



State of California—Health and Human Services Agency
Department of Health Care Services



Medi-Cal Managed Care 2019 Annual Timely Access Report

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1. Background and Overview

1.1 Timely Access Survey Overview

The California Department of Health Care Services (DHCS) through the use of our External Quality Review Organization (EQRO), Health Services Advisory Group (HSAG), conducts a Timely Access survey of all Medi-Cal managed care health plans (MCPs) for compliance with provider availability and wait time standards for urgent and non-urgent pediatric and adult appointments among network provider types.¹

The survey consists of calling a randomized sample of a MCP's network providers to capture the following information:

- The first three available times for urgent and non-urgent appointments for the selected provider type;
- The differences in appointment times between pediatric and adult;
- The acceptance of new patients;
- The contracted status of the network provider with other MCPs in the same county;
- Whether the provider's office is familiar with the member's rights to language interpretation services;
- Whether MCP's call center staff were aware of the member's rights to language interpretation services;
- Call center hold time; and
- The accuracy of the data that DHCS maintains for the network provider.

DHCS provides the results of the timely access survey to the MCPs on a quarterly basis and the final survey results at the 4th quarter on an annual basis. MCPs are required to respond to their timely access survey results and identify steps to ameliorate any compliance infractions. DHCS reviews the survey findings during the Quarterly Monitoring process and communicates any areas of concern with the MCPs as described in the *Quarterly Monitoring Response Process* section of this report.

1.2 Timely Access Report Overview

This report presents the DHCS 2019 Timely Access survey results, which captures survey responses of all MCP provider offices and call center staff for calendar year 2019. This report also details the sampling methodology used to determine eligibility to participate in the survey, the survey script used to collect responses, the process by which DHCS provides the quarterly timely access results to MCPs and receives

¹ Network providers for purposes of the Timely Access survey consist of primary care providers, core specialists, non-physician mental health providers, initial prenatal care providers, and ancillary care.

corresponding MCP responses, and ongoing process improvements to better refine the survey and provider data quality.

2. Timely Access Standards

Timely access standards are set forth in federal law,² State regulations,³ and DHCS contract⁴ requirements. DHCS administers the State’s Medicaid managed care delivery system through six (6) plan models: County Organized Health Systems (COHS), Two-Plan, Geographic Managed Care (GMC), Regional, Imperial and San Benito.⁵ A majority of the timely access standards are in the Knox-Keene Act which is a set of laws that regulate health care service plans. While only non-COHS health plans are subject to Knox-Keene requirements, DHCS holds COHS MCPs to the same Knox-Keene requirements under the DHCS contract.

The following table outlines the Timely Access standards as set forth in Knox-Keene and DHCS contracts with MCPs.

Table 1. Provider Category Criteria and Wait Time Standards

Appointment Type	Criteria for Provider Type/Specialty	Wait-Time Standard	
		Non-Urgent Appointments	Urgent Appointments
Primary care appointment (adult and pediatric)	Primary Care Physicians (PCPs) and PCP extenders ⁶	10 business days	48 hours

² 42 CFR 438.206(c) Availability of services

³ CA Health and Safety Code Section 1340 et seq

⁴ Medi-Cal Managed Care boilerplate contract:

<https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>

⁵ For more detail, see

<https://www.dhcs.ca.gov/services/Documents/MMCD/MMCDModelFactSheet.pdf>

⁶ PCP Extenders include Physician Assistants, Nurse Practitioners and Certified Nurse Midwives.

Appointment Type	Criteria for Provider Type/Specialty	Wait-Time Standard	
		Non-Urgent Appointments	Urgent Appointments
Specialist appointment (adult and pediatric)	Cardiologists/interventional cardiologists; dermatologists; endocrinologists; gastroenterologists; general surgeons; hematologists; HIV/AIDS specialists and infectious disease specialists; nephrologists; neurologists; oncologists; ophthalmologists; orthopedic surgeons; otolaryngologists and ear, nose, and throat (ENT) specialists; physical medicine and rehabilitation specialists; psychiatrists; and pulmonologists	15 business days	96 hours
Appointment with a mental health care provider (who is not a physician) (adult and pediatric)	Non-physician mental health providers (psychologists, licensed clinical social workers, and marriage and family therapists)	10 business days	96 hours
First prenatal visits	Obstetrics/gynecology (OB/GYN) and midwife (certified nurse midwife and licensed nurse midwife)	10 business days	—
Appointment with ancillary providers	Physical therapy appointments, magnetic resonance imaging (MRI) appointments, mammogram appointments	15 business days	—

3. Timely Access Survey Methodology

The Timely Access Survey uses the MCP monthly provider data submission to identify providers who qualify for the survey. Due to the provider data being used as the data source for the calls, DHCS also uses the results of this survey to improve data quality. HSAG and DHCS collaborated in developing a sampling framework, a survey script for the calls to the provider offices and call centers, and survey measures that compare call responses with the MCP's data submissions.

3.1 Provider Sampling

The survey methodology entails generating a random sample of 411 providers stratified and equally distributed among the five provider categories for each MCP reporting unit.⁷ An additional 124 providers for each reporting unit were identified to serve as an oversample pool. When a sampled provider was determined to be ineligible, the ineligible provider was replaced with a provider from the oversample pool. Providers were considered ineligible for any of the following reasons if the provider:

- Did not work at the location provided
- Was not enrolled in the reporting unit for the specified MCP,
- Had an incorrect or disconnected phone number, or
- Office staff refused to participate.

If there were not enough providers in the reporting unit to meet the sample size, the survey methodology allowed for providers located in the same region but outside of the contracted reporting unit to be included in the sample. For the 2019 Timely Access Survey, different categories of providers were surveyed each quarter until all provider categories had been surveyed in sufficient numbers to generate the sample goal per reporting unit. After completing its surveys, HSAG calculated the results for each study indicator and delivered these results quarterly to DHCS.

This methodology did not result in equal numbers of providers surveyed for each reporting unit. Many reporting units lacked a sufficient number of providers in total to fill the need for oversample providers. Rural reporting units, especially, lack large enough numbers of providers of specific specialist categories, so that once several of the sampled specialists had been found ineligible, there were no other oversample providers of that specialist category to survey.

3.2 Survey of Provider Offices

After the completion of the sampling process, HSAG conducts calls of the providers' office, in order to improve data quality and capture compliance with timely access standards the caller asks provider offices to:

- Verify that the provider's office accepts Medi-Cal members from a specified MCP;
- Inquire if the provider's office is contracted with another MCP that operates in in the same reporting unit;
- Verify what population the office serves (e.g., adult, pediatric or both).

⁷ Reporting units are counties except in rural areas.

Additionally, the Timely Access Survey captures the appointment availability for primary care, specialist, mental health providers, and ancillary providers. The caller asks provider offices:

- Does this location offer different appointment times depending on whether the patient is an adult or a child?
- Is your location aware that patients are entitled to receive interpretation services in any language?
- What language(s) other than English are spoken by staff at your location?

3.3 Survey Measures

The Timely Access survey results are categorized by the following measures which are provided to the MCPs at the statewide, MCP, and reporting unit levels:

- **Measure 1**—Percentage of sampled providers replaced by oversample and the distribution of replacement reasons
- **Measure 2**—Percentage of providers with “Accepting New Patient” status in the provider data confirmed by the call
- **Measure 3**—Percentage of providers accepting new patients
- **Measure 4**—Percentage of providers with appointment times collected and the distribution of reasons why appointment times were not collected
- **Measure 5**—Percentage of providers meeting wait time standards based on the first appointment times⁸
- **Measure 6**—Minimum, median, maximum, and mean waiting times based on the first, second, and third appointment times
- **Measure 7**—Percentage of providers contracted with other MCPs in the same county or region
- **Measure 8**—Percentage of providers in DHCS’ provider data, but not contracted with MCPs according to the survey
- **Measure 9**—Percentage of providers contracted with MCPs according to the survey but not in DHCS’ provider data⁹
- **Measure 10**—Percentage of providers with different appointment times for adults and children

The following measures were later added to the 2019 Timely Access Survey to capture compliance with interpretation services, language offerings and call center wait times:

- **Measure 11**—Percentage of providers who are aware that patients are entitled to receive interpretation services in any language according to the survey response
- **Measure 12**—Percentage of providers with site language(s) in the provider data confirmed according to the survey response and the distribution of reasons why site language(s) were not confirmed

⁸ The second and third appointment times are captured but not used to capture compliance.

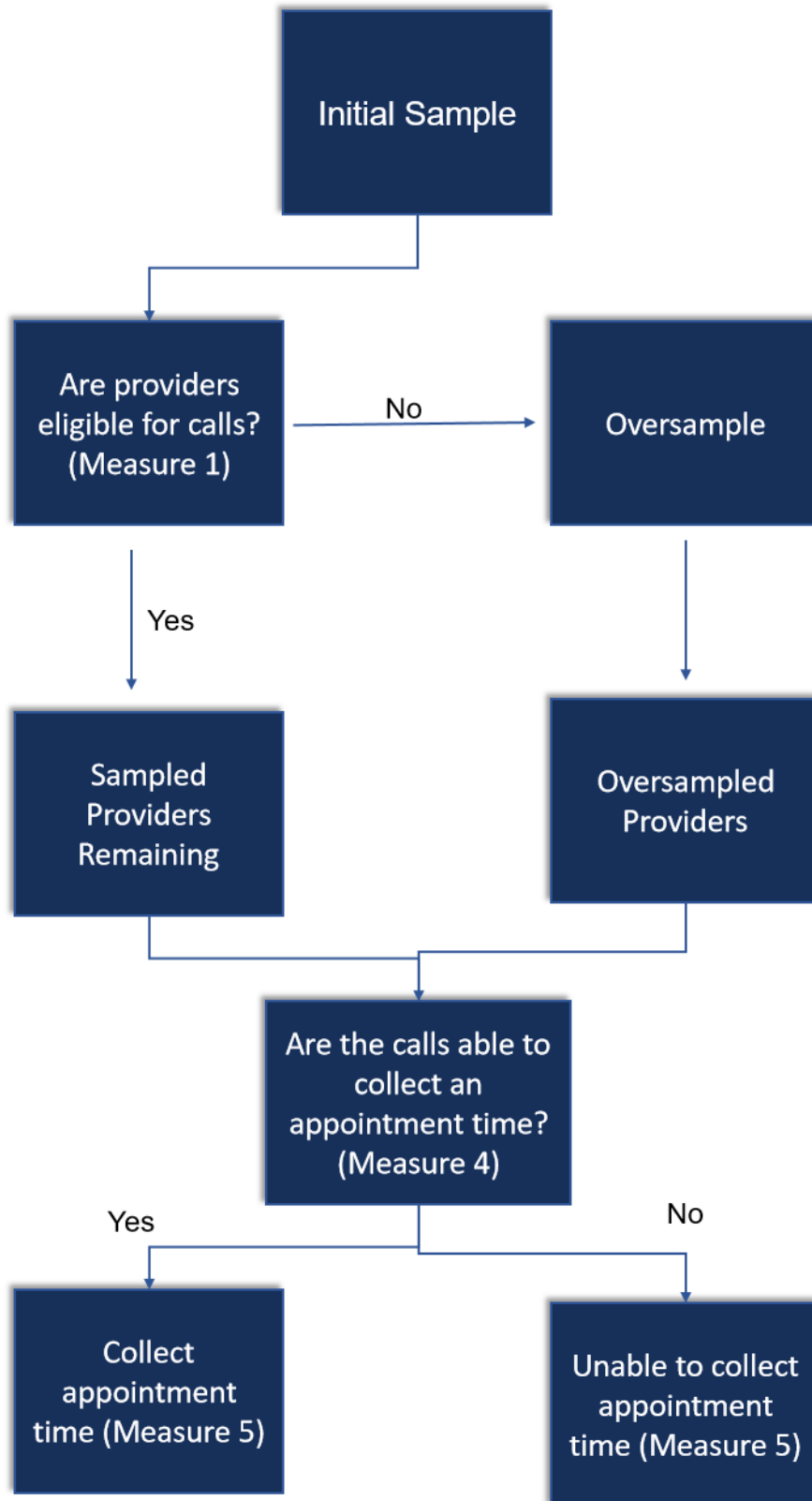
⁹ This measure is only applicable to a reporting unit if one or more reporting units are operating in the same county or region.

- **Measure 13**—Percentage of providers with provider language(s) in the provider data confirmed according to the survey response and the distribution of reasons why provider language(s) were not confirmed
- **Call Center Measure 1**—Percentage of calls meeting the wait time standard of 10 minutes
- **Call Center Measure 2**—Percentage of calls to the call centers where the call center staff are aware that beneficiaries are entitled to receive interpretation services in any language
- **Call Center Measure 3**—List of languages the call center speaks according to the survey response

3.4 Relationship Between Measures

To illustrate the relationship between measures which ultimately lead to an appointment time collected within appointment time standards, Chart 1 below depicts some of the calculations involved in determining the percentage of provider offices that comply with timely access standards based on this survey and explains how the measures relate. Measure 1 shows the original sample of providers replaced by oversampling and subsequently leaves the remaining providers available to survey. Of the remaining providers to survey, Measure 4 is the percentage of those remaining providers that provided appointment data as requested in the survey. Ultimately, Measure 5 is the percentage of those remaining providers surveyed whose appointment time collected met timely access standards.

Figure 1. Relationship Between Measures



4. Timely Access Survey Results

4.1 Annual Results by MCP

During the 2019 Timely Access Survey, HSAG obtained at least one non-urgent appointment time from 8,055 of 15,169 sampled providers (53.1%) and at least one urgent appointment time from 4,817 of 10,117 sampled providers (47.6 %). The primary reasons HSAG did not obtain at least one appointment time were that both call attempts made during open hours either were not answered or were answered by answering machines.

