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ICE DMHC ACCESS REGULATIONS TEAM

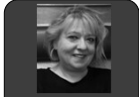
Timely Access Reporting 2020 & Beyond

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WELCOME

- Introduction
- ICE DMHC Access Regulations Team & Workgroup-
Overview
- Timely Access Surveys & Reporting
- The Rand Report
- Timely Access Regulations
- Advanced Access – Panel Discussion


 Blue Shield of
California
Senior Manager
Network Compliance


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INTRODUCTIONS

 Jemme Durrow Blue Shield of California Senior Manager Network Compliance	 Ana Barbacena Health Net Provider Relations Specialist	 Mike Janesin Anthem Blue Cross Business Change Director	 Valerie Ridge UnitedHealthcare Regulatory Affairs Consultant
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ICE DMHC ACCESS REGULATIONS TEAM

WHAT

The ICE DMHC Access Regulations Team is the main team that focuses on timely access and network adequacy reporting requirements.

WHEN

MY2020 – Bi-monthly

1st Wednesday of the month

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ICE DMHC ACCESS REGULATIONS TEAM

WHO

- Individual Providers & Provider Groups
- Management Service Organizations
- Health Plan Representatives
- Health Care Advocacy Groups – CAHP/APG

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ICE DMHC ACCESS REGULATIONS TEAM WORKGROUP

WHAT

The ICE DMHC Access Regulations Team Workgroup focuses on the day to day work related to Timely Access and Network Adequacy Reporting.

WHEN

MY2020 – Bi-weekly

Every other Monday

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ICE DMHC ACCESS REGULATIONS TEAM WORKGROUP


WHO

- Health Plan Representatives
- Health Care Advocacy Groups – CAHP/APG
- Invited Guests /Survey Vendors

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TIMELY ACCESS SURVEYS

AREA	MEASUREMENT TOOL	PURPOSE
Timely Access To Care	<ul style="list-style-type: none"> • Provider Appointment Availability Survey (PAAS) • Provider After-Hours Survey • Provider Office Telephone Access Monitoring • DHCSTimely Access Study 	Ensure members receive adequate coverage and needed care in a timely way
Provider Experience	<ul style="list-style-type: none"> • Provider Satisfaction Survey (PSS) 	Provider perspective on access and satisfaction
Member Experience	<ul style="list-style-type: none"> • Patient Assessment Survey (PAS) • Consumer Assessment of Health Plan Survey (CAHPS®) • CG CAHPS® Medicare 	These tools assess member perception, whether members feel cared for

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TIMELY ACCESS REPORTING

REPORTS	REGULATOR				
	DMHC	DHCS	NCOA	COI	CMS
PROVIDER AFTER-HOURS (PCP & Behavioral Health)	X	X	X	X	X
PROVIDER APPOINTMENT AVAILABILITY (PAAS for DMHC & non DMHC Lines of Business)	X	X	X	X	X
PROVIDER SATISFACTION (PCP, Behavioral Health, & Specialists)	X	X	X	X	X
TELEPHONE ACCESS (PCP)	N/A	X	N/A	N/A	N/A
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS)	X	X	X	X	X
AFFILIATE MEMBER BEHAVIORAL HEALTH SATISFACTION	X	X	X	X	X
APPEALS & GRIEVANCES (A&G)	X	X	X	X	X

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RAND CORPORATION REPORT:
*OPTIONS FOR IMPROVING TIMELY ACCESS TO
CARE REPORTING IN CALIFORNIA*


RAND Report

- Background
- RAND Findings and Recommendations
- Health Plan's Four Key Priorities
- DMHC Review / Response / Next Steps

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RAND CORPORATION REPORT:
*OPTIONS FOR IMPROVING TIMELY ACCESS
TO CARE REPORTING IN CALIFORNIA*

RAND Report Findings and Recommendations

- RAND's analysis is that the current timely access data collection and reporting methods are unnecessarily burdensome to the providers and Plans, which has implications for both data quality and costs.
- The narrow focus of the survey on specific providers and office-based appointments does not capture the full range of access options that health plans offer (e.g. urgent care, telehealth, and patient portals) or patient preferences.

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RAND CORPORATION REPORT:
*OPTIONS FOR IMPROVING TIMELY ACCESS TO CARE
REPORTING IN CALIFORNIA*

Health Plan Priority Selections Presented to the DMHC

- Survey At Office Location Level
- Update Sample Sizes To Reflect Ineligibles
- Report More Nuanced Timely Access Data
- Timely Access Compliance Rates Need To Be Dynamic

RAND Timely Access Report Link
https://www.rand.org/pubs/research_reports/RR3115.html

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TIMELY ACCESS REPORTING 2020 AND BEYOND

Timely Access Regulations*

- Background (AB2179/SB964)
- Timing
- New/Proposed Provisions
 - Filing Dates, Compliance Rates and Alternate Standards, Corrective Action Requirements
- Remaining provisions
 - Standards (Time Elapsed Standards as well as Time/Distance)
 - Survey types
 - Filing Components
 - Advance Access

* <https://www.dmh.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx>

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BACKGROUND

AB 2179

- 2003- directed DMHC to set standards to guarantee timely access to health care
- 2020- regulations included time elapsed standards; sufficient number of providers, customer service wait times, triage services, interpreter services and TAR compliance Report.

SB 964

- DMHC required to develop standard methodologies
Network adequacy component
- Required Medi-Cal plans to file TAR
Finalize standards by January 2020

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REGULATIONS

Timing- effective January 2020, with implementation dates in 2022

Remaining Provisions


- Filing/Data Pull Dates
- Alternate Standards
- Corrective Action Requirements

New/Proposed Provisions

- Standards (Time Elapsed Standards as well as Time/Distance)
- Survey types
- Filing Components
- Advance Access

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TIMELY ACCESS REPORTING 2020 AND BEYOND


- **Advanced Access 1300.67.2.2 (b)(1)**
- "Advanced access" means the provision, by an individual provider, or by the medical group or independent practice association to which an enrollee is assigned, of appointments with a primary care physician, or other qualified primary care provider such as a nurse practitioner or physician's assistant, within the same or next business day from the time an appointment is requested, and advance scheduling of appointments at a later date if the enrollee prefers not to accept the appointment offered within the same or next business day.

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ADVANCED ACCESS PANEL DISCUSSION



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CONCLUSION & RESOURCES

ICE -DMHC Access Regulations Team Workgroup

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"Effectively, change is almost impossible without industry-wide collaboration, cooperation, and consensus." – Simon Mainwaring

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