize an external vendor ("external vendor") to validate the health plan's Timely Access data and conduct a quality assurance review of the health plan's *Timely Access Compliance Report*, prior to submission of the report to the DMHC. Each health plan is responsible for securing its own agreement with an external vendor and ensuring its Timely Access Compliance Report is submitted no later than **May 26, 2017**, for MY 2016.³
3. Based on the significant data errors discussed in the 2015 Report, health plans will not be permitted to utilize the Health Industry Collaboration Effort, Inc. ("ICE"), the ICE vendor (Call Logic, Inc.), and/or other vendors previously used by or coordinated through ICE to validate data and conduct the quality assurance reviews for MY 2016.
4. The Department has extended the due date for submission of the Annual Network Review Report also referred to as the Provider Roster or G Data to **April 14, 2017**. The submission of the Annual Network Review Report shall include the six Annual Network Report Forms and the Timely Access and Network Adequacy Grievance Report Form.
5. On February 14, 2017, the DMHC issued the following standardized templates to be used in connection with MY 2016 *Timely Access Compliance Reports*:
 - a. *Provider Contact List Template*
 - b. *Raw Data Template*

² The DMHC's annual findings concerning Timely Access are issued in accordance with Health and Safety Code section 1367.03, subd. (i).

³ The submission date of May 26, 2017 for MY 2016 applies only to Timely Access Compliance Reports required under Cal. Code Regs., tit. 28, section 1300.67.2.2, subd. (g)(2)(A)-(F). The DMHC has extended the deadline for submission by each health plan of its *Annual Network Review Report* required under Cal. Code Regs., tit. 28, section 1300.67.2.2, subd. (g)(2)(G) to April 14, 2017. If a health plan has questions related to the deadlines discussed above, it should immediately contact the DMHC for further information.

MY 2017

1. All health plans are required to utilize an external vendor to validate the health plan's Timely Access data and conduct a quality assurance review of the health plan's *Timely Access Compliance Report*, prior to submission of the report to the DMHC. In addition, each health plan is responsible for securing its own agreement with an external vendor and ensuring its *Timely Access Compliance Report* is submitted no later than **March 31, 2018**, for MY 2017.
2. Health plans with the administrative capacity and expertise to follow the mandatory DMHC methodology may self-administer the Provider Appointment Availability Survey ("PAAS"). Health plans also have the option of utilizing an external vendor to conduct the Provider Appointment Availability Survey ("PAAS"). Each health plan is responsible for securing its own agreement with an external vendor and ensuring its Timely Access Compliance Report is submitted no later than **March 31, 2018**, for MY 2017.
3. Health plans will not be permitted to utilize the ICE, the ICE vendor (Call Logic, Inc.), and/or other vendors previously used by or coordinated through ICE in connection with surveying providers, data gathering, analysis, validation, report preparation or submission and/or other compliance activities pertaining to *Timely Access Compliance Report* for MY 2017 and thereafter.
4. Health plans with the administrative capacity and expertise may self-administer the Provider Satisfaction Survey. Health Plans will not be permitted to utilize the ICE to conduct the Provider Satisfaction Survey. However, health plans may either self-administer the Provider Satisfaction Survey or utilize any vendor previously used by the ICE to conduct the MY 2015 and/or MY 2016 Provider Satisfaction Survey. If applicable, each health plan is responsible for securing its own agreement with an external vendor and ensuring its Provider Satisfaction Survey is submitted no later than **March 31, 2018**, for MY 2017.

External Vendor Validation

In order to ensure accuracy and completeness of the health plan's submission, the external vendor shall validate the health plan's Timely Access data and conduct a quality assurance review of the health plan's *Timely Access Compliance Report*, prior to submission of the report to the DMHC. As noted above, health plans are required to file the *Timely Access Compliance Report* no later than **May 26, 2017** for MY 2016 and no later than **March 31, 2018** for MY 2017. At a minimum, the external vendor's data validation and quality assurance review must ensure all of the following:

- The health plan used the DMHC-issued required templates for MY 2016 and MY 2017, as applicable.

- The health plan reported survey results for all provider types that were required to be surveyed, as applicable, based on the composition of the health plan's network during MY 2016 and/or MY 2017.
- The *Timely Access Compliance Report* (including the *Provider Contact List Template*, the *Raw Data Template*, and the *Results Template*) accurately reflects and reports compliance for providers who were under contract with and part of the health plan's DMHC-regulated network(s) at the time the *Provider Contact List* was generated.
- All rates of compliance for the health plan reported on the *Results Template* are accurately calculated, consistent with, and supported by data entered on the health plan's *Raw Data Template*.
- The administration of the survey followed the mandatory DMHC methodology for MY 2016 and MY 2017, as applicable, including, but not limited to, conducting the survey during the appropriate measurement year and ensuring adherence to all target sample sizes and other parameters required under the methodology.