The 2019 Timely Access Survey found that statewide, 22.9% of ineligible providers were not enrolled in the reporting unit for the specified MCP. Another 32% were not providing services at the sampled office location, 7% were not providing the type of services requested, 13.2% had a disconnected phone number, 6.1% of office staff refused to participate in the survey, 7.7% were based in a clinic or facility setting rather than an office setting, and 15.2% of phone numbers were not for a medical office. DHCS continues to address these data quality issues quarterly to increase the number of calls that can be completed to capture compliance with timely access.

4.2 EQRO Technical Report

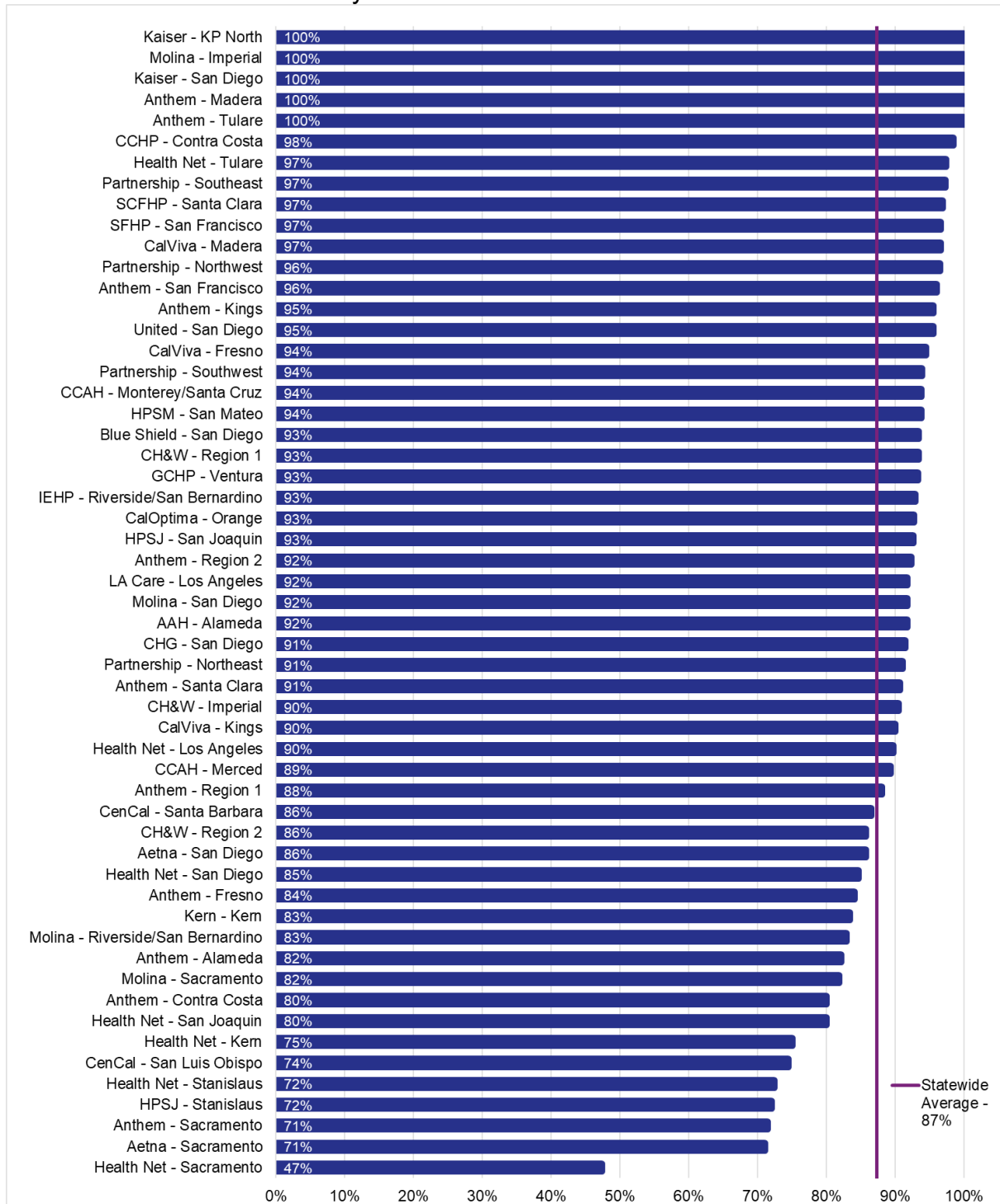
As required by the Code of Federal Regulations (CFR) at Title 42, Section 438.364 and 457.1250,¹⁰ the EQRO must prepare an annual, independent, technical report. As described in the CFR, the independent report must summarize findings on access and quality of care. At the time the EQRO technical report was published, only the results from the first three quarters of 2019 were available (i.e., January through March 2019, April through June 2019, and July through September 2019). During the first three quarters of 2019, HSAG obtained at least one non-urgent appointment time from 6,091 of 11,532 providers (52.8%) and at least one urgent appointment time from 3,592 of 7,657 providers (46.9%) included in the telephone survey. Of the providers for which HSAG obtained at least one appointment time, 86.9% of the non-urgent appointment times and 76.9% of the urgent appointment times met DHCS' wait-time standards. Additionally, during the first three quarters of 2019, HSAG made calls to each MCP's call center; of the 1,320 total calls placed, 94.0% met the wait time standard of 10 minutes.

4.3 Timely Access Survey Results

¹⁰ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Federal Register*/Vol. 81, No. 88/Friday, May 6, 2016. 42 CFR Parts 431,433, 438, et al. Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability; Final Rule. Available at: <https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf>. Accessed on: Dec 2, 2019.

Chart 1. Adult PCP Non-Urgent Appointments

This chart details the percentage of compliance for timely access standards of 10 business days from a members request for adult PCP non-urgent appointments for each MCP in the counties they serve.¹¹



¹¹ Anthem - San Benito- Did not have any calls that collected an appointment.

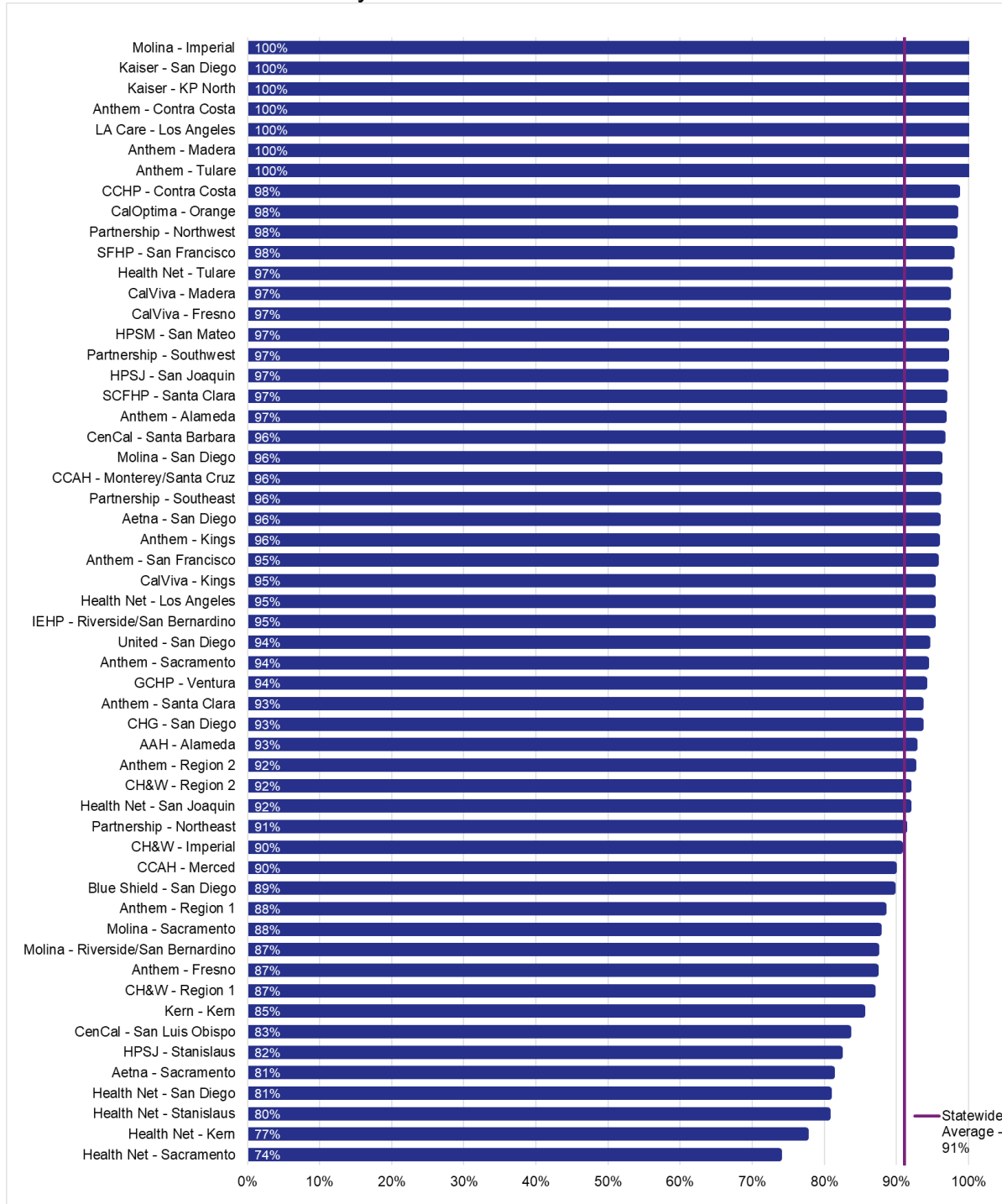
Chart 1. Adult PCP Non-Urgent Appointments

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	87%
Molina - Imperial	100%	87%
Kaiser - San Diego	100%	87%
Anthem - Madera	100%	87%
Anthem - Tulare	100%	87%
CCHP - Contra Costa	98%	87%
Health Net - Tulare	97%	87%
Partnership - Southeast	97%	87%
SCFHP - Santa Clara	97%	87%
SFHP - San Francisco	97%	87%
CalViva – Madera	97%	87%
Partnership - Northwest	96%	87%
Anthem - San Francisco	96%	87%
Anthem – Kings	95%	87%
United - San Diego	95%	87%
CalViva – Fresno	94%	87%
Partnership - Southwest	94%	87%
CAAH - Monterey/Santa Cruz	94%	87%
HPSM - San Mateo	94%	87%
Blue Shield - San Diego	93%	87%
CH&W - Region 1	93%	87%
GCHP – Ventura	93%	87%
IEHP - Riverside/San Bernardino	93%	87%
CalOptima - Orange	93%	87%
HPSJ - San Joaquin	93%	87%
Anthem - Region 2	92%	87%
LA Care - Los Angeles	92%	87%
Molina - San Diego	92%	87%
AAH – Alameda	92%	87%
CHG - San Diego	91%	87%
Partnership - Northeast	91%	87%
Anthem - Santa Clara	91%	87%
CH&W – Imperial	90%	87%
CalViva – Kings	90%	87%
Health Net - Los Angeles	90%	87%
CAAH – Merced	89%	87%
Anthem - Region 1	88%	87%
CenCal - Santa Barbara	86%	87%
CH&W - Region 2	86%	87%
Aetna - San Diego	86%	87%
Health Net - San Diego	85%	87%

MCP	MCP Percentage	Statewide Average
Anthem – Fresno	84%	87%
Kern – Kern	83%	87%
Molina - Riverside/San Bernardino	83%	87%
Anthem - Alameda	82%	87%
Molina - Sacramento	82%	87%
Anthem - Contra Costa	80%	87%
Health Net - San Joaquin	80%	87%
Health Net – Kern	75%	87%
CenCal - San Luis Obispo	74%	87%
Health Net - Stanislaus	72%	87%
HPSJ – Stanislaus	72%	87%
Anthem - Sacramento	71%	87%
Aetna - Sacramento	71%	87%
Health Net - Sacramento	47%	87%

Chart 2. Pediatric PCP Non-Urgent Appointments

This chart details the percentage of compliance for timely access standards of 10 business days from a members request for pediatric PCP non-urgent appointments for each MCP in the counties they serve.¹²



¹² Anthem - San Benito- Did not have any calls that collected an appointment.

