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VIA ELECTRONIC SUBMISSION

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services
1501 Capitol Avenue, P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413
dhcsmcqmndnau@dhcs.ca.gov

Re: Comments on Proposed Network Adequacy Standards for Medi-Cal Managed Care Plans

Dear Mr. Nau:

Planned Parenthood Affiliates of California (“Planned Parenthood”) is pleased to submit these comments to the Department of Health Care Services (“DHCS”) on the proposed network adequacy standards for Medi-Cal managed care plans (“MCPs”) put forth to comply with the Medicaid Managed Care Final Rule issued by the Centers for Medicare & Medicaid Services in April of 2016. We provide statewide guidance and support to the seven Planned Parenthood affiliates in California, which serve more than 1 million women, men, and adolescents each year in California, almost all of whom are low-income. As trusted women’s health care providers, Planned Parenthood supports DHCS’s commitment to seeking input from stakeholders to ensure that Medi-Cal MCPs provide California consumers with timely access to quality, affordable care that meets their needs.

- I. DHCS should strengthen network adequacy standards for women’s health providers, including OB/GYNs, by incorporating standards that include provider-to-enrollee ratios and wait time metrics.*

We thank DHCS for its efforts to establish network adequacy standards. However, we recommend that DHCS go further to include additional standards in this proposal. Consumer experiences in accessing providers vary across the state—with some consumers experiencing long wait times or having to travel long distances to see providers—highlighting the need for more robust standards. Access to timely, comprehensive, accessible reproductive health services is particularly challenged as these services are transferred to a managed care environment. Research has demonstrated that providing appropriate access to reproductive health services is a win-win for cost savings and improved health outcomes. Yet many of our clients, newly covered in managed care, report to us that they are unable to find providers taking new patients who are located in an accessible distance. They also experience limits on the types of contraception they can receive and the duration of prescriptions (despite research demonstrating the effectiveness of providing open access and multiple prescription months). Women needing to terminate pregnancy experience particularly problematic provider access problems, especially if they must end the pregnancy after the first trimester. To ensure that Medi-Cal MCP enrollees across the state of California have timely access to appropriate, geographically accessible providers who can deliver the health services covered under their plans, DHCS should adopt stronger network adequacy standards.

In particular, network adequacy standards must ensure that networks are sufficient to meet women’s

health needs and provide timely access to providers that specialize in women’s primary health care, including family planning care, women’s preventive services, and pregnancy-related care. DHCS should establish a broad set of metrics and criteria that includes but is not limited to: time and distance standards; provider-to-enrollee ratio minimums; appointment wait time standards; availability of providers accepting new patients; availability of providers offering the full range of family planning and related services on-site, without requiring a referral; and assessment of the range of provider types in a plan’s network. Consideration of these factors as part of network adequacy review will help ensure that plan networks meet the needs of consumers and provide timely access to covered services.

In addition, we are concerned that the 60 mile or 90 minute target for OB/GYN providers in rural communities does not meet the needs of women because of unique access issues women face and the reality of how they experience the health care system in the United States. It would be unduly burdensome to expect women to drive three-hours round trip (without traffic) to see their OB/GYN specialist, especially for women who have to make these visits often. Therefore, we recommend that DHCS consider reducing the OB/GYN specialist standard to 30 miles or 60 minutes from the residence of the enrollee in rural to small counties.

There has been a significant shift in how California provides reproductive health services for subsidized populations as the State has turned from funding separate family planning services to delivery of services in a managed care environment. The expansion of coverage for subsidized populations and provision of comprehensive health care services is one of the most important achievements in our nation’s history. Nonetheless, we should not ignore the best practices developed over decades of providing coverage to specialized populations. We must ensure that positive aspects of the “old” system not disappear as we move into the managed care environment.

California’s network adequacy standards must also align with other important federal standards, including the requirement that issuers provide direct access to providers that specialize in women’s health services, to assure that individuals can access all services, including women’s preventive services, without unreasonable delay.¹ When health insurance coverage is expanded—including through Medi-Cal managed care—women’s health providers are often the first to be overwhelmed with increased demand. Many women rely on their OB/GYN provider and providers that specialize in women’s health for their primary and preventive care needs. In fact, six in ten women who access care from women’s health centers that serve low-income women consider it their main source of care, and four in ten women consider these providers their only source of care.² Limited networks of OB/GYN providers could significantly impact access to basic health care, as well as to care that can meet women’s unique health needs.

