Timely Access Regulation & Methodology

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Overview

History of the Timely Access regulation and annual report

- Improvements to compliance reporting
- Implementation of SB 964



Timely Access: Statute & Regulation

- Health & Safety Code section 1367.03 directs 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.



Compliance Requirements

- Monitor network compliance and investigate and correct deficiencies
- Ensure sufficient contracted providers and in areas of provider shortages, plans must arrange for enrollees to access available and accessible contracted providers in neighboring service areas
- Wait time for customer service rep not more than 10 minutes
- 24/7 telephone triage services, including a call back w/in 30 minutes
- Provide interpreter services



Annual Reports

All full service & mental health plans

- Filing is due March 31
 - 34 full service plans
 - 7 mental health plans

 Reviewed by the Office of Plan Licensing and Managed Healthcare Unlimited



Annual Report Components

- Plan policies & procedures
- Rate of compliance with the time elapsed standards
- Incidents of non-compliance that resulted in substantial harm or patterns of non-compliance
- Advanced access
- Description of triage, telemedicine, and health information technology
- Enrollee/Provider satisfaction surveys
- Provider network snapshot



Appointment Time Frames

- 48 hours for urgent care services without pre-authorization
- 96 hours for urgent care services requiring pre-authorization
- 10 business days for primary care physician
- 15 business days for specialist physician
- 10 business days for non-physician mental health provider
- 15 business days for ancillary care



Calculating Compliance

- Compliance with the time elapsed standards:
 - County
 - Provider Group

Provider group/individually contracted providers

Statistically reliable methodology



Reporting Challenges

Industry Collaborative Effort

Rate of compliance bench marks

Mental health providers



Annual Report Evolution

- 2011 First report
- 2012 Multiple methodologies
- 2013 Increased surveys
- 2014 Implemented Department model survey



Improvements: MY* 2013

Increased number of provider surveys

 Met with health plans to outline goals for report improvements.

* Measurement Year



Improvements: MY 2014

Model provider appointment availability survey and methodology

- Pilot programs for mental health plans
 - Online surveys for non-physician providers



SB 964 (2014): Timely Access Reporting

- Develop standardized methodology for reporting timely access compliance
- Annually review compliance and post findings on website
- Annually review plan provider networks



SB 964: Timely Access Reporting

Determine a rate of compliance that will allow comparison across plans

- Separate reports for:
 - Medi-Cal
 - Individual/Family products
 - All other commercial products



SB 964: MY 2015 Standardized Methodology

- Survey and audit options
- Separate reporting by product
- Mental health services and ancillary care services
- Tools to increase responses to telephone surveys
- Standard format for submission



SB 964: MY 2015 Standardized Survey Methodology

- Specialist Physician Categories:
 - Allergist
 - Dermatologist
 - Cardiologist
 - Psychiatrist
 - Pediatric & Adolescent Psychiatrist
- Ancillary Care Appointments
 - MRI
 - Physical Therapy
 - Mammogram



SB 964: Future Considerations

- Telemedicine appointments
- Different appointment types
 - Initial diagnosis
- Language assistance
- Disability access



SB 964: Standardized Survey Methodology

Available at DMHC website:

http://www.dmhc.ca.gov/LicensingReporting/SubmitHealthPlanFilings.aspx#timely



QUESTIONS?