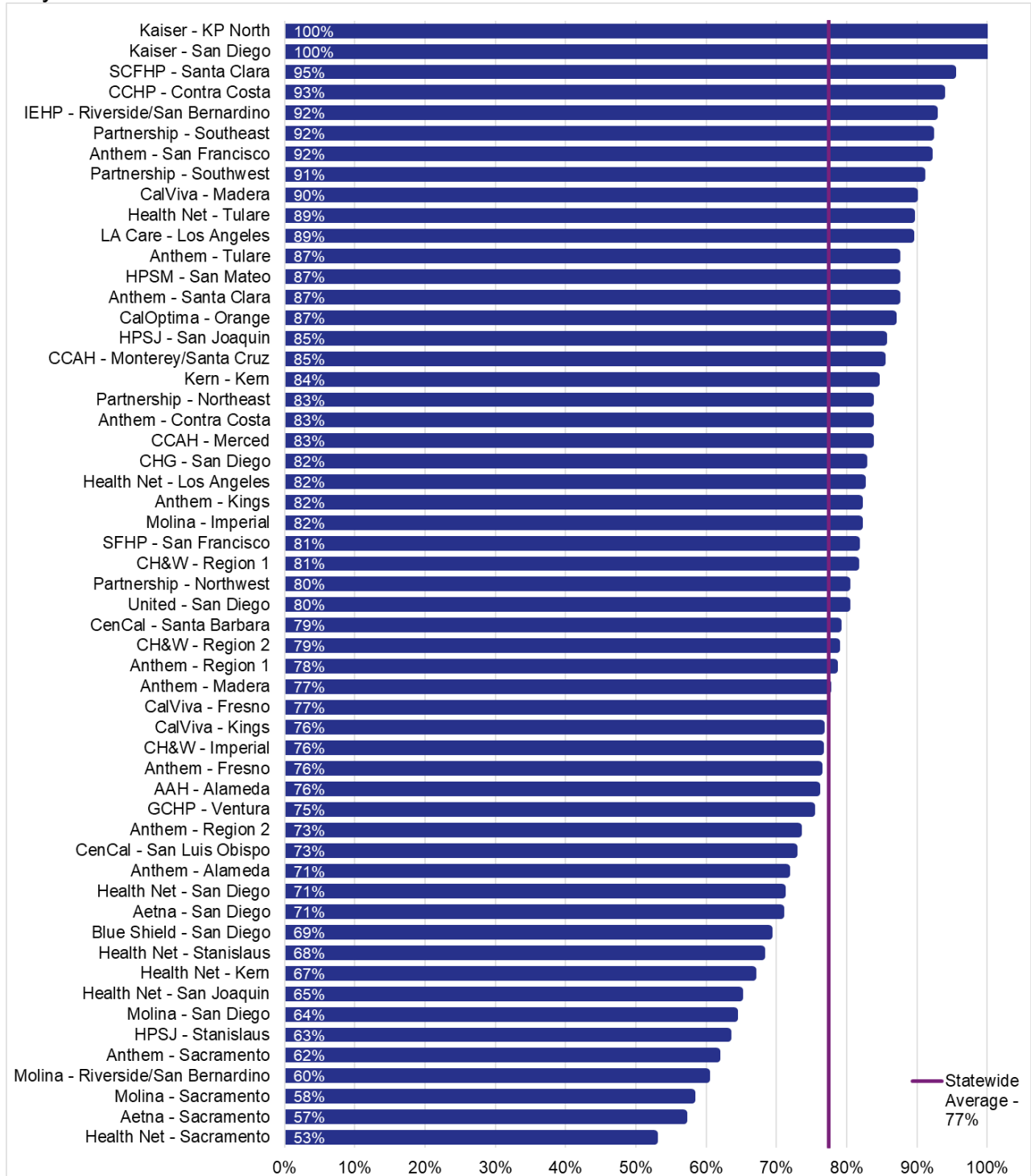
Chart 2. Pediatric PCP Non-Urgent Appointments

MCP	MCP Percentage	Statewide Average
Molina – Imperial	100%	91%
Kaiser - San Diego	100%	91%
Kaiser - KP North	100%	91%
Anthem - Contra Costa	100%	91%
LA Care - Los Angeles	100%	91%
Anthem – Madera	100%	91%
Anthem – Tulare	100%	91%
CCHP - Contra Costa	98%	91%
CalOptima - Orange	98%	91%
Partnership - Northwest	98%	91%
SFHP - San Francisco	98%	91%
Health Net - Tulare	97%	91%
CalViva – Madera	97%	91%
CalViva – Fresno	97%	91%
HPSM - San Mateo	97%	91%
Partnership - Southwest	97%	91%
HPSJ - San Joaquin	97%	91%
SCFHP - Santa Clara	97%	91%
Anthem - Alameda	97%	91%
CenCal - Santa Barbara	96%	91%
Molina - San Diego	96%	91%
CAAH - Monterey/Santa Cruz	96%	91%
Partnership - Southeast	96%	91%
Aetna - San Diego	96%	91%
Anthem – Kings	96%	91%
Anthem - San Francisco	95%	91%
CalViva – Kings	95%	91%
Health Net - Los Angeles	95%	91%
IEHP - Riverside/San Bernardino	95%	91%
United - San Diego	94%	91%
Anthem - Sacramento	94%	91%
GCHP – Ventura	94%	91%
Anthem - Santa Clara	93%	91%
CHG - San Diego	93%	91%
AAH – Alameda	93%	91%
Anthem - Region 2	92%	91%
CH&W - Region 2	92%	91%
Health Net - San Joaquin	92%	91%
Partnership - Northeast	91%	91%
CH&W – Imperial	90%	91%
CAAH – Merced	90%	91%

MCP	MCP Percentage	Statewide Average
Blue Shield - San Diego	89%	91%
Anthem - Region 1	88%	91%
Molina - Sacramento	88%	91%
Molina - Riverside/San Bernardino	87%	91%
Anthem – Fresno	87%	91%
CH&W - Region 1	87%	91%
Kern – Kern	85%	91%
CenCal - San Luis Obispo	83%	91%
HPSJ - Stanislaus	82%	91%
Aetna - Sacramento	81%	91%
Health Net - San Diego	81%	91%
Health Net - Stanislaus	80%	91%
Health Net – Kern	77%	91%
Health Net - Sacramento	74%	91%

Chart 3. Adult PCP Urgent Appointments

This chart details the percentage of compliance for timely access standards of 48 hours from members request for adult PCP urgent appointments for each MCP in the counties they serve.¹³



¹³ Anthem - San Benito- Did not have any calls that collected an appointment.

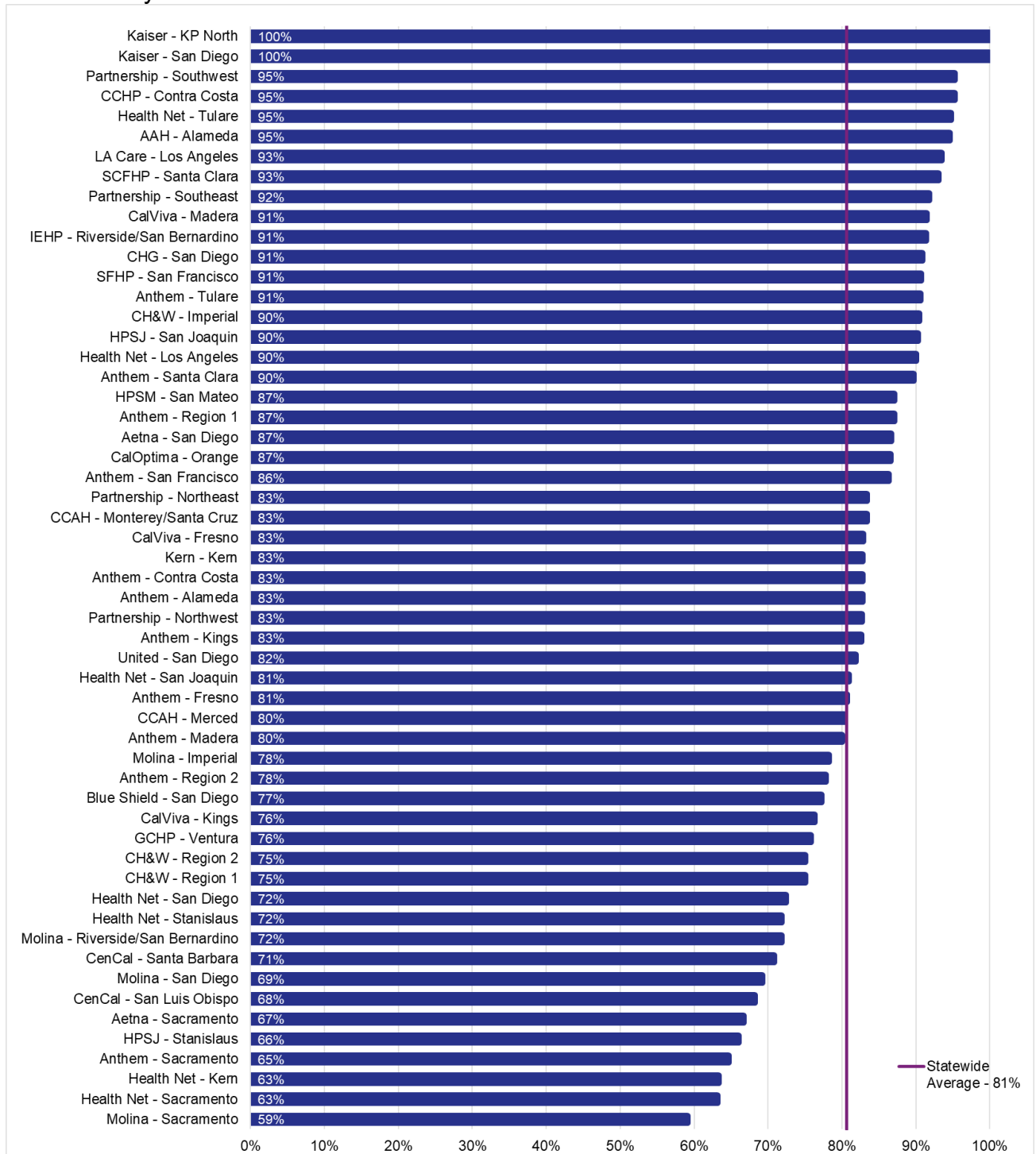
Chart 3. Adult PCP Urgent Appointments

MCP Name	MCP Percentage	Statewide Average
Kaiser - KP North	100%	77%
Kaiser - San Diego	100%	77%
SCFHP - Santa Clara	95%	77%
CCHP - Contra Costa	93%	77%
IEHP - Riverside/San Bernardino	92%	77%
Partnership – Southeast	92%	77%
Anthem - San Francisco	92%	77%
Partnership – Southwest	91%	77%
CalViva – Madera	90%	77%
Health Net – Tulare	89%	77%
LA Care - Los Angeles	89%	77%
Anthem - Tulare	87%	77%
HPSM - San Mateo	87%	77%
Anthem - Santa Clara	87%	77%
CalOptima - Orange	87%	77%
HPSJ - San Joaquin	85%	77%
CCAH - Monterey/Santa Cruz	85%	77%
Kern - Kern	84%	77%
Partnership - Northeast	83%	77%
Anthem - Contra Costa	83%	77%
CCAH - Merced	83%	77%
CHG - San Diego	82%	77%
Health Net - Los Angeles	82%	77%
Anthem - Kings	82%	77%
Molina - Imperial	82%	77%
SFHP - San Francisco	81%	77%
CH&W - Region 1	81%	77%
Partnership - Northwest	80%	77%
United - San Diego	80%	77%
CenCal - Santa Barbara	79%	77%
CH&W - Region 2	79%	77%
Anthem - Region 1	78%	77%
Anthem - Madera	77%	77%
CalViva - Fresno	77%	77%
CalViva - Kings	76%	77%
CH&W - Imperial	76%	77%
Anthem - Fresno	76%	77%
AAH - Alameda	76%	77%
GCHP - Ventura	75%	77%
Anthem - Region 2	73%	77%
CenCal - San Luis Obispo	73%	77%

MCP Name	MCP Percentage	Statewide Average
Anthem - Alameda	71%	77%
Health Net - San Diego	71%	77%
Aetna - San Diego	71%	77%
Blue Shield - San Diego	69%	77%
Health Net - Stanislaus	68%	77%
Health Net - Kern	67%	77%
Health Net - San Joaquin	65%	77%
Molina - San Diego	64%	77%
HPSJ - Stanislaus	63%	77%
Anthem - Sacramento	62%	77%
Molina - Riverside/San Bernardino	60%	77%
Molina - Sacramento	58%	77%
Aetna - Sacramento	57%	77%
Health Net - Sacramento	53%	77%

Chart 4. Pediatric PCP Urgent Appointments

This chart details the percentage of compliance for timely access standards of 48 hours from a members request for pediatric PCP urgent appointments for each MCP in the counties they serve.¹⁴



¹⁴ Anthem - San Benito- Did not have any calls that collected an appointment.

Chart 4. Pediatric PCP Urgent Appointments

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	81%
Kaiser - San Diego	100%	81%
Partnership - Southwest	95%	81%
CCHP - Contra Costa	95%	81%
Health Net – Tulare	95%	81%
AAH – Alameda	95%	81%
LA Care - Los Angeles	93%	81%
SCFHP - Santa Clara	93%	81%
Partnership - Southeast	92%	81%
CalViva – Madera	91%	81%
IEHP - Riverside/San Bernardino	91%	81%
CHG - San Diego	91%	81%
SFHP - San Francisco	91%	81%
Anthem – Tulare	91%	81%
CH&W – Imperial	90%	81%
HPSJ - San Joaquin	90%	81%
Health Net - Los Angeles	90%	81%
Anthem - Santa Clara	90%	81%
HPSM - San Mateo	87%	81%
Anthem - Region 1	87%	81%
Aetna - San Diego	87%	81%
CalOptima - Orange	87%	81%
Anthem - San Francisco	86%	81%
Partnership - Northeast	83%	81%
CCAH - Monterey/Santa Cruz	83%	81%
CalViva - Fresno	83%	81%
Kern - Kern	83%	81%
Anthem - Contra Costa	83%	81%
Anthem - Alameda	83%	81%
Partnership - Northwest	83%	81%
Anthem - Kings	83%	81%
United - San Diego	82%	81%
Health Net - San Joaquin	81%	81%
Anthem - Fresno	81%	81%
CCAH - Merced	80%	81%
Anthem - Madera	80%	81%
Molina - Imperial	78%	81%
Anthem - Region 2	78%	81%
Blue Shield - San Diego	77%	81%
CalViva - Kings	76%	81%
GCHP - Ventura	76%	81%

MCP	MCP Percentage	Statewide Average
CH&W - Region 2	75%	81%
CH&W - Region 1	75%	81%
Health Net - San Diego	72%	81%
Health Net - Stanislaus	72%	81%
Molina - Riverside/San Bernardino	72%	81%
CenCal - Santa Barbara	71%	81%
Molina - San Diego	69%	81%
CenCal - San Luis Obispo	68%	81%
Aetna - Sacramento	67%	81%
HPSJ - Stanislaus	66%	81%
Anthem - Sacramento	65%	81%
Health Net - Kern	63%	81%
Health Net - Sacramento	63%	81%
Molina - Sacramento	59%	81%

Chart 5. Adult Specialist Non-Urgent Appointments

This chart details the percentage of compliance for timely access standards of 15 business days from a members request for adult specialist non-urgent appointments for each MCP in the counties they serve.

