Network Assessments and Monitoring

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Presentation Overview

1. Network Adequacy Standards
2. Network Review Components
   - DHCS Medical Audits
   - DMHC Routine Medical Surveys
   - DHCS and DMHC Interagency Agreements (IA)
   - DHCS and DMHC Audit and Survey Coordination
   - Non-Routine Audits and Surveys
   - Corrective Action Plans
   - Other Monitoring Indicators
3. Plan Monitoring and Evaluation

Network Access Requirements

In order to have sufficient networks, health plans must:

- (1) Have **sufficient providers** to serve the enrollees
- (2) Meet **service area needs** with the geographic distribution of primary care providers (PCP) and specialists
- (3) Provide **timely access to care**

Primary Care Physician (PCP) Capacity

Standard:	1 PCP per 2,000 Enrollees
Authority:	▪ Title 28, 1300.51 (d)(G)(2)(H) ▪ Title 22 CCR Section 53853 ▪ DHCS Contract, Exhibit A, Attachment 6 – Provider Network
Plan Monitoring and Evaluation:	☑ Readiness ▪ Full network certification submission to DHCS ▪ Material Modification filing with DMHC ▪ Deliverables submission per DHCS Contract, Exhibit A, Attachment 18 – Implementation Plan and Deliverables ☑ Contract Submission ▪ Quarterly Provider Network report ☑ DMHC Medical Survey ☑ Other Monitoring Indicators

Physician Extenders Capacity

Standard:	1 Physician Extender per 1,200 Enrollees
Authority:	▪ Title 28, 1300.51 (d)(G)(2)(H) ▪ Title 22 CCR Section 53853(a) ▪ Welfare & Institutions Code Section 14182(c)(2) ▪ DHCS Contract, Exhibit A, Attachment 6 – Provider Network
Plan Monitoring and Evaluation:	☑ Readiness ▪ Full network certification submission to DHCS ▪ Material Modification filing with DMHC ▪ Deliverables submission per DHCS contract, Exhibit A, Attachment 18 – Implementation Plan and Deliverables ☑ Contract Submission ▪ Quarterly Provider Network report ☑ DHCS Medical Audit ☑ DMHC Medical Survey ☑ Other Monitoring Indicators

Time and Distance Access

Standard:	15 miles/30 minutes (Title 28) 10 miles/30 minutes (DHCS Contract)
Authority:	▪ Title 28 CCR Rule 1300.51(d)(H) ▪ DHCS Contract, Exhibit A, Attachment 6 – Provider Network
Plan Monitoring and Evaluation:	☑ Readiness ▪ Geo Access maps evaluation ☑ Contract Submission ▪ Quarterly Provider Network report ☑ DHCS Medical Audit ☑ DMHC Medical Survey ☑ Other Monitoring Indicators

Timely Access

Appointment Type	Standards
Urgent care appointments that do not require prior authorization	48 hours
Urgent care appointment that do require prior authorization	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent Specialist	15 business days
Non-urgent Mental health provider (non-physician)	10 business days
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone Wait Times	Standards
Normal business hours	No more than 10 minutes
Triage – 24/7 services	24/7 services; Call back time of no more than 30 minutes

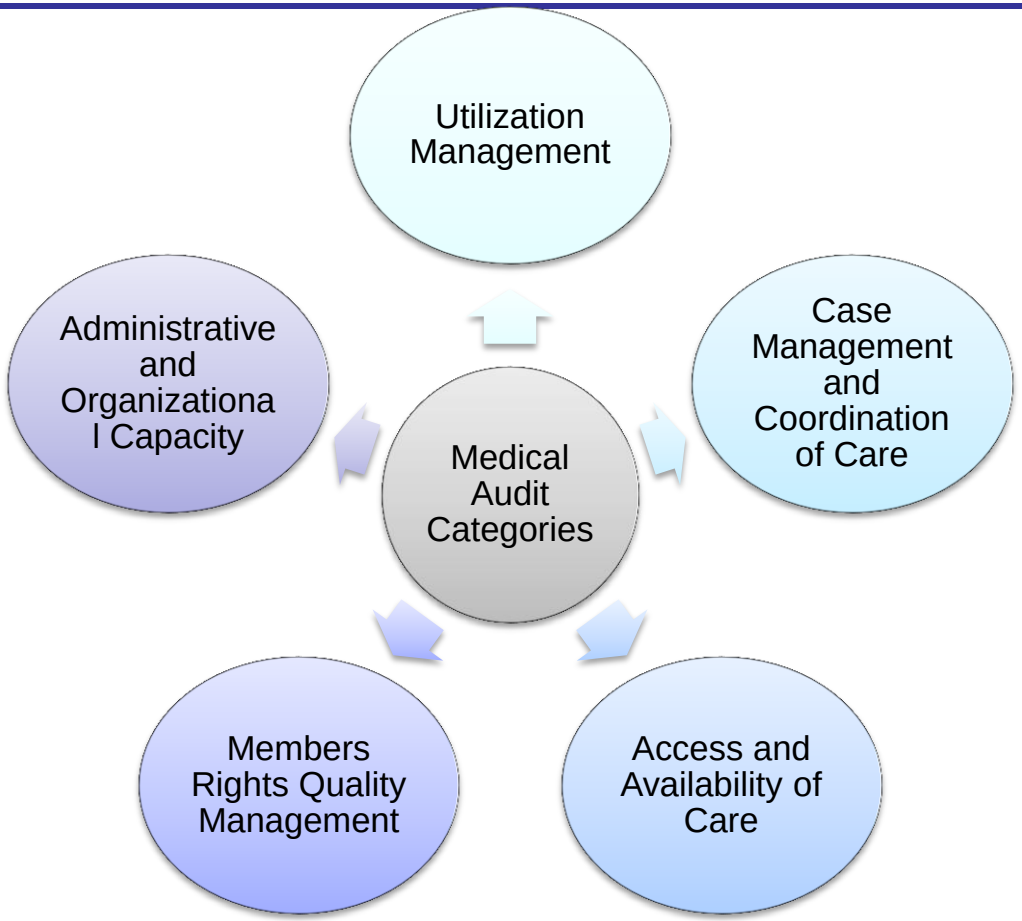
Timely Access (continued)

