

***DMHC Timely Access to
Non-Emergency Health
Care Services Regulations***

Access Regulations Team Co-Leads

Vivian Khalil - Aetna Health of California


Donna Schevene - Aetna Health of California

**Demara Nuzum - NAMM California/
PrimeCare Medical Network**


***Compliance and Contracting
Access Regulations Sub Team
Co-Leads***

Maryalice Khan - Anthem Blue Cross

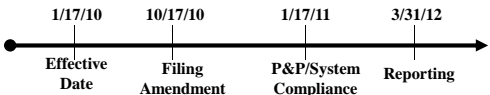
**Elizabeth Haughton - NAMM California/
PrimeCare Medical Network**


HISTORY OF DMHC ACCESS REGULATIONS 

- AB 2179- Passed 2002
- Intent of the legislature
 - To ensure all enrollees have timely access to care.
 - Timely access is “essential to safe and appropriate care” and “lack of timely access may be indicative of other symptomatic problems”.
- Required DMHC to pass regulations for implementation of the state law.
- Dec 3, 2004- “joint proposal” CAHP, CAPG, CMA and CHA.
- Multiple stakeholder meetings, public hearings.
- OAL (Office of Administrative Law) approves

IMPLEMENTATION TIME LINE 

- Reporting
 - 3/31/12 and every year after (Title 28 CCR, Section 1300.67.2.2 (g) 2)
- Filing Health Plan Amendment
 - 10/17/10 (9 months after effective date of Title 28 CCR, Section 1300.67.2.2 (g) 1)
- Compliance with P&Ps and necessary systems
 - 1/17/11 (within 12 months of implementation of the regs (Title 28 CCR, Section 1300.67.2.2 (g) 1 and Section 1367.03 (Health and Safety code))



IMPLEMENTATION HIGHLIGHTS 

- **Rate of Compliance**
 - For annual reporting purposes Plan will determine the rate of compliance with the time elapsed standards
- **Enrollee Experience Survey**
 - Designed to ascertain compliance with the standards
- **Provider Satisfaction Survey**
 - Designed to solicit from physicians and non-physician mental health providers' perspective and concerns regarding compliance with the standards

IMPLEMENTATION HIGHLIGHTS



Cont.

- **Appointment Availability Survey**
 - Designed to ascertain physician office compliance with the access standards
- **Compliance**
 - Reviewing and evaluating quarterly plan information available regarding accessibility, availability and continuity of care, including information obtained through surveys, grievances and appeals and triage services
- **Advanced Access**
 - Verification of contracted providers reporting that appointments are scheduled consistent with the definition of advanced access

TEAM ACCOMPLISHMENTS




- **Rate of Compliance**
 - ✓ Contributed in the DMHC Access Regulations Workgroup to develop recommended categories to measure rate of compliance
 - ✓ Example of categories to measure rate of compliance: enrollee surveys, provider surveys, appointment availability surveys, grievance and appeals
- **Enrollee Experience Survey**
 - ✓ Partnered with DMHC Access Regulations Workgroup to crosswalk the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and use of similar questions


TEAM ACCOMPLISHMENTS




- **Provider Satisfaction Survey**
 - ✓ Collaborated with DMHC Access Regulations Workgroup to create standardized questions.
 - ✓ Created a methodology for collaboration amongst plan to lessen the burden on plans and providers.
 - ✓ Received approval of ICE support to design, field, collect data and create reports of an electronic survey mailed to providers
- **Appointment Availability Survey**
 - ✓ Created a methodology for collaboration amongst plan to lessen the burden on plans and providers.
 - ✓ Received approval of ICE support to design survey, collect data and create reports

TEAM ACCOMPLISHMENTS Cont. 

- **Policy and Procedure (P&P) Template**
✓ Created a template P&P to assist IPA/PMGs
- **Frequently Asked Questions (FAQ) Document**
✓ Created an ongoing FAQs document to support plans and providers with answers and training related to the DMHC Access Regulations

TEAM FOCUS 

- Continued collaboration/clarification with DMHC as necessary
- Prioritize team activities
- Plan assignment and implementation of ICE Provider Survey Collaborative

TEAM FOCUS Cont. 

- Plan assignment and implementation of ICE Appointment Availability Survey Collaborative
- Develop a Standardized Training and Training Tools
- Continue Updates of FAQ Document

CONTRACTING



- No amendment required by regulation
- Changes to contracts depend on the existing contractual relationship between the parties and their existing role and responsibilities.
- ICE workgroup working on draft exemplar/template

PLAN - PROVIDER AGREEMENTS




- If material change: Plans must amend the contract.
- If no material change: Plans must inform the Department that there are no changes to any material terms of the contract.
- Material changes to Policy and Procedure require same notice and agreement.

MATERIAL CHANGE




- Provider Bill of Rights: Material Changes must be negotiated and agreed upon
- DMHC: Per Se Material
 - Delegation of Triage and Screening
 - Any additional reporting requirements imposed on Providers
- Other “material changes” depend on the nature of the Provider/Plan relationship. Each organization must work through those issues themselves.

DMHC FEEDBACK 

- ❖ Filing Process Updates
- ❖ Lessons Learned
- ❖ Identified Issues

FOR MORE INFORMATION 

- ICE WEBSITE
> <http://www.iceforhealth.org/home.asp>
- DMHC WEBSITE
> <http://wps0.dmhc.ca.gov/regulations/regs/?key=20>

QUESTIONS 

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