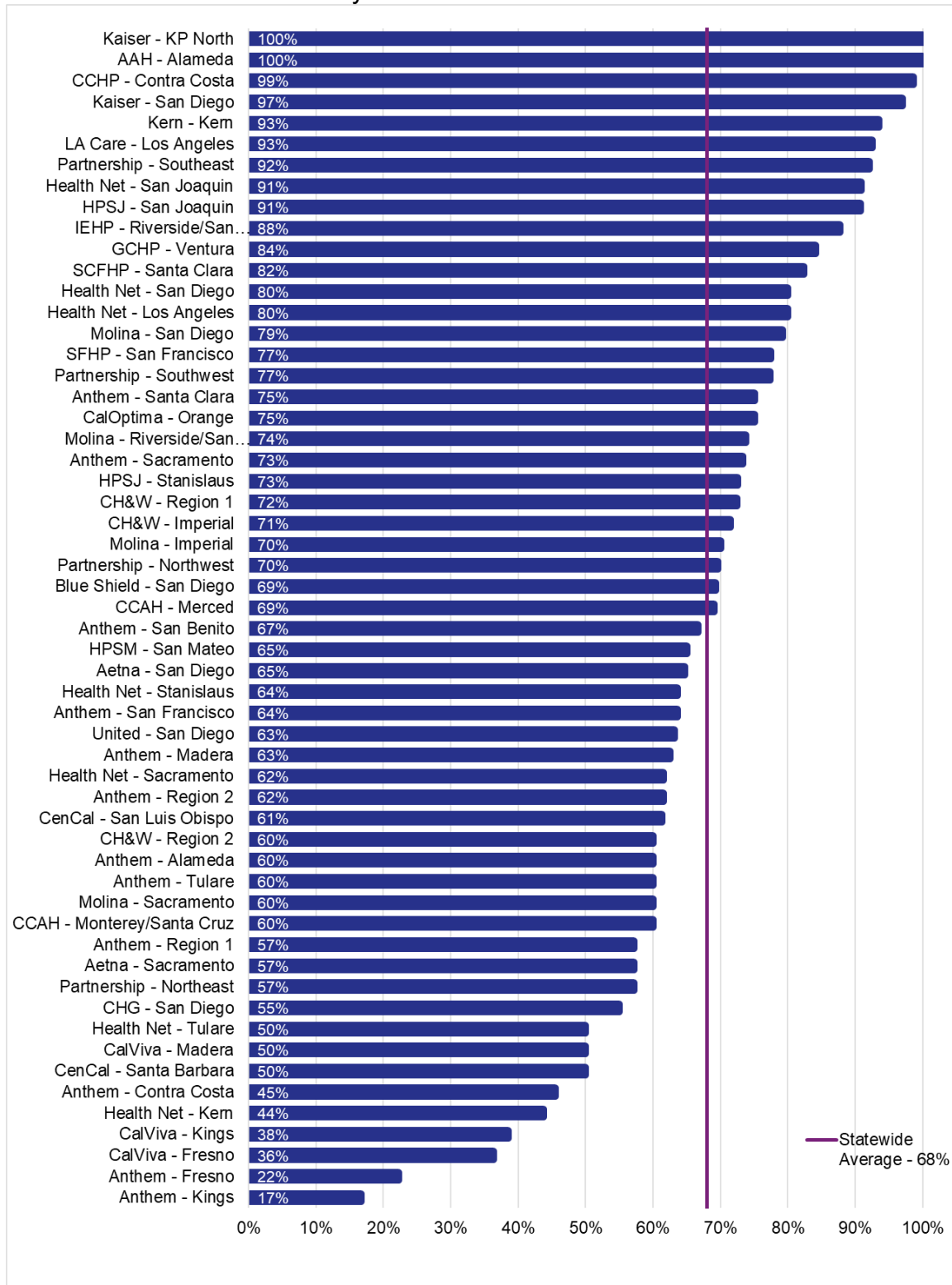


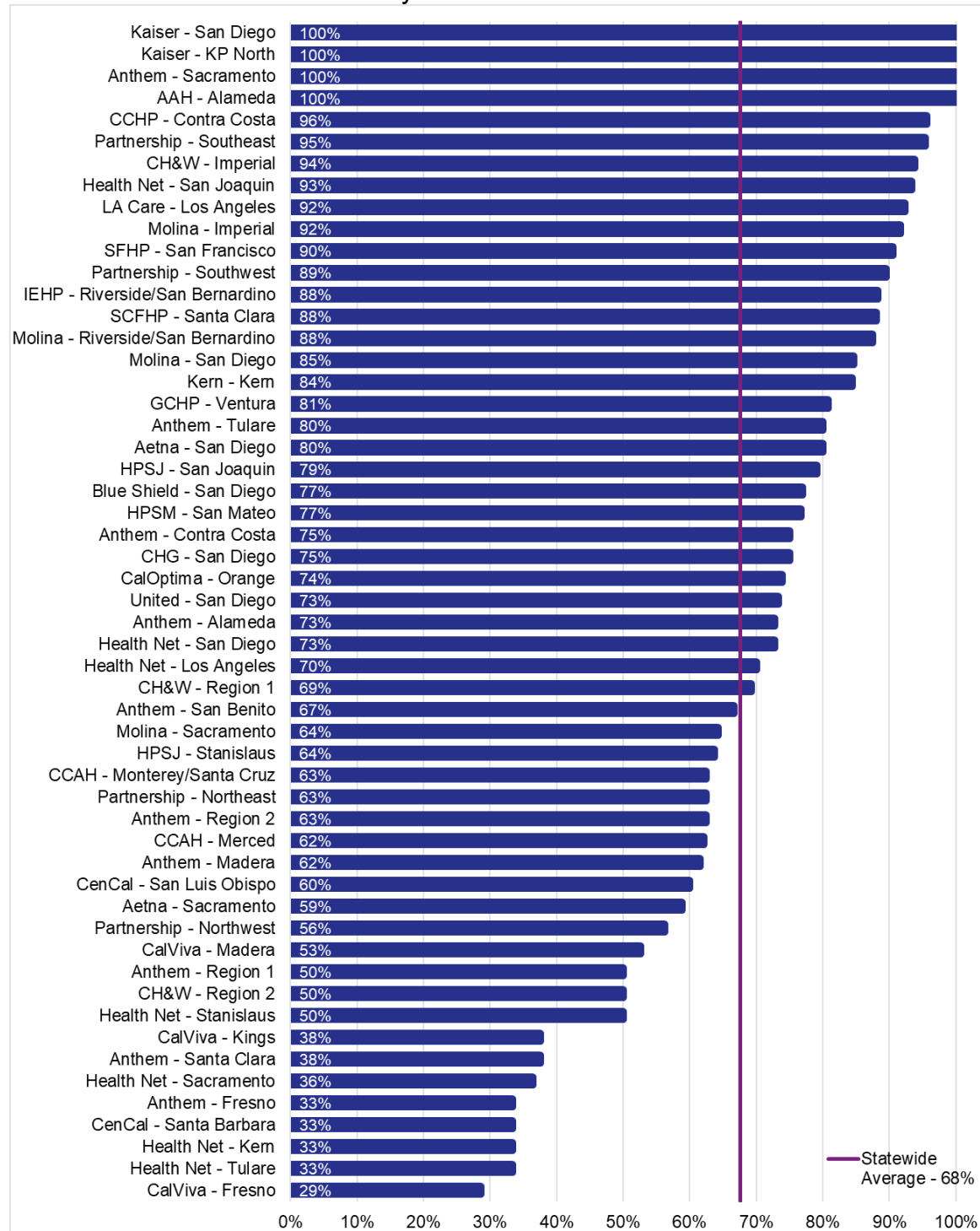
Chart 5. Adult Specialist Non-Urgent Appointments

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	68%
AAH – Alameda	100%	68%
CCHP - Contra Costa	99%	68%
Kaiser - San Diego	97%	68%
Kern – Kern	93%	68%
LA Care - Los Angeles	93%	68%
Partnership - Southeast	92%	68%
Health Net - San Joaquin	91%	68%
HPSJ - San Joaquin	91%	68%
IEHP - Riverside/San Bernardino	88%	68%
GCHP – Ventura	84%	68%
SCFHP - Santa Clara	82%	68%
Health Net - San Diego	80%	68%
Health Net - Los Angeles	80%	68%
Molina - San Diego	79%	68%
SFHP - San Francisco	77%	68%
Partnership - Southwest	77%	68%
Anthem - Santa Clara	75%	68%
CalOptima - Orange	75%	68%
Molina - Riverside/San Bernardino	74%	68%
Anthem - Sacramento	73%	68%
HPSJ - Stanislaus	73%	68%
CH&W - Region 1	72%	68%
CH&W – Imperial	71%	68%
Molina – Imperial	70%	68%
Partnership - Northwest	70%	68%
Blue Shield - San Diego	69%	68%
CCAH - Merced	69%	68%
Anthem - San Benito	67%	68%
HPSM - San Mateo	65%	68%
Aetna - San Diego	65%	68%
Health Net - Stanislaus	64%	68%
Anthem - San Francisco	64%	68%
United - San Diego	63%	68%
Anthem - Madera	63%	68%
Health Net - Sacramento	62%	68%
Anthem - Region 2	62%	68%
CenCal - San Luis Obispo	61%	68%
CH&W - Region 2	60%	68%
Anthem - Alameda	60%	68%
Anthem - Tulare	60%	68%

MCP	MCP Percentage	Statewide Average
Molina - Sacramento	60%	68%
CCAH - Monterey/Santa Cruz	60%	68%
Anthem - Region 1	57%	68%
Aetna - Sacramento	57%	68%
Partnership - Northeast	57%	68%
CHG - San Diego	55%	68%
Health Net - Tulare	50%	68%
CalViva - Madera	50%	68%
CenCal - Santa Barbara	50%	68%
Anthem - Contra Costa	45%	68%
Health Net - Kern	44%	68%
CalViva – Kings	38%	68%
CalViva - Fresno	36%	68%
Anthem - Fresno	22%	68%
Anthem – Kings	17%	68%

Chart 6. Pediatric Specialist Non-Urgent Appointments

This chart details the percentage of compliance for timely access standards of 15 business days from a members request for pediatric specialist non-urgent appointments for each MCP in the counties they serve.¹⁵



¹⁵ Anthem - Kings and Anthem - San Francisco - Did not have any calls that collected an appointment.

Chart 6. Pediatric Specialist Non-Urgent Appointments

MCP	MCP Percentage	Statewide Average
Kaiser - San Diego	100%	68%
Kaiser - KP North	100%	68%
Anthem - Sacramento	100%	68%
AAH – Alameda	100%	68%
CCHP - Contra Costa	96%	68%
Partnership - Southeast	95%	68%
CH&W - Imperial	94%	68%
Health Net - San Joaquin	93%	68%
LA Care - Los Angeles	92%	68%
Molina - Imperial	92%	68%
SFHP - San Francisco	90%	68%
Partnership - Southwest	89%	68%
IEHP - Riverside/San Bernardino	88%	68%
SCFHP - Santa Clara	88%	68%
Molina - Riverside/San Bernardino	88%	68%
Molina - San Diego	85%	68%
Kern - Kern	84%	68%
GCHP - Ventura	81%	68%
Anthem - Tulare	80%	68%
Aetna - San Diego	80%	68%
HPSJ - San Joaquin	79%	68%
Blue Shield - San Diego	77%	68%
HPSM - San Mateo	77%	68%
Anthem - Contra Costa	75%	68%
CHG - San Diego	75%	68%
CalOptima - Orange	74%	68%
United - San Diego	73%	68%
Anthem - Alameda	73%	68%
Health Net - San Diego	73%	68%
Health Net - Los Angeles	70%	68%
CH&W - Region 1	69%	68%
Anthem - San Benito	67%	68%
Molina - Sacramento	64%	68%
HPSJ - Stanislaus	64%	68%
CAAH - Monterey/Santa Cruz	63%	68%
Partnership - Northeast	63%	68%
Anthem - Region 2	63%	68%
CAAH - Merced	62%	68%
Anthem - Madera	62%	68%
CenCal - San Luis Obispo	60%	68%
Aetna - Sacramento	59%	68%

MCP	MCP Percentage	Statewide Average
Partnership - Northwest	56%	68%
CalViva - Madera	53%	68%
Anthem - Region 1	50%	68%
CH&W - Region 2	50%	68%
Health Net - Stanislaus	50%	68%
CalViva - Kings	38%	68%
Anthem - Santa Clara	38%	68%
Health Net - Sacramento	36%	68%
Anthem – Fresno	33%	68%
CenCal - Santa Barbara	33%	68%
Health Net – Kern	33%	68%
Health Net – Tulare	33%	68%
CalViva – Fresno	29%	68%

Chart 7. Adult Specialist Urgent Appointment

This chart details the percentage of compliance for timely access standards of 96 hours from a members request for adult specialist urgent appointments for each MCP in the counties they serve.