Authority:	▪ Title 28 CCR Section 1300.67.2.2 ▪ DHCS Contract, Exhibit A, Attachment 9 – Access and Availability
Plan Monitoring and Evaluation:	☑ DHCS Medical Audit ☑ Other Monitoring Indicators ▪ Grievances data ▪ Call Center Reports data ☑ CAHPS Survey results

Component 1: DHCS Medical Audits

- Performed by the Audits and Investigations Division, Medical Review Branch
- Welfare and Institutions Code §14456
- Audits will be annual beginning in 2015

DHCS Medical Audit Categories



Component 2: DMHC Medical Surveys

- Performed by the Department of Managed Health Care (DMHC)
- Knox-Keene Health Care Service Plan Act
- Conducted at least every three years
  - Link to DMHC Medical Survey reports: http://www.dmhc.ca.gov/LicensingandReporting/MedicalSurveys/SearchViewMedicalSurveyReports.aspx

DMHC Medical Survey Categories

Component 3:
DHCS/DMHC Interagency Agreements (IA)

Monitors the following transitions:

- Seniors and Persons with Disabilities (SPDs)
- Optional Targeted Low Income Children
- Rural Expansion
- Cal MediConnect

Each IA has three components:

- Financial Audit
- Network Adequacy Assessments
- Medical Survey

Component 4: Audit and Survey Coordination

- DHCS and DMHC have a joint audit schedule to coordinate DMHC Knox Keene and IA surveys and DHCS medical audits.
- Both auditing teams are on-site concurrently.
- Findings for the DMHC IA surveys and DHCS medical audits are consolidated during the Corrective Action Plan (CAP) process.

Component 5: Non-Routine Audits and Surveys

- DHCS and DMHC can also audit and/or survey a plan outside of the normal schedule for any reason.
- Conducted two times in 2014:
  - CalOptima
  - Alameda Alliance

Component 6: Corrective Action Plans (CAPs)

- DHCS Medi-Cal Managed Care Division, Plan Monitoring Unit, administers CAPs for:
  - DHCS Medical Audits
  - Interagency Agreement Surveys
  - Other non-scheduled audits or surveys
- A CAP response is required to be submitted to DHCS within 30 days of notification if any findings are present.
- DMHC also administers CAPs for routine medical surveys.

Component 7: Other Monitoring Indicators

1. Quarterly Grievances and Appeals Reports

2. Quarterly Reports

- Medi-Cal Office of the Ombudsman Call Statistics
- State Fair Hearings
- DMHC Help Center Data

Component 7: Other Monitoring Indicators

4. Transition Data Submission Requirements

- Population-specific reporting for Seniors and Persons with Disabilities (SPDs), Optional Targeted Low Income Children (OTLIC), Rural Expansion, Low Income Health Plan (LIHP), and Cal MediConnect:
  - Grievance Report
  - Continuity of Care Report
  - Provider Network Additions and Deletions
  - PCP Assignment and Changes (Rural Expansion)
  - Consumer Satisfaction (Rural Expansion)
  - Fraud and Abuse (Rural Expansion)
  - Complaints and Resolution Tracking (Cal MediConnect)

Component 7: Other Monitoring Indicators

5. Ongoing Data Submission Requirements

- Rural Expansion and Optional Targeted Low Income Children (OTLIC):
  - All Member Grievance Report
  - Detailed Provider Network Report
  - Continuity of Care Report
  - Grievance Log
  - Geo Access Report
  - Out of Network Report
  - Network Adequacy Report

Component 7: Other Monitoring Indicators

5. Ongoing Data Submission Requirements

- Seniors and Persons with Disabilities (SPDs):
  - Continuity of Care Report
  - Risk Stratification and Risk Assessment Data Report
  - SPD Grievance Report
  - Detailed Provider Network Report
  - Grievance Log
  - Geo Access Report
  - Out of Network Report
  - Network Adequacy Report

Work in Progress and Future Endeavors

Late 2014

- Finalized DHCS/DMHC joint response process for network findings
- Standardized Grievances & Appeals and Call Center reporting requirements to track data at the beneficiary level
- Implemented Timely Access Verification Studies

Summer 2015

- Onboard new Network Adequacy/Monitoring Unit in the Managed Care Quality and Monitoring Division
- Implement the Network Adequacy Monitoring Project:
  - Incorporate encounter data into network monitoring
  - More robust data evaluation – State access mapping for alternate access standards, watch list, and provider panels

Work in Progress and Future Endeavors

Ongoing

- Provide technical assistance to ameliorate poor performance
- Impose Corrective Action Plans (CAPs) for poor performance or not meeting contractual requirements
- Enforce sanctions when necessary
- Continue stakeholders/workgroup engagement
- Enhance Medi-Cal Managed Care Performance Dashboard


DHCS
California Department of
HealthCareServices