Provider Network Adequacy and Monitoring

Presented to MCHAP on May 11, 2016 by Ron DiLuigi, Jeffrey Fisch MD, Wendy Longwell, Sandra Reilly, Pamela Sakamoto

In the March 2015 Medi-Cal Children's Health Advisory Panel (MCHAP) meeting, members voted on priority areas of focus for subsequent meetings. Provider Network Adequacy and Monitoring was felt to be of high priority by a plurality of members. As such, a subcommittee was formed to consider the issues that impact this topic and to refine recommendations to MCHAP for subsequent Deep Dives on this topic.

The complex issues related to this topic touch on all areas of health care delivery for beneficiaries of Medi-Cal, however, while our recommendations will focus on Children's Medical Care delivery, the concepts apply to Dental, Mental Health, and Substance Abuse spheres as well and no doubt will be touched upon during deep dives focused on these areas of care.

With the passage of the Affordable Care Act (ACA), the children covered by Medi-Cal has grown substantially. Given this reality, the subcommittee strongly believes that to fully understand the impact of this growth on Network Adequacy and to effectively support Children and the Medi-Cal system with information that can lead to meaningful solutions that this topic conceptually should be broken down into three areas for further Deep Dive Discussions:

- **Pre-Enrollment & Pre-Care Delivery Issues**
    - Ensuring an accurate understanding of the number of potential and current Medi-Cal Beneficiaries to receive the Right Care, at the Right Time, in the Right Setting

- **Post Enrollment & Care Delivery Issues**
    - Ensuring that in having an accurate assessment of the number of current and future beneficiaries that there is in place adequate current and future care delivery systems that can provide the Right Care, at the Right Time, in the Right Setting

- **Post Enrollment & Post Care Delivery Issues**
    - Ensuring in having adequate care delivery system that there is Adequate Oversight, Accountability & Monitoring to inform and refine Enrollment and Care Delivery Issues that impact on Network Adequacy and assure that Quality care will continue to be delivered the Right Care, at the Right Time, in the Right Setting

This conceptual framework has guided the subcommittee to consider the myriad of issues that affect Provider Network Adequacy which are listed below. We recognize that our observations are in no way exhaustive but are starting points for further discussion on this topic. We welcome input and further refinement of the issues related to Provider Network Adequacy from other MCHAP members and/or Stakeholders to assist DHCS in developing Deep Dive presentations.

Pre-Enrollment & Pre-Care Delivery Issues

- Accurate Determination of Eligibility allows for prospective planning of Network Adequacy

    - What is the current process?
    - How does the eligibility process inform and shape strategies to enhance Network Adequacy?
    - Describe the Point of Care eligibility and how is it used to enhance Network Adequacy?

- Prompt & Efficient Processing of Eligibility & Enrollment reduces system barriers to accessing care
    - What barriers has DHCS identified?
    - Is the process of eligibility and enrollment timely? What Benchmarks are used to measure this?
    - What incentives are used to encourage accurate, prompt, efficient processing of eligibility and enrollment by counties and health plans?
    - Does the assignment of Plan/Providers align with where recipients seek care?
    - Is there adequate communication and coordination among counties and the state to ensure accurate, prompt, efficient processing of eligibility and enrollment?

Post Enrollment & Care Delivery Issues

- Accurate Assessment of the number of current and future beneficiaries and assessment of the current and future care delivery systems

    - What are the current measures used to define Network Adequacy with regards to Care Delivery
        - Is care delivery timely – how is this determined?
        - Is the measure uniform among all plans and recipients?
        - Is the care timely in the right setting or level of care?
        - Are these measures meaningful to a beneficiary?

    - Primary & Specialty Care Access
        - Is the number of providers adequate to meet patient population demand?
            - What criteria is used to define this?
            - Are beneficiaries perception of access considered?
                - Is beneficiary satisfaction with regard to access measured, if so how?
        - Is the Access to these providers timely?
            - What incentives are used to promote timely access?

        - Is the access to providers Geospatially adequate?
        - Are Cultural Barriers considered that may impede access?
        - How are new paradigms of care (Telemedicine) used in determining Network adequacy?
            - What incentives are used to promote new modes of care delivery?

    - Is there sufficient access to various Levels of Care to meet population demand?
        - How is this determined for:
            - Office Setting
            - Urgent Care
            - Emergency Care
            - Hospital Care
            - Extended Care units

- Rates of Reimbursement clearly influence decisions by providers and health systems that impact Network Adequate
    - What is DHCS understanding of this issue? What criteria are used to establish rates?

- System Barriers and administrative complexity can impede access to any service
    - What are the system barriers and administrative issues that have been identified that may dissuade beneficiaries, providers, and plans from participating in Medi-Cal?

- Successful transition from Hospital settings to community Outpatient Care requires careful planning and communication
    - Is the network adequacy considered in relation to DME and Pharmacy Formularies as often these may differ between county plans?
    - Is the adequacy of clinical needs with respect to outpatient services, providers, and specialists considered at time of discharge – how is the adequacy measured?

Post-Enrollment & Post Care Delivery

- Adequate Oversight & Accountability – Ensuring Health Plans & Providers are available and providing the Right Care at the Right Time in the Right Setting

    - What Quality measures are audited to ensure the Network Care was adequate?
        - Is this oversight timely?
        - What mechanisms are in place to achieve this oversight?
            - Are they different for Medi-Cal and CCS? Is so, in what way is the oversight different?
    - What system is in place to provide ongoing verification of eligibility of enrollees?
    - What systems are in place to verification accurate Plan/Provider assignments?
    - What systems are in place to ensure there is an accurate Directory of Providers?