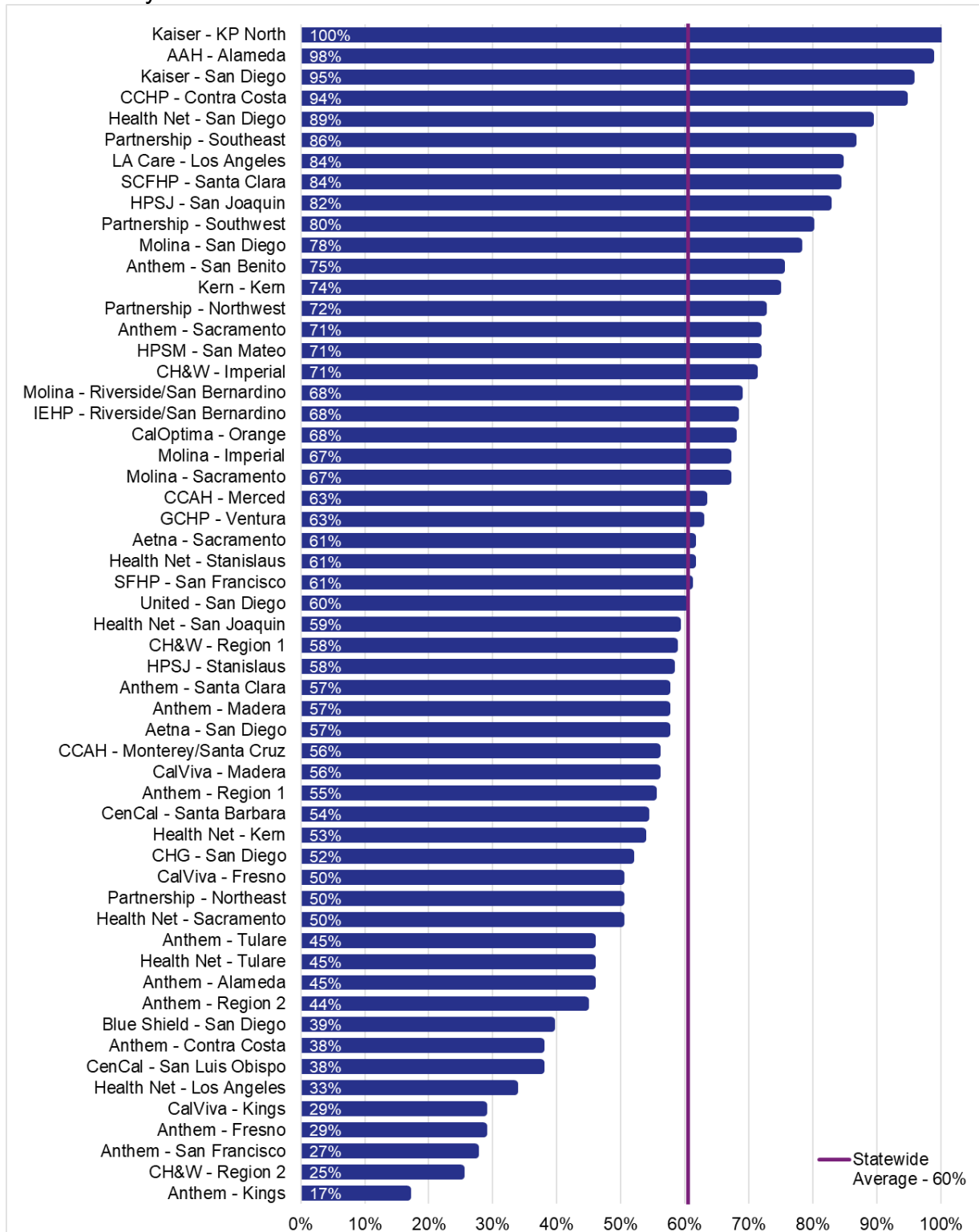


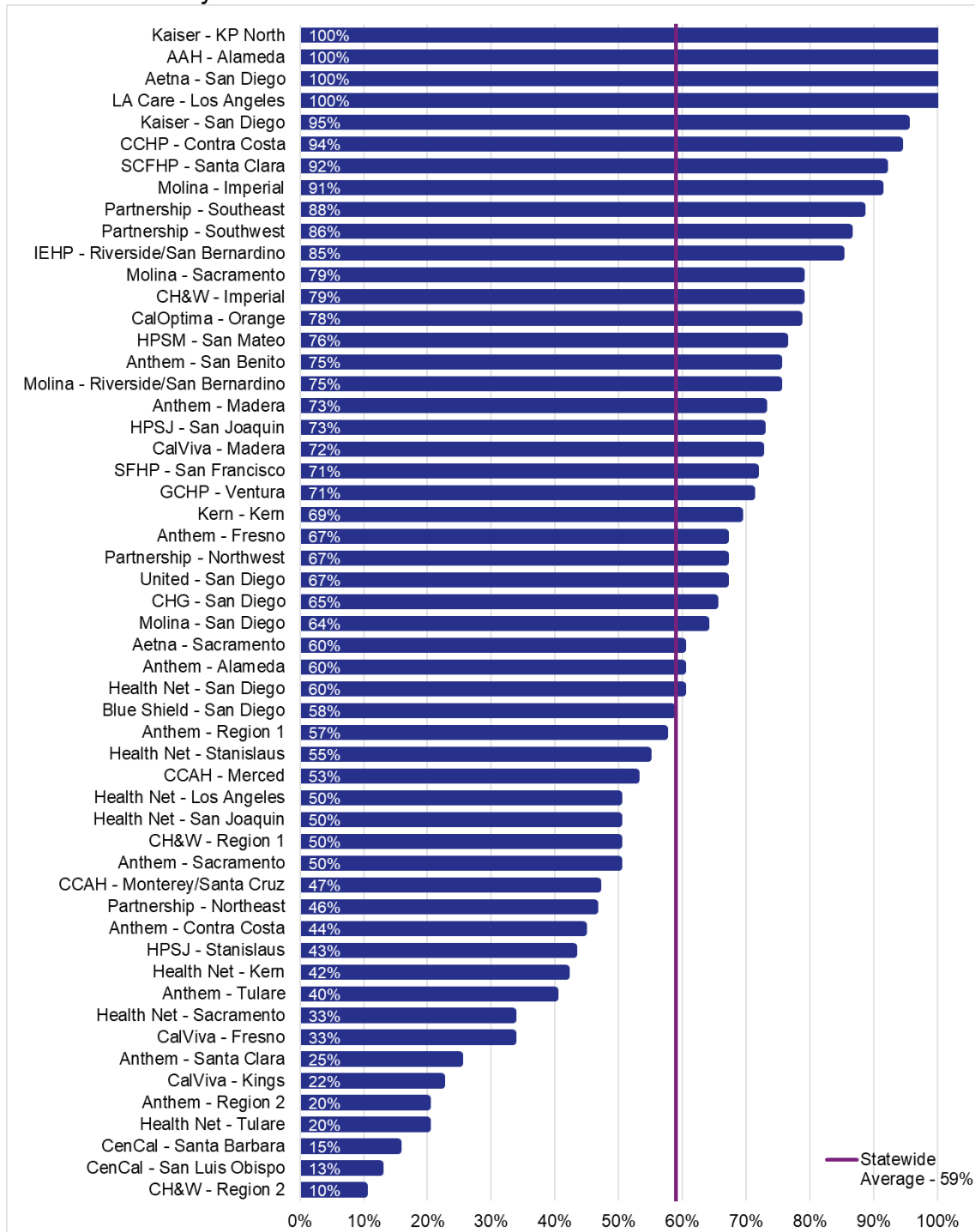
Chart 7. Adult Specialist Urgent Appointment

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	60%
AAH – Alameda	98%	60%
Kaiser - San Diego	95%	60%
CCHP - Contra Costa	94%	60%
Health Net - San Diego	89%	60%
Partnership - Southeast	86%	60%
LA Care - Los Angeles	84%	60%
SCFHP - Santa Clara	84%	60%
HPSJ - San Joaquin	82%	60%
Partnership - Southwest	80%	60%
Molina - San Diego	78%	60%
Anthem - San Benito	75%	60%
Kern – Kern	74%	60%
Partnership - Northwest	72%	60%
Anthem - Sacramento	71%	60%
HPSM - San Mateo	71%	60%
CH&W - Imperial	71%	60%
Molina - Riverside/San Bernardino	68%	60%
IEHP - Riverside/San Bernardino	68%	60%
CalOptima - Orange	68%	60%
Molina - Imperial	67%	60%
Molina - Sacramento	67%	60%
CCAH - Merced	63%	60%
GCHP - Ventura	63%	60%
Aetna - Sacramento	61%	60%
Health Net - Stanislaus	61%	60%
SFHP - San Francisco	61%	60%
United - San Diego	60%	60%
Health Net - San Joaquin	59%	60%
CH&W - Region 1	58%	60%
HPSJ - Stanislaus	58%	60%
Anthem - Santa Clara	57%	60%
Anthem - Madera	57%	60%
Aetna - San Diego	57%	60%
CCAH - Monterey/Santa Cruz	56%	60%
CalViva - Madera	56%	60%
Anthem - Region 1	55%	60%
CenCal - Santa Barbara	54%	60%
Health Net - Kern	53%	60%
CHG - San Diego	52%	60%
CalViva - Fresno	50%	60%

MCP	MCP Percentage	Statewide Average
Partnership - Northeast	50%	60%
Health Net - Sacramento	50%	60%
Anthem - Tulare	45%	60%
Health Net - Tulare	45%	60%
Anthem - Alameda	45%	60%
Anthem - Region 2	44%	60%
Blue Shield - San Diego	39%	60%
Anthem - Contra Costa	38%	60%
CenCal - San Luis Obispo	38%	60%
Health Net - Los Angeles	33%	60%
CalViva – Kings	29%	60%
Anthem – Fresno	29%	60%
Anthem - San Francisco	27%	60%
CH&W - Region 2	25%	60%
Anthem – Kings	17%	60%

Chart 8. Pediatric Specialist Urgent Appointment

This chart details the percentage of compliance for timely access standards of 96 hours from a members request for pediatric specialist urgent appointments for each MCP in the counties they serve.¹⁶



¹⁶ Anthem - Kings and Anthem - San Francisco - Did not have any calls that collected an appointment.

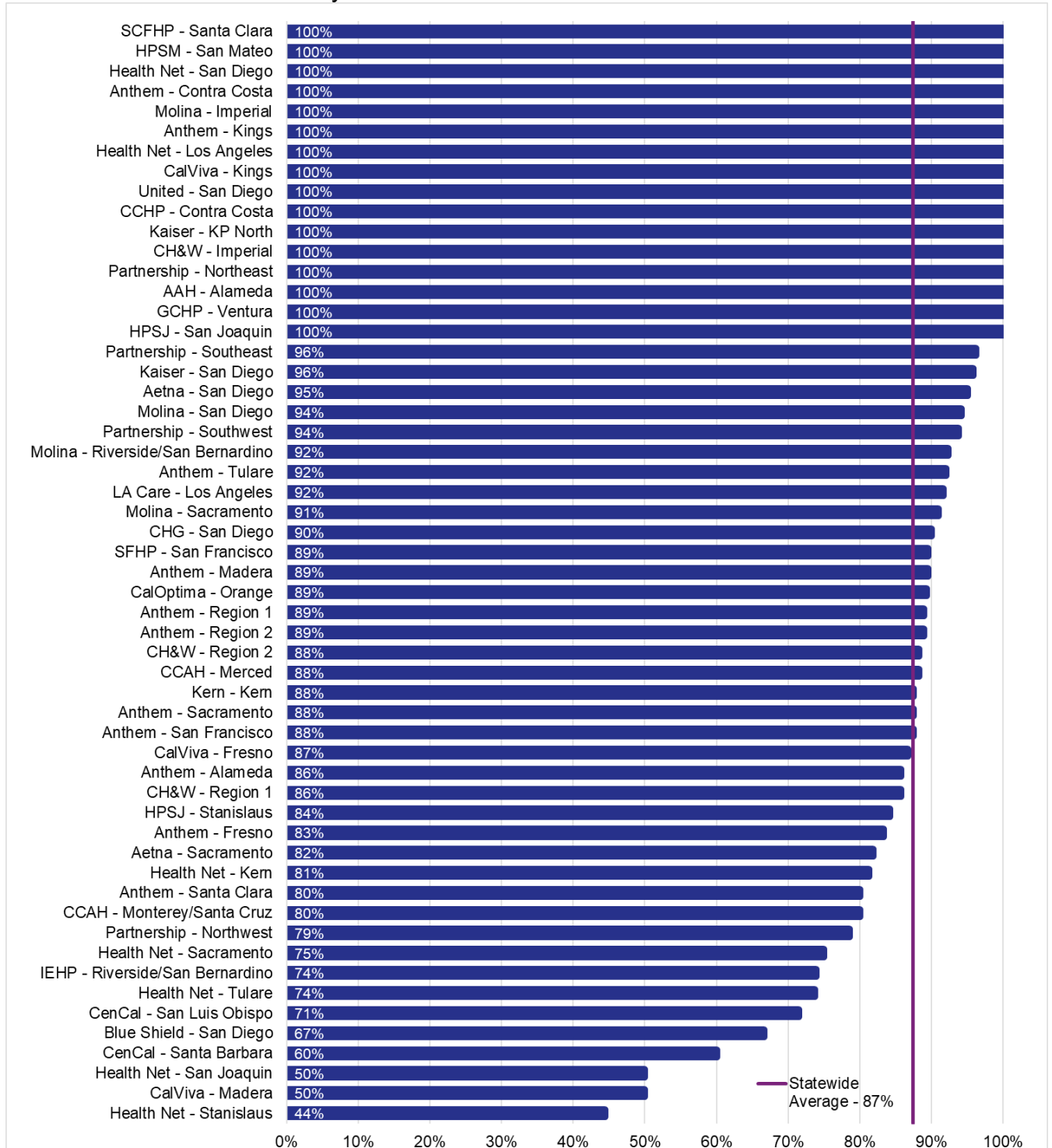
Chart 8. Pediatric Specialist Urgent Appointment

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	59%
AAH – Alameda	100%	59%
Aetna - San Diego	100%	59%
LA Care - Los Angeles	100%	59%
Kaiser - San Diego	95%	59%
CCHP - Contra Costa	94%	59%
SCFHP - Santa Clara	92%	59%
Molina – Imperial	91%	59%
Partnership - Southeast	88%	59%
Partnership - Southwest	86%	59%
IEHP - Riverside/San Bernardino	85%	59%
Molina - Sacramento	79%	59%
CH&W - Imperial	79%	59%
CalOptima - Orange	78%	59%
HPSM - San Mateo	76%	59%
Anthem - San Benito	75%	59%
Molina - Riverside/San Bernardino	75%	59%
Anthem - Madera	73%	59%
HPSJ - San Joaquin	73%	59%
CalViva - Madera	72%	59%
SFHP - San Francisco	71%	59%
GCHP - Ventura	71%	59%
Kern - Kern	69%	59%
Anthem - Fresno	67%	59%
Partnership - Northwest	67%	59%
United - San Diego	67%	59%
CHG - San Diego	65%	59%
Molina - San Diego	64%	59%
Aetna - Sacramento	60%	59%
Anthem - Alameda	60%	59%
Health Net - San Diego	60%	59%
Blue Shield - San Diego	58%	59%
Anthem - Region 1	57%	59%
Health Net - Stanislaus	55%	59%
CAAH - Merced	53%	59%
Health Net - Los Angeles	50%	59%
Health Net - San Joaquin	50%	59%
CH&W - Region 1	50%	59%
Anthem - Sacramento	50%	59%
CAAH - Monterey/Santa Cruz	47%	59%
Partnership - Northeast	46%	59%

MCP	MCP Percentage	Statewide Average
Anthem - Contra Costa	44%	59%
HPSJ - Stanislaus	43%	59%
Health Net - Kern	42%	59%
Anthem - Tulare	40%	59%
Health Net - Sacramento	33%	59%
CalViva - Fresno	33%	59%
Anthem - Santa Clara	25%	59%
CalViva – Kings	22%	59%
Anthem - Region 2	20%	59%
Health Net - Tulare	20%	59%
CenCal - Santa Barbara	15%	59%
CenCal - San Luis Obispo	13%	59%
CH&W - Region 2	10%	59%

Chart 9. Mental Health Non-Urgent Appointment

This chart details the percentage of compliance for timely access standards of 10 business days from a members request for mental health non-urgent appointments for each MCP in the counties they serve.¹⁷



¹⁷ Anthem - San Benito- Did not have any calls that collected an appointment.

