VENTURA COUNTY
HEALTH CARE AGENCY

Setting the Standard in Health Care Excellence

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February 28, 2017

The Department of Health Care Services

Subject: Comments on Medicaid Managed Care Final Rule:
Network Adequacy Policy Proposal

To Whom It May Concern:

After having reviewed the entire document and discussed with my team, we have the following feedback that will apply to the entire document:

- Distance from "residence" may not be practical for some populations that may be working (or for kids, if they are in school). Therefore, adding distance from "residence, place of employment or school" would be more appropriate.

- Access to primary and specialty care timelines for non-urgent services may sound reasonable at 10 and 15 days respectively, but lack of adequate provider-to-patient ratios, new team-based care approaches, rate of no-shows due to multiple factors, and lack of infrastructure for alternative visit approaches such as telemedicine and e-consults, will continue to provide challenges to meet the timeline requirements by the time the measurement period starts.

- For substance use disorders, the appointment time recommendation is 10 days. Our suggestion is 15 days, again due to access and logistical issues that will not be possible to address in a short timeframe.

- Dental Services: It is well known that we do not have adequate dental providers for both adult and pediatric populations that accept Denti-Cal, as the reimbursement rates are too low. So the suggested timelines here for routine and specialty services are not being currently met and will remain as such until fee schedules are adjusted. Despite our efforts to provide some preventative services in the primary care setting and starting our own dental services through the FQHCs, we will not be able to meet the requirement of 4 weeks for routine and 6 weeks for specialty services. Even if the fee schedules were adjusted, it will still take several years to establish the infrastructure to meet demand.

- Long Term Care Placement: Regionally, we lack bed capacity for Medi-Cal patients, therefore making transitions for many patients from acute care to long-term care a challenge. In some cases the only option available might be to place a patient far away from their place of residence/family, creating undue burden (emotional and financial) to a point where patient is re-admitted to acute care.

- Contracting for services that are not provided within the system: When contacting with other entities for these services, the challenge remains that they do not accept our Medi-Cal rates. This makes it very difficult, and at times impossible, to find timely care.

- Based on the definitions being used, we are considered a medium-sized county. But when compared with other medium-sized counties, our population in some cases is 1/3 to 1/4 of other counties. Initially, this may not seem like a problem, but when you look at prospects of well-paying jobs and attracting providers, this remains a challenge for a county that is very agricultural.

- In short, to meet the recommended requirement (and monitoring standards mentioned under section 6), a lot of realignment and infusion of resources will be needed along with policy changes around reimbursement.

Thank you for the opportunity to comment on the policy proposal.

Sincerely,

[redacted]

Johnson K. Gill
Director
Ventura County Health Care Agency