External Vendor Validation Report

As part of the *Timely Access Compliance Report* for MY 2016 and MY 2017, health plans shall include an *External Vendor Validation Report* prepared by the external vendor outlining the results of the vendor's data validation and quality assurance review and including details regarding the vendor's review of each verification item identified in the previous section (External Vendor Validation). In addition, the *External Vendor Validation Report* shall summarize the vendor's findings and identify any changes and/or corrections made by the health plan or the external vendor as a result of the data validation and quality assurance review.

If the external vendor's data validation and quality assurance review identified errors or issues that the health plan is unable to correct (e.g., the survey was conducted during the wrong measurement year, the health plan failed to survey a mandated provider type that existed in the plan's network, or the health plan was unable to survey the required target sample size), the *External Vendor Validation Report* must include this information. The health plan must explain why it was unable to comply with the mandatory DMHC methodology and identify corrective actions the health plan is taking to ensure compliance during future reporting years.

The *External Vendor Validation Report* and any accompanying health plan explanations must be submitted through the DMHC Timely Access Web Portal, in the "Comment/Narrative" section.

Submission of Exhibit J-13

1. Each health plan must submit through eFile an Exhibit J-13, no later than **April 28, 2017**, that includes the following information:

- a. Identify the external vendor(s) retained by the health plan to validate data and conduct the quality assurance review for its MY 2016 *Timely Access Compliance Report*, and provide a copy of the executed agreement(s) with the external vendor.
- b. Identify the external vendor retained by the health plan to validate data and conduct the quality assurance review for MY 2017 in connection with its *Timely Access Compliance Report*, and provide a copy of the executed agreement with the external vendor. If the health plan has not executed an agreement with an external vendor for MY 2017, please provide a status update in the J-13 filing.
- c. Identify if the health plan or an external vendor will be administering the MY 2017 Provider Appointment and Availability Survey ("PAAS"). If the health plan will be self-administering the MY 2017 PAAS, explain how the health plan determined the adequate level of staffing with the appropriate expertise necessary to carry out these functions. If applicable, identify the external vendor retained by the health plan to conduct the MY 2017 PAAS and provide a copy of the executed agreement with the external vendor. If the health plan has selected but not executed an agreement with an external vendor for MY 2017, please provide a status update in the J-13 filing.
- d. Identify if the health plan or an external vendor will be administering the MY 2017 Provider Satisfaction Survey. If the health plan will be self-administering the MY 2017 Provider Satisfaction Survey, explain how the health plan determined the adequate level of staffing with the appropriate level of expertise necessary to carry out these functions. If applicable, identify the external vendor retained by the health plan to conduct the MY 2017 Provider Satisfaction Survey and provide a copy of the executed agreement with the external vendor. If the health plan has selected but not executed an agreement with an external vendor for MY 2017, please provide a status update in the J-13 filing.
- e. Demonstrate that the identified vendor(s) meet:
 - i. Qualifications standards, including information reflecting that the vendor has the requisite expertise, knowledge, and experience to provide Timely Access compliance-related services to the health plan.
 - ii. Administrative capacity standards to provide services to the health plan in a timely manner to avoid any delay.

- f. Details regarding the functions that are delegated to each external vendor, the process by which the health plan oversees each external vendor, and which specific health plan representative(s) are responsible for overseeing the vendor(s).

The *Results Template* for MY 2016 *Timely Access Compliance Reports* and the MY 2017 Provider Appointment and Availability Survey (“PAAS”) Methodology have been posted on the DMHC public website at www.dmhc.ca.gov. All health plans utilizing the survey methodology are required to use the DMHC *Results Template*, *Provider Contact List Template*, and *Raw Data Template* in connection with submission of MY 2016 *Timely Access Compliance Reports*.

To assist the health plans, the Department has also posted the Timely Access Compliance Reporting Instructions, Frequently Asked Questions, a Vendor Checklist for Timely Access Compliance Reporting and a Timely Access Web Portal Technical Assistance Grid on the DMHC public website at www.dmhc.ca.gov.

If you have any questions regarding this letter, please immediately contact the DMHC at TimelyAccess@dmhc.ca.gov for additional information.