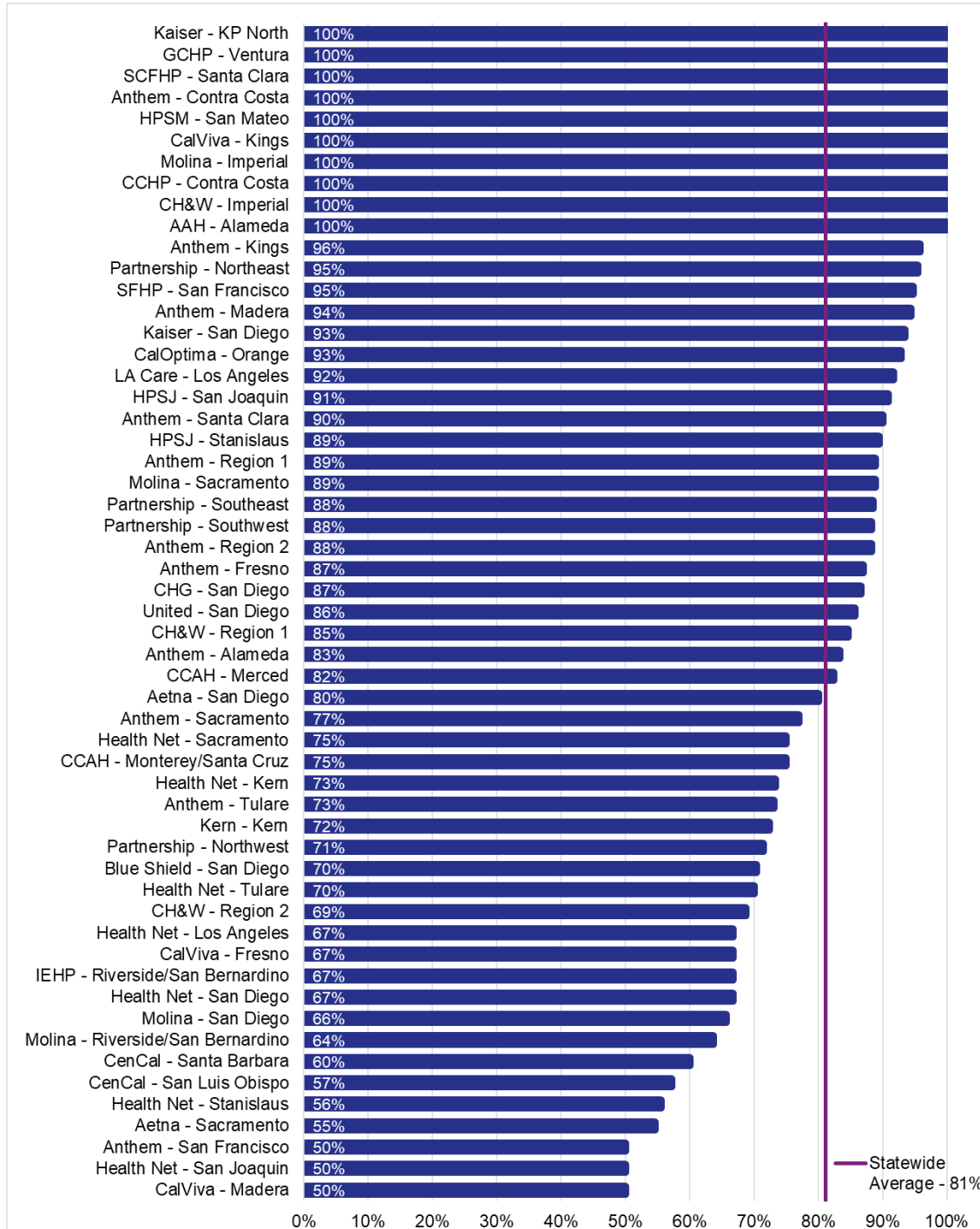
Chart 9. Mental Health Non-Urgent Appointment

MCP	MCP Percentage	Statewide Average
SCFHP - Santa Clara	100%	87%
HPSM - San Mateo	100%	87%
Health Net - San Diego	100%	87%
Anthem - Contra Costa	100%	87%
Molina - Imperial	100%	87%
Anthem – Kings	100%	87%
Health Net - Los Angeles	100%	87%
CalViva – Kings	100%	87%
United - San Diego	100%	87%
CCHP - Contra Costa	100%	87%
Kaiser - KP North	100%	87%
CH&W - Imperial	100%	87%
Partnership - Northeast	100%	87%
AAH – Alameda	100%	87%
GCHP - Ventura	100%	87%
HPSJ - San Joaquin	100%	87%
Partnership - Southeast	96%	87%
Kaiser - San Diego	96%	87%
Aetna - San Diego	95%	87%
Molina - San Diego	94%	87%
Partnership - Southwest	94%	87%
Molina - Riverside/San Bernardino	92%	87%
Anthem - Tulare	92%	87%
LA Care - Los Angeles	92%	87%
Molina - Sacramento	91%	87%
CHG - San Diego	90%	87%
SFHP - San Francisco	89%	87%
Anthem - Madera	89%	87%
CalOptima - Orange	89%	87%
Anthem - Region 1	89%	87%
Anthem - Region 2	89%	87%
CH&W - Region 2	88%	87%
CCAH - Merced	88%	87%
Kern - Kern	88%	87%
Anthem - Sacramento	88%	87%
Anthem - San Francisco	88%	87%
CalViva - Fresno	87%	87%
Anthem - Alameda	86%	87%
CH&W - Region 1	86%	87%
HPSJ - Stanislaus	84%	87%
Anthem - Fresno	83%	87%

MCP	MCP Percentage	Statewide Average
Aetna - Sacramento	82%	87%
Health Net - Kern	81%	87%
Anthem - Santa Clara	80%	87%
CCAH - Monterey/Santa Cruz	80%	87%
Partnership - Northwest	79%	87%
Health Net - Sacramento	75%	87%
IEHP - Riverside/San Bernardino	74%	87%
Health Net - Tulare	74%	87%
CenCal - San Luis Obispo	71%	87%
Blue Shield - San Diego	67%	87%
CenCal - Santa Barbara	60%	87%
Health Net - San Joaquin	50%	87%
CalViva - Madera	50%	87%
Health Net - Stanislaus	44%	87%

Chart 10. Mental Health Urgent Appointment

This chart details the percentage of compliance for timely access standards of 96 hours from a members request for mental health urgent appointments for each MCP in the counties they serve.¹⁸



¹⁸ Anthem - San Benito- Did not have any calls that collected an appointment.

Chart 10. Mental Health Urgent Appointment

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	81%
GCHP - Ventura	100%	81%
SCFHP - Santa Clara	100%	81%
Anthem - Contra Costa	100%	81%
HPSM - San Mateo	100%	81%
CalViva - Kings	100%	81%
Molina - Imperial	100%	81%
CCHP - Contra Costa	100%	81%
CH&W - Imperial	100%	81%
AAH - Alameda	100%	81%
Anthem - Kings	96%	81%
Partnership - Northeast	95%	81%
SFHP - San Francisco	95%	81%
Anthem - Madera	94%	81%
Kaiser - San Diego	93%	81%
CalOptima - Orange	93%	81%
LA Care - Los Angeles	92%	81%
HPSJ - San Joaquin	91%	81%
Anthem - Santa Clara	90%	81%
HPSJ - Stanislaus	89%	81%
Anthem - Region 1	89%	81%
Molina - Sacramento	89%	81%
Partnership - Southeast	88%	81%
Partnership - Southwest	88%	81%
Anthem - Region 2	88%	81%
Anthem - Fresno	87%	81%
CHG - San Diego	87%	81%
United - San Diego	86%	81%
CH&W - Region 1	85%	81%
Anthem - Alameda	83%	81%
CAAH - Merced	82%	81%
Aetna - San Diego	80%	81%
Anthem - Sacramento	77%	81%
Health Net - Sacramento	75%	81%
CAAH - Monterey/Santa Cruz	75%	81%
Health Net - Kern	73%	81%
Anthem - Tulare	73%	81%
Kern - Kern	72%	81%
Partnership - Northwest	71%	81%
Blue Shield - San Diego	70%	81%
Health Net - Tulare	70%	81%

MCP	MCP Percentage	Statewide Average
CH&W - Region 2	69%	81%
Health Net - Los Angeles	67%	81%
CalViva - Fresno	67%	81%
IEHP - Riverside/San Bernardino	67%	81%
Health Net - San Diego	67%	81%
Molina - San Diego	66%	81%
Molina - Riverside/San Bernardino	64%	81%
CenCal - Santa Barbara	60%	81%
CenCal - San Luis Obispo	57%	81%
Health Net - Stanislaus	56%	81%
Aetna - Sacramento	55%	81%
Anthem - San Francisco	50%	81%
Health Net - San Joaquin	50%	81%
CalViva - Madera	50%	81%

5. Interpretation Services

5.1 Interpretation Services Requirements

MCPs are required by law, regulation, and contract to provide members with limited proficiency in English with a qualified interpreter or provider who speaks the member's primary language 24-hours per day. MCP member medical records must indicate the member's primary language and if the member had refused interpretation services in the past. Member informing materials must state that interpretation services are available. Call center staff must be able to access interpreter services. MCPs provider directories must indicate which providers are competent in a language other than English.¹⁹

DHCS worked with advocates from the Medi-Cal Managed Care Advisory Group to develop the survey questions. In August 2019, DHCS incorporated the following language measures specific to access to interpretation services in the Timely Access study:

- MCP member services representatives' knowledge of interpretation service requirements
- Participating provider office's knowledge of interpretation service requirements

Through DHCS' quarterly monitoring process described further in a section below, DHCS provides each MCP their plan-specific results including the raw data derived from the survey, which includes the National Provider Number (NPI) of every provider that EQRO called so MCPs can review which specific providers require extra education and training around a member's right to interpretation services.

¹⁹ HSC §1367.042; 28 CCR §1300.67.2; 22 CCR §53853; Contract Exh A, Attch 9, Pars 12–14.

5.2. Interpretation Services Results

Chart 11. Provider Awareness of Interpretation Services

This chart shows the percentages of PCP office staff who were aware of and able to access interpretation services when needed.

