Edmund G. Brown Jr., Governor
State of California
Health and Human Services Agency
DEPARTMENT OF MANAGED HEALTH CARE
980 9th Street, Suite 500, Sacramento, CA 95814
Telephone: 916-324-9046 | Fax: 916-327-6352
www.HealthHelp.ca.gov

MEASUREMENT YEAR 2018

CHECKLIST FOR HEALTH CARE SERVICE PLAN VENDOR AGREEMENTS
TIMELY ACCESS COMPLIANCE REPORTS

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This Checklist is provided for guidance and reference purposes only. All health care service plans are required to review and comply with the Knox-Keene Act and Title 28 Regulations, other applicable laws, and guidance (including All Plan Letters) issued by the Department of Managed Health Care.

CHECKLIST FOR HEALTH CARE SERVICE PLAN VENDOR AGREEMENTS
TIMELY ACCESS COMPLIANCE REPORTS

This checklist is not intended to be all-inclusive and only represents those issues that must, at a minimum, be addressed by a health care service plan in connection with the Quality Assurance process set forth in the Provider Appointment Availability Survey Methodology. (See Section 1367.03, subd. (f)(3).) This checklist provides information regarding validations that must be included in the external vendor's Quality Assurance Reports. Additional information may be requested by the Department of Managed Health Care ("DMHC") during review of submitted timely access compliance data.

- General provisions, including but not necessarily limited to verification that:
  - The *Quality Assurance Report* outlining the results of the external vendor's review of the validations required. The external vendor's findings must be summarized and any changes or corrections made by the health plan or the external vendor, as a result of the data validation and quality assurance review, must be identified. This includes issues that are identified but deemed resolved by explanation or clarification.
- Areas the Vendor will review, including but not necessarily limited to:
  - The health plan used the DMHC required Provider Appointment Availability Survey (PAAS) and templates for MY 2018, as applicable and reported all required fields in each template. The external vendor must ensure that the *Provider Contact List*, *Raw Data Template* and *Results Templates*, set forth on the DMHC's public Timely Access web page under the "2018 Timely Access Compliance Templates and Tools" section, are used.
  - The health plan reported survey results for all provider types that were required to be surveyed and reported, as applicable.

    If a health plan failed to survey a provider type that is in its network and required to be surveyed and reported, the *Quality Assurance Validation Report* must include this information. The health plan must explain why it was unable to report data for this provider type and identify steps to be taken by the health plan to ensure compliance during future reporting years in its submission.
  - 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. The purpose of this requirement is to ensure that the providers identified in the health plan's *Timely Access Compliance Report* were under contract with the health plan for a DMHC-regulated line of business at the time the Provider Contact List was generated and used to administer the PAAS. The external vendor should ensure that the health plan did not inadvertently include Providers serving solely non-Knox Keene licensed lines of business (or if utilizing a vendor that serves multiple health plans to administer the survey, the external vendor did not include non-contracted Provider data as a result of surveying other plans' Providers). The vendor is not expected to review plan provider contracts to make this determination. Rather, the vendor should use the plan's annual *Provider Network Report Form* as a baseline.

The DMHC recommends that, at minimum, the health plan require the external vendor to verify the following information on the plan's annual *Provider Network Report Form* and *Timely Access Compliance Report* to ensure that all providers included in the report were in the health plan's network during the appropriate measurement year:

*Name of Provider
*Number of Individually Contracted Provider by county by product type
*The correct specialty type reported for each provider
*Timely Access Compliance Report did not exclude a provider type that should have been surveyed

- Information indicating that non-contracted Providers were identified and included or removed from the *Timely Access Compliance Report* should be included in the *Quality Assurance Report*. Health plans should provide this information and an explanation for the discrepancies identified between the data sources in narrative form in the *Quality Assurance Report*. (E.g., "There are 52 PCPs and 41 specialists who appear on the health plan's *Timely Access Compliance Report* Provider Contact List and Raw Data Template, but are not listed on the health plan's Provider Roster (G Data). As part of its work performed for MY 2018, the health plan's external vendor/data validator confirmed that each of the 52 PCPs and the 41 specialists were contracted with and part of the health plan's network at the time the MY 2018 Provider Contact List was generated.")

Selection of providers to be surveyed followed the mandatory DMHC methodology for MY 2018 including, but not limited to, correctly de-duplicating the Provider Contact List, identifying target sample sizes and following prescribed random sampling processes.

- 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*. Each calculation should follow the requirements set forth in the DMHC's mandatory PAAS methodology. Suggested calculation validations are included at the end of this document.
- The administration of the survey followed the mandatory DMHC methodology for MY 2018, as applicable, including, but not limited to, using the DMHC's mandatory PAAS methodology survey questions, conducting the survey during the appropriate measurement year and ensuring adherence to all target sample sizes and other parameters required under the methodology.

Calculation Validations

Based on issues previously identified by the DMHC, the external vendor should ensure the following calculations and/or data items are validated and reported accurately:

- The formula used to report the rate of compliance, including the denominator and numerator, must be correct.
- All results must be mathematically possible (e.g., no rates above 100% should be reported).
- The calculation should be consistent with the survey logic set forth in the PAAS methodology. For example, the compliance determination for a particular standard should account for the response of the provider selected to be surveyed.
- The responses in source data are recorded accurately on the Raw Data Template
  and are set forth in the appropriate column.
- The rate of compliance for each standard reported on the *Results Template* must be derived from the appropriate survey question(s).
- The number of providers reported on the *Raw Data Template* and *Results Templates* must be consistent. (e.g., if responses for 15 providers in a network in a particular county were included in the *Raw Data Template*, this number should be consistent with what is set forth on the Results Template. The *Raw Data Templates* should not indicate that a larger or smaller number of providers responded when that information is compared against information set forth on the *Raw Data Template*.)
- No unnecessary duplicate entries are included on the *Raw Data Template* and *Results Templates*.

- If a health plan reports a 0% rate of compliance on the *Results Template*, this calculation must be consistent with information on the *Raw Data Template* and should not be reported as "NA." (E.g., if listed as 0% this means that none of the providers surveyed reported appointment availability that was compliant with the timely access standard. If "NA" is reported, this means that all of the providers surveyed were ineligible for inclusion in the survey, or that the measurement does not apply).

Please review the MY 2018 PAAS Methodology for further details.