Likewise, as DHCS develops network adequacy standards, it should require MCPs to include in their networks health care providers that are able to furnish the full range of contraceptive options. It is critical for consumers to have timely access to providers that provide expert, high quality reproductive health

¹ 42 CFR § 438.206.

² Guttmacher Institute. *Specialized Family Planning Clinics in the United States: Why Women Choose Them and Their Role in Meeting Women’s Health Care Needs*. (Nov. 2012). Available at <http://www.guttmacher.org/pubs/journals/j.whi.2012.09.002.pdf>.

care and that offer same-day, on-site access to the full range of birth control services and options. Long Acting Reversible Contraception (“LARC”) methods, such as IUDs and hormonal implants, are known to be the most effective forms of contraception and should be readily available to all women of reproductive age.

II. *DHCS Network Adequacy Proposal Must Address Standards of Physical, Cultural, and Language Access.*

The CMS Final Rule requires that services are delivered in a “culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.”³ However, DHCS’ proposal does not discuss standards relating to physical, cultural, and language access.

California has long been known for having very diverse populations. According to the U.S. Census Bureau, almost 50 percent of California’s population five and older speaks a language other than English at home.⁴ In Los Angeles alone, approximately 6 million people speak a language other than English.⁵ Seven percent of the patients served by California affiliates statewide in 2016 spoke Spanish as a first language, and one affiliate provided translation services for forty-seven different languages. Further, California ranks fourth in the nation in the percentage of people who identify as lesbian, gay, bisexual, or transgender (“LGBTQ”).⁶

For many Medi-Cal patients, decisions about family planning care are personal and intimate. Language and culture barriers are particularly difficult to overcome in the context of reproductive health care and play an important role in the experiences of low-income women, LGBTQ communities, women of color, and young people. When health care professionals are aware of and sensitive to cultural and linguistic needs, they are more likely to succeed in improving the reproductive health of the populations they serve. Therefore, we recommend that DHCS take steps to explore ways to account for enrollee diversity to ensure that provider networks are adequate and that all individuals are able to access care from a qualified and trusted provider.

III. *DHCS Should Strictly Enforce Exceptions Requirements for Network Adequacy Standards.*

We are pleased that DHCS will approve alternative access standards only upon the showing that the applying entity has exhausted all other reasonable options. It is important that a community have a sufficient number of providers that are physically present. Planned Parenthood strongly supports the expansion of telehealth services and increased coverage of telehealth services by Medi-Cal Managed Care plans. However, telehealth services must be offered in addition to – not instead of – robust provider networks. While thousands of Californians have Medi-Cal coverage through MCPs, that coverage is a hollow promise if consumers cannot access the covered benefits and providers they need. MCPs should

³ Medicaid Managed Care Final Rule Section 438.206(c)(2).

⁴ U.S. Census Bureau. Language Use in the United States: 2011. <https://www.census.gov/prod/2013pubs/acs-22.pdf>.

⁵ U.S. Census Bureau. Language Use in the United States: 2011. <https://www.census.gov/prod/2013pubs/acs-22.pdf>.

⁶ Gallup Poll. Vermont Leads States in LGBT Identification. <http://www.gallup.com/poll/203513/vermont-leads-states-lgbt-identification.aspx>.

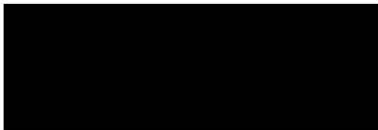
not be permitted to avoid complying with network adequacy standards by offering alternative modalities as a substitute for meeting time and distance or timely access standards. Therefore, we encourage DHCS to ensure that exceptions for timely access standards are strictly enforced to ensure meaningful health care access for women and communities throughout the state of California.

We thank DHCS for the opportunity to submit these comments, and we look forward to working together in our shared goal to improve health care access and coverage for all Californians. If you have any questions, please do not hesitate to contact me at 916-446-5247.

Respectfully submitted,



Beth H. Parker
Chief Legal Counsel



Jessica Rubenstein
Legal Counsel