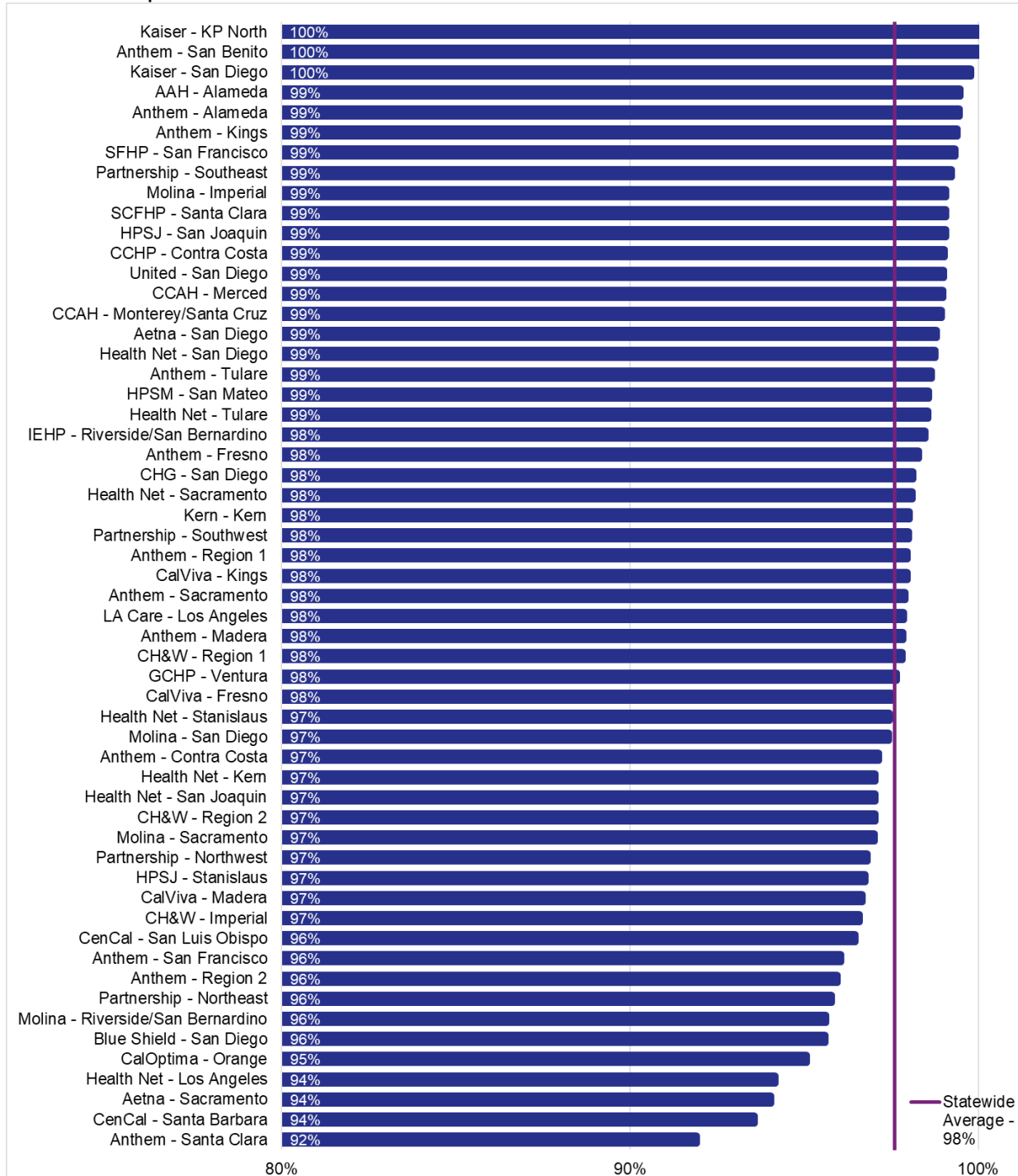


Chart 11. Provider Awareness of Interpretation Services

MCP	MCP Percentage	Statewide Average
Kaiser - KP North	100%	98%
Anthem - San Benito	100%	98%
Kaiser - San Diego	100%	98%
AAH – Alameda	99%	98%
Anthem - Alameda	99%	98%
Anthem – Kings	99%	98%
SFHP - San Francisco	99%	98%
Partnership - Southeast	99%	98%
Molina – Imperial	99%	98%
SCFHP - Santa Clara	99%	98%
HPSJ - San Joaquin	99%	98%
CCHP - Contra Costa	99%	98%
United - San Diego	99%	98%
CCAH - Merced	99%	98%
CCAH - Monterey/Santa Cruz	99%	98%
Aetna - San Diego	99%	98%
Health Net - San Diego	99%	98%
Anthem - Tulare	99%	98%
HPSM - San Mateo	99%	98%
Health Net - Tulare	99%	98%
IEHP - Riverside/San Bernardino	98%	98%
Anthem - Fresno	98%	98%
CHG - San Diego	98%	98%
Health Net - Sacramento	98%	98%
Kern - Kern	98%	98%
Partnership - Southwest	98%	98%
Anthem - Region 1	98%	98%
CalViva - Kings	98%	98%
Anthem - Sacramento	98%	98%
LA Care - Los Angeles	98%	98%
Anthem - Madera	98%	98%
CH&W - Region 1	98%	98%
GCHP - Ventura	98%	98%
CalViva - Fresno	98%	98%
Health Net - Stanislaus	97%	98%
Molina - San Diego	97%	98%
Anthem - Contra Costa	97%	98%
Health Net - Kern	97%	98%
Health Net - San Joaquin	97%	98%
CH&W - Region 2	97%	98%
Molina - Sacramento	97%	98%

MCP	MCP Percentage	Statewide Average
Partnership - Northwest	97%	98%
HPSJ - Stanislaus	97%	98%
CalViva - Madera	97%	98%
CH&W - Imperial	97%	98%
CenCal - San Luis Obispo	96%	98%
Anthem - San Francisco	96%	98%
Anthem - Region 2	96%	98%
Partnership - Northeast	96%	98%
Molina - Riverside/San Bernardino	96%	98%
Blue Shield - San Diego	96%	98%
CalOptima - Orange	95%	98%
Health Net - Los Angeles	94%	98%
Aetna - Sacramento	94%	98%
CenCal - Santa Barbara	94%	98%
Anthem - Santa Clara	92%	98%

Chart 12. MCP Call Center Awareness of Interpretation Services

This chart displays the MCP's call center staff awareness of interpretation services.

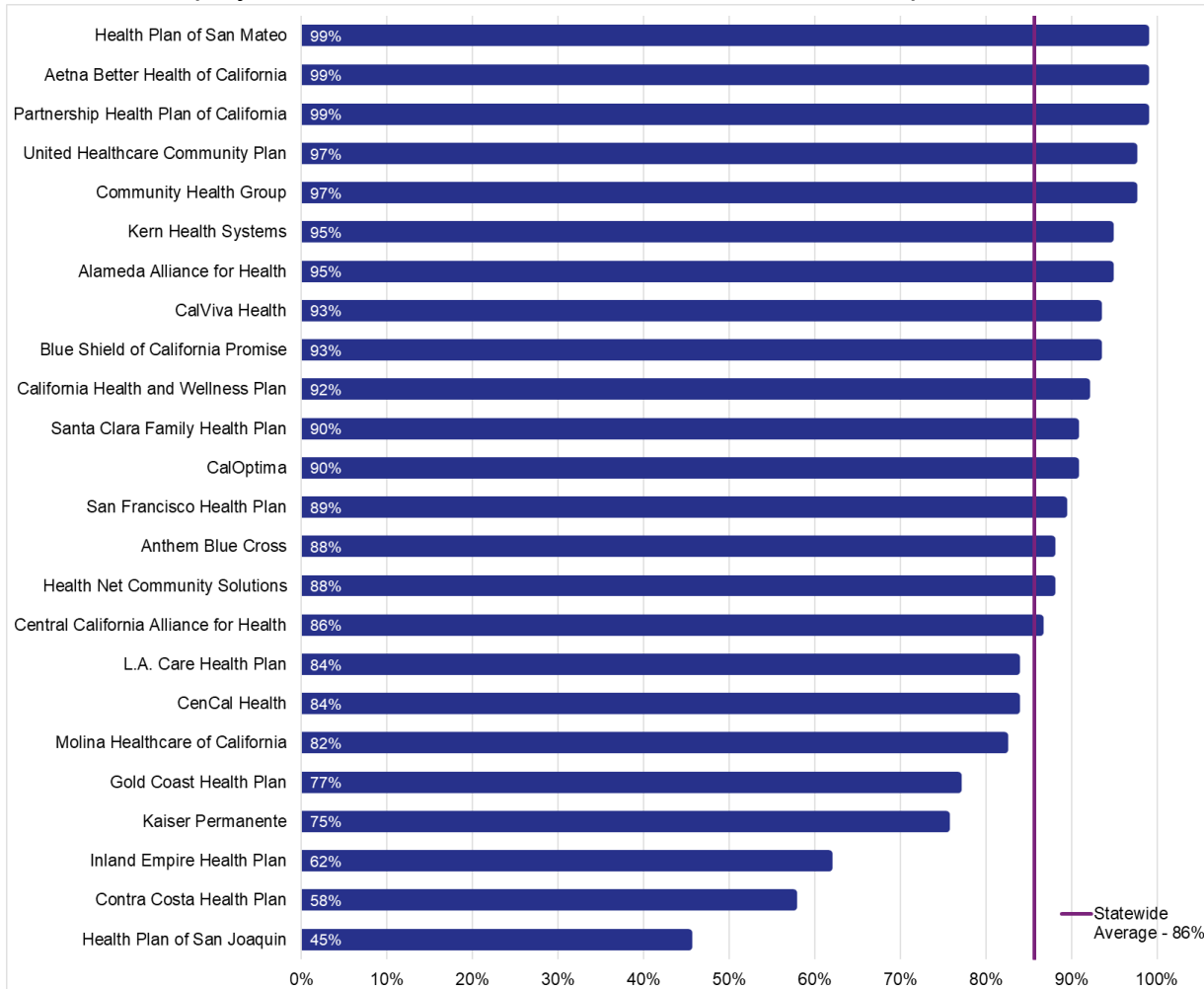


Chart 12. MCP Call Center Awareness of Interpretation Services

MCP	MCP Percentage	Statewide Average
Health Plan of San Mateo	99%	86%
Aetna Better Health of California	99%	86%
Partnership Health Plan of California	99%	86%
United Healthcare Community Plan	97%	86%
Community Health Group	97%	86%
Kern Health Systems	95%	86%
Alameda Alliance for Health	95%	86%
CalViva Health	93%	86%
Blue Shield of California Promise	93%	86%
California Health and Wellness Plan	92%	86%
Santa Clara Family Health Plan	90%	86%
CalOptima	90%	86%
San Francisco Health Plan	89%	86%
Anthem Blue Cross	88%	86%
Health Net Community Solutions	88%	86%
Central California Alliance for Health	86%	86%
L.A. Care Health Plan	84%	86%
CenCal Health	84%	86%
Molina Healthcare of California	82%	86%
Gold Coast Health Plan	77%	86%
Kaiser Permanente	75%	86%
Inland Empire Health Plan	62%	86%
Contra Costa Health Plan	58%	86%
Health Plan of San Joaquin	45%	86%

6. Call Centers

Call centers provide the critical link to health care services. Well-informed and timely call centers facilitate access for persons who might need basic information, perhaps in a language other than English. Call centers must be adequately staffed to handle the volume of telephone calls received. In addition, call center staff must be trained adequately to provide correct information and to promptly access interpretation services when needed.

6.1 Call Center Wait-Time Standards

In accordance with 28 CCR 1300.67.2.2(c)(10), MCPs must ensure that, during normal business hours, that the waiting time to speak with a knowledgeable call center representative does not exceed 10 minutes.

6.2 Call Center Survey Methodology

The Timely Access Survey determined how long it took for the call to be answered and whether the call center staff were aware of their obligation to provide access to language interpretation services as needed. The goal of these calls was to determine:

1. To what extent are MCP call centers meeting the 10-minute wait-time standard?
2. To what extent are MCP call center staff aware of callers' rights to and the availability of language interpretation services?

Beginning in 2018–19, HSAG had planned to make 73 calls to each MCP's call center annually. To reduce the interruption to the call centers, HSAG made 19 calls per MCP in the first quarter, then 18 calls per quarter for the remaining three quarters. In each quarter, the survey calls were made over a six-week period. Therefore, HSAG made a call to each call center no more than once per day during normal business hours (i.e., 9 a.m. to 5 p.m. Pacific Time), with the call time varying from day to day. The callers ended the call if the hold time reached 10 minutes.

6.3 Call Center Sampling

In order to determine the sample size, DHCS provided to HSAG the MCP-reported average wait time for the call centers in Quarter 3 of 2018, which was less than three minutes for all MCPs and 18 of 24 MCPs reported wait times less than one minute. It appears that the average wait time for calls to the call centers is much less than the standard of 10 minutes. Therefore, HSAG assumes that the percentage of calls meeting the 10-minute wait time standard is 95%, which leads to a sample size of 73 for a margin of error of +/-5 % and 95% confidence level. In addition, this sample size is at the MCP level since the phone number for the call center is the same for all reporting units within one MCP. Overall, the total number of calls HSAG will make to the call centers is 1,752 (i.e., $73 * 24 = 1,752$).

6.4 Survey Script for Call Centers

To survey MCP call centers, the caller dials a number from the list of 24 MCP customer services numbers, introduces him- or herself, and asks the person who answers the phone if he or she is aware that beneficiaries are entitled to receive interpretation services in any language, and to name any languages other than English spoken by staff at the call center.

6.5 Call Center Results

Chart 13. MCP Call Center Wait Times

During 2019 HSAG made calls to each MCP's call center. Of the 1,752 total calls placed, 93.89% met the wait time standard of 10 minutes. This chart displays the MCP's call center wait time compliance.

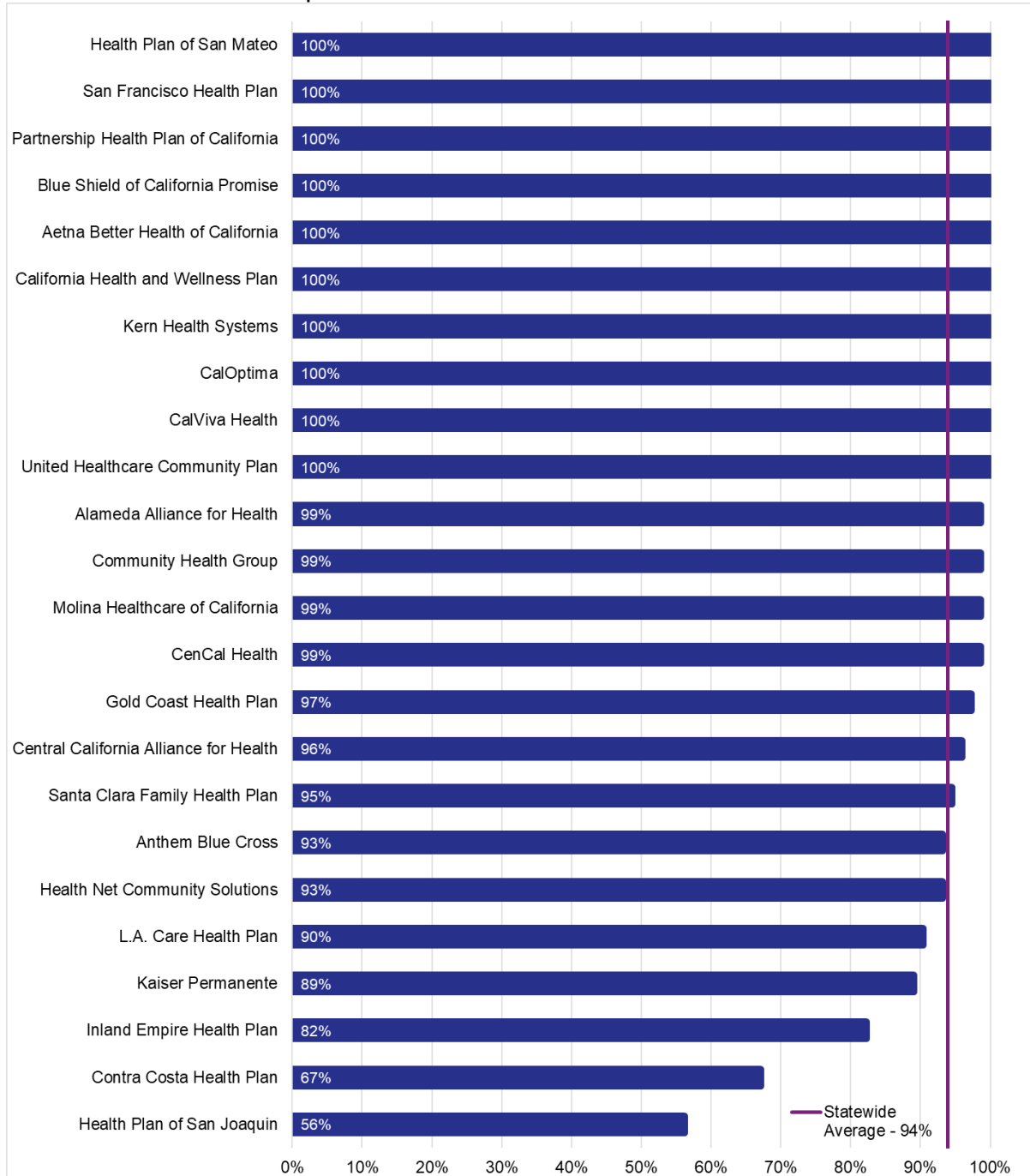


Chart 13. MCP Call Center Wait Times

MCP	MCP Percentage	Statewide Average
Health Plan of San Mateo	100%	94%
San Francisco Health Plan	100%	94%
Partnership Health Plan of California	100%	94%
Blue Shield of California Promise	100%	94%
Aetna Better Health of California	100%	94%
California Health and Wellness Plan	100%	94%
Kern Health Systems	100%	94%
CalOptima	100%	94%
CalViva Health	100%	94%
United Healthcare Community Plan	100%	94%
Alameda Alliance for Health	99%	94%
Community Health Group	99%	94%
Molina Healthcare of California	99%	94%
CenCal Health	99%	94%
Gold Coast Health Plan	97%	94%
Central California Alliance for Health	96%	94%
Santa Clara Family Health Plan	95%	94%
Anthem Blue Cross	93%	94%
Health Net Community Solutions	93%	94%
L.A. Care Health Plan	90%	94%
Kaiser Permanente	89%	94%
Inland Empire Health Plan	82%	94%
Contra Costa Health Plan	67%	94%
Health Plan of San Joaquin	56%	94%

7. Quarterly Monitoring Response Process

7.1 Delivery of Reports to MCPs

Although compliance with timely access requirements is determined annually, DHCS provides the MCPs each phase of the survey results on a quarterly basis, including the raw data, MCP-specific report, and data logic used to calculate each measure. The corresponding data logic for each measure is included in a tab of the raw data file and identifies the corresponding raw data elements.

DHCS provided quarterly MCP-level reports and raw data to each MCP and required the MCPs to provide via the Quality Monitoring Response Template a written response to DHCS regarding results that showed potential compliance issues, strategies to overcome any identified deficiencies, and a timeline for making needed corrections. DHCS reviewed

and provided feedback to each MCP, and then determined whether the MCP is required to take further action. DHCS also used the raw data files from the study to hold MCPs accountable to investigate and correct errors in their provider data.

DHCS expects MCPs to use these early results to address findings by evaluating their provider networks, making improvements to their provider network data, and/or providing additional training for member services staff, as applicable to the identified area(s) of deficiency.

7.2 MCP Responses and Actions

The quarterly review process requires an analysis of both the MCP-specific and raw data that reflects the current MCP performance, and specifically, focusing on what are the causes that result in issues with the current rate of performance. Each MCP must explain why it is not currently meeting the timely access standards indicated by measures 4, 5, and/or 6; what specific long-and short-term actions, including provider staff training, the MCP intends to take to come into compliance; and what specific long-and short-term actions the MCP intends to take to ensure compliance with interpretation services requirements. Each MCP must also identify the specific long-and short-term actions, including call-center staff training, the MCP intends to implement for call-center staff to come into compliance with wait-time standards; and what specific long-and short-term actions the MCP intends to take to ensure compliance with interpretation services requirements.

Each of the Timely Access measures correlate with a different action needed by the MCP in order to ensure compliance with the Timely Access Survey.

Domain	Measure	Description	MCP Action
Data Quality	1	<p>Percentage of sampled providers replaced due to replacement reasons. Replacement reasons include:</p> <ol style="list-style-type: none"> 1. Provider does not accept Medi-Cal managed care from the sampled MCP. 2. Provider is no longer providing services at the sampled location. 3. Provider does not provide the services requested. 4. An incorrect or disconnected phone number. 	MCPs must ensure that their monthly provider file reflects a member's experience.

Domain	Measure	Description	MCP Action
		5. Office staff refusing to participate in the phone survey. 6. Provider practice is located in a non-office setting. 7. Phone number and address are associated with a non-medical facility.	
Provider Training	4	Percentage of providers for whom no appointment times were collected. Reasons include: 1: Referred to urgent care. 2. Language barrier with office staff. 3. Kaiser auto-attendant. 4. Maximum Attempts - Both Calls Placed on hold for 5 minutes. 5. Maximum Attempts - Both calls reached answering machines during open hours. 6. Maximum Attempts made during opening hours, 7. Other reasons. 8. Kaiser cases not completed.	MCPs must train network providers on laws, regulations, and contract requirements. Network Provider Training includes timely access, culture and linguistic awareness, proper management of health information, member rights, the availability of emergency-based out-of-network care, and the availability of specialist care.
Timely Access Standard Compliance	5	Percentage of providers meeting visit wait time standards for the first collected appointment time.	MCPs must ensure through network provider training and staff coordination that health care services are available to members within the standards established at 28 CCR §1300.67.2.

8. Ongoing Process Improvements

DHCS considers the 2019 Timely Access Report a great foundation to be able to drive process improvement and MCP performance. DHCS has identified and has already undertaken process improvements to subsequent years' timely access methodology to not

only improve timely access results but to strengthen network adequacy overall. Below are a few highlights of DHCS' undertakings:

8.1 Timely Access Survey Methodology and New Measures

For the 2020 Timely Access Survey, DHCS will compare reporting units and geographical areas, by applying weighted averages that account for some of the intrinsic differences between reporting units. Such weighting helps ensure that overall rates are not simply because one county has far fewer providers than another.

Additionally, DHCS will be adding additional measures to the Timely Access Survey to collect information regarding physical accessibility and compliance with Nurse Advice Line wait time standards.

8.2 Overcoming Inherent Survey Challenges

DHCS faces ongoing challenges in developing an accurate assessment of each MCP's ability to provide timely access to all categories of providers. Each MCP operates in different geographical areas, many of which are rural and lack the numbers of providers and specialist categories that live in more densely populated urban areas. This fact also affects DHCS' ability to compare MCPs that report 100% compliance: 100% of 15 providers is different from 100% of 1,500 providers.

The survey sample sizes (the denominators) identified for this study were not always equal, because there were not always oversample providers of the same category to choose from as an oversample. To overcome this challenge, DHCS will employ statistical strategies in 2020, such as weighted averages, to generate statistically valid equivalencies.

Moreover, DHCS will strive to study other factors that contribute to or detract from timely access and explore solutions:

- Urgent care facilities are not captured in this study, which still remains an access point for members
- Provider fatigue resulting from an excess of reporting requirements, such as these surveys;
- Alternate sources of medical treatment (i.e., clinics and urgent care centers) that might alter an MCP's rating for access to urgent care appointments from regular providers;
- Alternative modes of requesting appointments (i.e., online portals);
- Reduced provider willingness to serve MCP members because payment rates are low; and
- Failure of some members to seek health care when they need it.

8.3 Determining Statewide Compliance Threshold

At the time of this report, DHCS continues to work with stakeholders and the Department of Managed Health Care on establishing a compliance threshold for Timely Access Standards.

8.4 Improving Provider Data Quality

A Timely Access Survey was conducted in 2018; however, due to data limitations, the 2018 survey results were not reported. DHCS has since then focused on improving provider data quality to ensure that MCP providers are available to survey and demonstrate compliance with Timely Access Standards. DHCS continues to engage the MCPs in improving their provider file submissions. DHCS conducts monthly and quarterly data checks to ensure that the MCPs submit the most complete and accurate provider data to be used in the Timely Access Survey.

8.5 Improving Network Adequacy Overall

To obtain an overall picture of member access, DHCS continues to refine its quarterly monitoring and annual network certification processes. Through these processes, DHCS continues to engage with MCPs on their compliance with federal, State, and contractual requirements to meet all components of network adequacy and link any of those deficiencies with the MCPs' interventions, including but not limited to, providing out of network access and transportation to those out-of-network providers.

There is room for improvement in accomplishing the many components of network adequacy and DHCS will continue to refine its processes to ensure that Medi-Cal members have access to the high quality health care services to which they are entitled.

Appendix A. Full-Scope Medi-Cal Managed Care Health Plans

Aetna Better Health of California	Aetna
Alameda Alliance for Health	AAH
Anthem Blue Cross Partnership Plan	Anthem
Blue Shield of California Promise Health Plan.....	Blue Shield Promise
California Health & Wellness Plan	CHW
CalOptima.....	CalOptima
CalViva Health.....	CalViva
CenCal Health	CenCal
Central California Alliance for Health.....	CCAH
Community Health Group Partnership Plan.....	CHG
Contra Costa Health Plan	CCHP
Gold Coast Health Plan	Gold Coast
Health Net Community Solutions, Inc.	Health Net
Health Plan of San Joaquin	HPSJ
Health Plan of San Mateo.....	HPSM
Inland Empire Health Plan	IEHP
KP Cal LLC.....	Kaiser
Kern Family Health Care	KFHC
L.A. Care Health Plan.....	L.A. Care
Molina Healthcare of California Partner Plan, Inc.	Molina
Partnership Health Plan of California.....	Partnership
San Francisco Health Plan	SFHP
Santa Clara Family Health Plan.....	SCFHP
United Healthcare Community Plan.....	UHC

Appendix B. MCPs by Reporting Units and Counties

Medi-Cal Managed Care Plan Name	Reporting Unit	Counties
Aetna Better Health of California	Sacramento	Sacramento
	San Diego	San Diego
Alameda Alliance for Health	Alameda	Alameda
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Sacramento	Sacramento
	Region 1	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, Tehama
	Region 2	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa, Mono, Nevada, Placer, Tuolumne, Yuba
	San Benito	San Benito
	Alameda	Alameda
	Contra Costa	Contra Costa
	Fresno	Fresno
	Kings	Kings
	Madera	Madera
	San Francisco	San Francisco
	Santa Clara	Santa Clara
	Tulare	Tulare
	Blue Shield of California Promise Health Plan (known as Care1st Health Plan prior to January 1, 2019)	San Diego
California Health & Wellness Plan	Imperial	Imperial
	Region 1	Butte, Colusa, Glenn, Plumas, Sierra, Sutter, Tehama
	Region 2	Alpine, Amador, Calaveras, El Dorado, Inyo, Mariposa,

Medi-Cal Managed Care Plan Name	Reporting Unit	Counties
		Mono, Nevada, Placer, Tuolumne, Yuba
CalOptima	Orange	Orange
CalViva Health	Fresno	Fresno
	Kings	Kings
	Madera	Madera
CenCal Health	San Luis Obispo	San Luis Obispo
	Santa Barbara	Santa Barbara
Central California Alliance for Health	Merced	Merced
	Monterey/Santa Cruz	Monterey, Santa Cruz
Community Health Group Partnership Plan	San Diego	San Diego
Contra Costa Health Plan	Contra Costa	Contra Costa
Gold Coast Health Plan	Ventura	Ventura
Health Net Community Solutions, Inc.	Sacramento	Sacramento
	San Diego	San Diego
	Kern	Kern
	Los Angeles	Los Angeles
	San Joaquin	San Joaquin
	Stanislaus	Stanislaus
	Tulare	Tulare
Health Plan of San Joaquin	San Joaquin	San Joaquin
	Stanislaus	Stanislaus
Health Plan of San Mateo	San Mateo	San Mateo
Inland Empire Health	Riverside/San Bernardino	Riverside, San Bernardino
Kern Health Systems	Kern	Kern
Kaiser NorCal (KP Cal, LLC)*	KP North	Sacramento
	KP North	Amador, El Dorado, Placer

Medi-Cal Managed Care Plan Name	Reporting Unit	Counties
Kaiser SoCal (KP Cal, LLC)	San Diego	San Diego
L.A. Care Health Plan	Los Angeles	Los Angeles
Molina Healthcare of California Partner Plan, Inc.	Sacramento	Sacramento
	San Diego	San Diego
	Imperial	Imperial
	Riverside/San Bernardino	Riverside, San Bernardino
Partnership Health Plan of California	Northeast	Lassen, Modoc, Shasta, Siskiyou, Trinity
	Northwest	Del Norte, Humboldt
	Southeast	Napa, Solano, Yolo
	Southwest	Lake, Marin, Mendocino, Sonoma
San Francisco Health Plan	San Francisco	San Francisco
Santa Clara Family Health Plan	Santa Clara	Santa Clara
United Healthcare Community Plan	Sacramento	Sacramento
	San Diego	San Diego

Appendix C. Abbreviations and Acronyms

A&I	Audits and Investigations Division
APL	All Plan Letter
CCR	California Code of Regulations
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
DHCS	California Department of Health Care Services
DMHC	California Department of Managed Health Care
e.g.	<i>exempli gratia</i> , Latin, meaning “for example”
EQRO	external quality review organization
et seq.	<i>et sequentes</i> , Latin, meaning “and what follows”
HSAG	Health Services Advisory Group
HSC	California Health and Safety Code
ibid.	abbreviation of the Latin <i>ibīdem</i> , meaning “in the same place”
KKA	Knox-Keene Act
MCP	Medi-Cal Managed Care Health Plan
PAAS	Provider Appointment Availability Survey
PSS	Provider Satisfaction Survey
TACR	Timely Access Compliance Report
WIC	California Welfare and Institutions Code
§	Section of law or regulation
274-file	a specific data file format used to conduct State business